

# Nasal Naloxone for EMS Agencies

## E-Gift Financial Officer User Guide

### Licensed EMS Agencies

Once you have been identified as the Financial Officer by the Authorized Agent for a licensed EMS agency you will receive an email similar to the text below:

The Virginia Office of Emergency Medical Services (OEMS) has received a grant application for AGENCY NAME. This grant application cannot be processed until your electronic signature has been received.

Please [Click here](#) here to log in with your Username "XXXX" to complete this portion of the application process.

Please [Click here](#) here if you want to reset your password.

If you need assistance signing the grant, view the Financial Officer User Guide at [User Guide](#). For technical assistance contact [OEMS-AppSupport@vdh.virginia.gov](mailto:OEMS-AppSupport@vdh.virginia.gov).

PLEASE DO NOT REPLY TO THIS MESSAGE: *This is a system-generated email. Replies will not be read or forwarded for handling.* (Message ID# )

Upon receipt of this email click the link included in the text of the email and log into the E-Gift application using the credentials provided in the email. If you did not receive an email, you can log on to EGIFT by going to the following link: <https://vdhems.vdh.virginia.gov/emsapps/f?p=147>

Existing Users

username

password

Sign In

Reset Password

Once you have successfully logged into the system your home screen will display as follows:

Grant Applications waiting for your e-signature

Year	Grant cycle	Grant Type	Agency Name	Review Status	Reviewer Type	Comments
2016	December	Standard	BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD	Pending	Financial Officer	<a href="#">Review Grant</a>

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Select the REVIEW GRANT icon and a summary of the grant application will appear.

BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

Organization Information   Vehicle Information   Financial Information   Requested Items   Additional Information   Summary

**Alert**  
Your agency's application will not be accepted by the Virginia Office of Emergency Medical Services (OEMS) until all electronic signature confirmations have been received by the grant deadline. The electronic signature confirmations must be received by your agency's Authorized Agent, Financial Officer and Agency Operational Medical Director (OMD).

Organization Information

EMS Agency  No  Yes

Organization Name **BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD**

Address Line1 **PO BOX 310**

Address Line2

Review the grant application and:

- Enter and REVIEWER COMMENTS if needed
- Select the check box for the financial officer
- Type your name in the SIGNATURE box

You may then APPROVE, DENY and/or PRINT APPLICATION. Please PRINT APPLICATION prior to approving/denying grant application, this grant application can not be edited by the financial officer.

NOTE: If you deny the grant application , the authorized agent will be contacted, they will need to correct the application and the application will then need to go through the entire approval process again before accepted by OEMS.

Comments by Financial officer,OMD,OEMS

Reviewer Comments

Comments History

No comments found.

**FINANCIAL OFFICER VERIFICATION:** By submitting your electronic signature, the Authorized Agent and Financial Officer have been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent and Financial Officer attest to the agency's or organization's ability to provide the matching funds (if required) to complete the purchase of the requested item(s), should they be awarded state funds. The Authorized Agent and Financial Officer are aware that vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent and Financial Officer attest to the fact that the Agency(s) that are affected by the possible outcome of this grant request, have been notified and agree to its submission. The Authorized Agent and Financial Officer attest that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. The OMD electronic signature is required all for grants. This electronic signature must be received by the grant deadline date with the electronic signatures from the Authorized Agent, Fiscal Officer and Agency Operational Medical Director (OMD).

Signature \*

Approve   Deny   Print Application