

**Virginia Office of Emergency Medical Services  
Financial Assistance for Emergency Medical Services (FAEMS)  
General Grant Information**

**E-Gift User Guide for Non-Licensed EMS  
Agencies**

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## E-Gift User Guide for Non-Licensed EMS Agencies

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### **EMS – Grant Information Funding Tool (E-Gift)**

Welcome to the E-Gift, the new Rescue Squad Assistance Fund (RSAF) online grant application system. The E-Gift has replaced the Consolidated Grant Application System (CGAP), the software program used in the past. E-Gift automates the grant process by using a web-based system. We know you will find this user-friendly tool useful in your grant application writing and submission process.

### **Eligible Agencies**

The Office of EMS recognizes two types of agencies or organizations that are eligible to apply for a RSAF Grant, Licensed EMS Agencies and Non-Licensed EMS Agencies.

- A **Licensed EMS Agency** is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.
- A **Non-Licensed EMS Agency** is an agency that is not authorized by the Office of EMS to provide Emergency medical services in the state, for example EMS Regional Council, Community College, Sheriff's Office, 911 Centers, and Volunteer Fire Department.

You have selected the User Guide that identifies your agency as a **Non-Licensed EMS Agency**.

### **E-Gift Users**

The E-Gift system requires three types of users: an Authorized Agent, a Financial Officer and an Agency Operational Medical Director.

- The **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The authorized agent has the ability to create and make any necessary modifications to the grant.
- The **Financial Officer** is the person responsible for the receipt, care, and disbursement of money of an agency or organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit capabilities.
- The **Agency Operational Medical Director (OMD)** is an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. The OMD will have the capability to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are required to use their existing account to log into E-Gift.
  - If you are a Non-Licensed agency, you do not have to have the OMD e-sign your grant application, however if you choose to select an OMD from the drop-down list in the ***Organization Information*** section, the OMD will have to e-sign your grant for your application to be complete.

### **Account Creation**

If you are submitting a grant on behalf of a Non-Licensed EMS Agency you will need to follow the steps below to create your account for the first time.

When you open the Log-in screen you will notice the following to the right of the screen:



Complete the Personal Information section; this is the information that will be used to create your E-Gift account. Your email address must be a valid email address where you can receive correspondence from the OEMS. Click the blue **SUMBIT** button when all information is complete. Your account will be created and you can now log into E-Gift at the login screen displayed above.

### Creating a new Non-Licensed EMS Agency

If the submitting agency or organization does not appear in this list click the check box below the drop down list to request approval for a new agency with the OEMS.

**E-GIFT Account Registration**

Below is a listing of all Non-Licensed EMS Agencies that have applied for a grant through the Rescue Squad Assistance Fund in a past cycle. A non-licensed EMS Agency is an agency that is not authorized by the Office of EMS to provide Emergency medical services in the state, for example EMS Regional Council, Community College, Sheriff's Office, 911 Centers, Volunteer Fire Department, etc.

If you do not find your agency in the list below and your Agency is not licensed by the Office of EMS, click on the check box titled "Click here to create a new agency if you don't find your agency in the above list." Your request will be sent to the Office of EMS for review.

If you are submitting a grant on behalf of a Licensed EMS Agency (authorized by the Office of EMS to provide emergency medical services in the state) you must contact your agency super user for access to the E-Gift Application.

Select the Agency you wish to submit a grant for from the drop down list below \*

Click here to create a new agency if you don't find your agency in the above list.

Once this is checked the information below will display on the screen:

**Organization Information**

Agency Name \*

Address Line1 \*

Address Line2

Zip Code \*  City \*  State \*

County/City \*  Regional Council \*

Phone Number \*

Shipping Address Line1 \*

Shipping Address Line2

Shipping Zip Code \*  Shipping City \*  Shipping State \*

Organization Type \*  Governmental  Non-Governmental

Federal Tax Id # \*

Organization Structure

**Personal Information**

Note: Your User ID will be your email address.

First Name \*  MI

Last Name \*  Suffix

Date of Birth \*

Certification Number

Phone Number \*

Email Address \*  (Your User ID will be your email address.)

Re-enter Email Address \*

Complete the information on the screen as it applies to the agency or organization submitting the grant. Information with a red star indicates it is required field.

Complete the Personal Information section; this is the information that will be used to create your E-Gift account. Your email address must be a valid email address where you can receive correspondence from the OEMS. Click the blue **SUBMIT** button when all information is complete. Your account will be created and you can now log into E-Gift at the login screen displayed above.

### Entering your Grant

Once you have successfully logged in to E-Gift your home screen will display. The Agency name will appear in the box. If you need to submit grants for multiple Non-EMS Agencies click on the blue **NEW GRANT** Button. This will allow you to choose another Non-Licensed EMS Agency; you do not need to create multiple accounts.

To submit a grant application for a Licensed EMS Agency you need to contact the super user for that agency to obtain access. See [E-Gift User Guide for Licensed EMS Agencies](#) .

Click on the Start Grant Button to begin your grant.

The screenshot shows the top navigation bar of the Virginia Department of Health website with links for Home, VDH Programs, Find It! A-Z Index, Newsroom, Local Health Districts, and Email the VDH Helpdesk. Below the navigation bar is a message: "Your grant will change from incomplete status to Pending status when you submit the grant and request e-signatures from the Financial Officer and OMD. You can determine the status of the Financial Officer and OMD below. Once all e-signatures have been received your grant will be submitted to the OEMS and you status will change to submitted." Below this message is a section titled "Grant Applications" containing a table with columns: Agency Name, Status, Financial Officer, OMD, Last Modified, and Grant Number. The table has one row with the agency name "ALBEMARLE CO POLICE DEPT", status "Not started", and a "Start Grant" button highlighted with a red box. Below the table is a "New Grant" button and a note: "If you would like to submit a grant for an agency not listed above click the New Grant Button."

### Features of E-Gift

1. There are tabs along the top of the page (under your agency name) that allow you to navigate between the pages of the program.
  - Tabs to navigate are MY HOME, ORGANIZATION INFORMATION, FINANCIAL INFORMATION, REQUESTED ITEMS, ADDITIONAL INFORMATION, and SUMMARY .
2. It is more effective to complete every screen as shown and then hit the **SAVE AND CONTINUE** blue button.
3. You can **SAVE** your application to come back at a later time, or you can keep going through the entire application by **SAVE AND CONTINUE**. If you wish to cancel what you've entered then hit **CANCEL**.
4. All items with **RED\*\*\*\*** are REQUIRED INFORMATION and must be completed, if not your application will not allow you to save or go to the next tab.

The System will automatically pre-populate your agency data; however you can edit that information if needed.

ALBEMARLE COUNTY POLICE DEPARTMENT

My Home Organization Information Financial Information Requested Items Additional Information Summary

Organization Information Save Save and Continue Cancel

EMS Agency \*  Yes  No

Organization Structure \* Other

Organization Comments \* We are a Sheriff Office and want to apply for EMD Equipment.

Organization Type \*  Governmental  Non-Governmental

Organization Name \* ALBEMARLE COUNTY POLICE DEPARTMENT

Address Line1 \* 999 John Doe Road

Address Line2

Zip Code \* 22902

City \* CHARLOTTESVILLE State \* VA

City/County \* ALBEMARLE

Regional Council \* Thomas Jefferson EMS Council

Phone Number (434)296-5807

Federal Tax Id # \* 999999999

Operational Medical Director \*\*

### Organization Information

Includes Personnel Information, Call Activity and Demographics

- **EMS Agency** – Select no. If you are applying on behalf of a Licensed EMS Agency contact the agency’s super user to gain access.
- **Organization Structure** - Indicate which best describes your agency structure from the provided drop-down list.
- **Organization Comments:** Enter any comments you wish the reviewers to know about your agency.
- **Organization Type** – Select Governmental or Non-Governmental.
- **Organization Name** – Enter the name of the applying agency/organization.
- **Address, City, County, State, Zip** - Address at which the agency receives its mail. This address cannot be an individual member’s home address.
- **Regional Council** – The Regional Council will pre-populate based on the City/County selected.
- **Phone Number** – Enter the Agency’s phone number.
- **Federal ID Number (FIN)** - Each agency must have an **individual** Federal Identification Number. **NOTE:** Auditing requirements will not allow payments to be made to any organization that does not have a FIN. The use of your county's or another organization’s FIN is **not** acceptable. The FIN will automatically pre-populate from your agency’s data.
- **Agency OMD Name:** Please select your agency OMD from the drop down list. As a Non-Licensed EMS Agency, an OMD does not have to be selected from the OMD drop down list, however if you do choose an OMD, the OMD will have to log in to the E-Gift and E-Sign the grant before it can be submitted to OEMS.

**Personnel Information**

Personnel Information							
<b>Certification</b>							
First Responder **	<input type="text"/>	EMT **	<input type="text"/>	Paramedic **	<input type="text"/>	Driver Only	<input type="text"/>
Other	<input type="text"/>	Total		0			
<b>Personnel</b>							
Career **	<input type="text"/>	Volunteer **	<input type="text"/>	Total		0	

- Certification** – Input agency staff number of First Responders, EMT’s, Paramedics, Drivers and Other Staff, if applicable. These fields are not required for agencies not licensed with the OEMS.
  - First Responder** - Those providers holding the certification of first responder.
  - EMT (Emergency Medical Technician)** - Those providers holding the certification of EMT, including EMT-Basic or EMS First Responder to EMT-Basic Bridge Program.
  - Paramedic** - Those providers holding the certification of Emergency Medical Technician – Paramedic or Registered Nurse to Paramedic Bridge Program.
  - Driver Only** - Those members that function in a driver only capacity.
  - Other (support staff, junior member, etc.)** - Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
  - Total Number of Certification** – This amount will be automatically calculated.
- Personnel** – Input number of Career members and Volunteer members, if applicable. These fields are not required for agencies not licensed with the OEMS.
  - Career** - The number of personnel that are considered career (paid personnel).
  - Volunteer** - The number of personnel that are volunteers. (Receive no compensation for service.)
  - Total Personnel** – This amount will be automatically calculated. Total number of Certification must equal the Total number of Personnel or the system will not allow you to continue.

**Call Activity and Demographics**

This section is not required for agencies not licensed with OEMS. Enter any information that applies to your agency.

Call Activity and Demographics						
<b>Call Activity</b>						
BLS Calls **	<input type="text"/>	ALS Calls **	<input type="text"/>	Calls Unable To Respond **	<input type="text"/>	
Calls Outside Primary Service Area **	<input type="text"/>	Average Call Time(minutes) **	<input type="text"/>	Average Round Trip Mileage per Call **	<input type="text"/>	
Average Mileage To Nearest Hospital **	<input type="text"/>					
<b>Demographics</b>						
Square Miles of Service Area **	<input type="text"/>	Population of Service Area **	<input type="text"/>	Total Number Of Stations **	<input type="text"/>	
<b>Comments</b>						
<input type="text"/>						
				<input type="button" value="Save"/>	<input type="button" value="Save and Continue"/>	<input type="button" value="Cancel"/>

\* = Required Fields  
\*\* = Non Certified EMS Agencies fields are not required. Certified EMS Agencies fields are required.

- **BLS Calls (including stand-bys)** - Total number of calls recorded as Basic Life Support call.
- **ALS Calls** - Total number of calls recorded as Advanced Life Support call.
- **Calls your agency was UNABLE to respond to, for any reason** - This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- **Calls Outside Primary Service Area** – This total should include calls for mutual aid, etc.
- **Average Call Time** - Calculate average call time for calls in number of minutes.
- **Average Round Trip Mileage per Call** - Calculate average round trip mileage per call for calls run over a period of time.
- **Average mileage to nearest hospital** - Mileage to the nearest hospital.
- **Square Miles of Service Area** - Total square miles of service area covered by your agency.
- **Population of Service Area** - Total population of service area covered by your agency.
- **Total Number of Stations** - Total number of stations operated by your agency including sub-stations.
- **Comments** - Use this section to briefly describe any information that the reviewer should know about this information.

Click **SAVE AND CONTINUE** to next section.

**Financial Information – Governmental Agency**

If the submitting agency is a governmental entity and Organization Type “Governmental” is selected on the Organization Information Tab the Governmental Financial Information screen will display.

Financial Information				Save	Save and Continue	Cancel
<b>Receipts / Revenue</b>						
	Previous Fiscal Year	Current Fiscal Year	Change			
Donations *	<input type="text"/>	<input type="text"/>				
26% Return to Locality *	<input type="text"/>	<input type="text"/>				
Grants *	<input type="text"/>	<input type="text"/>				
<b>Total Revenue *</b>	\$0	\$0				
<b>Expenditures</b>						
	Previous Fiscal Year	Current Fiscal Year	Change			
Personnel Costs *	<input type="text"/>	<input type="text"/>				
Operating Costs *	<input type="text"/>	<input type="text"/>				
Capital Expenses *	<input type="text"/>	<input type="text"/>				
<b>Total Expenditure *</b>	\$0	\$0				
<b>Other Details</b>						
<b>Comments *</b>						
<input type="text"/>						
<b>Define Capital Expenditure *</b>						
<input type="text"/>						
Amount received from EMS Fee for Service for Last Fiscal Year *						
<input type="text"/>						
Service Fee Charged *						
<input type="radio"/> No <input checked="" type="radio"/> Yes						
Service Fee per Call *						
<input type="text"/>						
Cost Recovery *						
<input type="text"/> %						
				Save	Save and Continue	Cancel



**NOTE:** Enter all information for previous and current fiscal year.

- **Donations (Contributions, Bequests, Memorials, Etc.)** - Funds anticipated to be collected in each budget year.
- **26% Return to Locality (Four-for-Life Funds)** - Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Grants** - Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in a narrative format.
- **Total Revenue** – This will be the total of the above fields and will be calculated.
- **Personnel Costs (Salary & Benefits)** - Funds budgeted for salary and benefits for personnel.
- **Operating Costs** - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- **Capital Expenses** - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- **Total Expenditure** – This will be the total of the above fields and will be calculated.
- **Comments** – Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.
- **Describe your department's definition of capital expenditures** - Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- **Amount received from EMS Fee for Service for Last Fiscal Year** – Amount of funds received by your agency for EMS Fee for Service, if none enter 0.
- **Service Fee Charged** – select yes or no, if YES is selected you will need to answer the following questions:
  - **Service Fee per Call** – how much does your agency charge per call?
  - **Cost Recovery %** - The amount your agency receives (percentage) in cost recovery funds in the last fiscal year?

**IMPORTANT:** If grant request is funded, the financial information submitted is subject to audit, if any false, misleading or improper information is determined, the agency will be ineligible for future grant funds for a period of five years.

Click [SAVE AND CONTINUE](#) to next section.

### Financial Information – Non-Governmental Agency

If the submitting agency is not a governmental entity and Organization Type “Non-Governmental” is selected on the Organization Information Tab the Governmental Financial Information screen will display.

Save Save and Continue Cancel

**Financial Information**

Note: Financial Information should reflect (07/01/2013 - 06/30/2014)

Assets	Liabilities	Other Fees
Cash Balance * <input type="text"/> Real Estate * <input type="text"/> Investments (unrestricted) * <input type="text"/> Equipment, Vehicles, etc. * <input type="text"/> Restricted Funds * <input type="text"/> Restricted Funds Description * <input style="width: 100%; height: 20px;" type="text"/>	Balance of Open Accounts * <input type="text"/> Notes or Mortgages Owed * <input type="text"/> Other Indebtedness / Obligations * <input type="text"/> Description of Indebtedness / Obligations * <input style="width: 100%; height: 20px;" type="text"/>	Amount received from EMS Fee for Service for Last Fiscal Year * <input type="text"/> Service Fee Charged * <input type="radio"/> No <input type="radio"/> Yes
Receipts / Revenue	Expenditures	Finance Summary
Local Government * <input type="text"/> 26% Return to Locality * <input type="text"/> Donations * <input type="text"/> EMS Fee for Service * <input type="text"/> Fund Raising * <input type="text"/> Interest Dividends * <input type="text"/> Grants * <input type="text"/> Other Revenue * <input type="text"/>	Operational Expenses * <input type="text"/> Personnel Costs * <input type="text"/> Capital Expenditures * <input type="text"/> Other Expenses * <input type="text"/> Non Operational * <input type="text"/> Definition of Capital Expenditures * <input style="width: 100%; height: 20px;" type="text"/>	Net Worth * \$0 Total Assets * \$0 Total Liabilities * \$0 Total Receipts * \$0 Total Expenditures * \$0 Beginning Balance * \$0 Cash Difference * \$0 Ending Balance * \$0

Save Save and Continue Cancel

#### Assets

- **Cash Balance** - Amount of cash on hand or in checking accounts as of the beginning date of the financial period.
- **Real Estate** - Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- **Investments (unrestricted)** - Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- **Equipment, Vehicles, etc.** - Equipment, vehicles, furnishings, etc.
- **Restricted Funds** - Funds that are designated for a specific purpose such as a building fund.
- **Restricted Funds Description** – Describe the purpose of the restricted funds and a timeline of the expenditure.

#### Liabilities

- **Balance of Open Accounts** – Total amount owed on equipment, vehicles, furnishings, etc.
- **Notes or Mortgages Owed** - All outstanding notes or mortgages.
- **Other Indebtedness/Obligations** - All debts not indicated above.
- **Description of Indebtedness/Obligations** – Describe the indebtedness/obligations incurred by your agency.

#### Other Fees

- **Amount received from EMS Fee for Service for Last Fiscal Year** – Amount of funds received by your agency for EMS Fee for Service, if none put 0.
- **Service Fee Charged:** Check box if yes.
- **Service Fee for Call if applicable** - Indicate the amount charged per call, if a fee is charged.
- **Cost Recovery (rate of return)** - What is the cost recovery or rate of return?

**Receipts/Revenue**

- **Local Government** - Amount received from local government (county, city, town, etc.) **not** including the 26% Return to Locality: Four-for-Life monies.
- **26% Return to Locality** - (Four for Life Funds) Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Donations** - Amount received by way of Donations, Contributions, Bequests, Memorials, etc. made by individuals or organizations other than governmental.
- **EMS Fee for Service** - Amount received through billing for service.
- **Fund Raising** - Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross. If listed as a gross amount make sure to indicate costs incurred for a fund raising event under "Non-Operational Expenditures" in the Expenditures section.
- **Interest and Dividends** - Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** - Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in a narrative format.
- **Other Revenue** - Amount of funds received through other sources not listed above.

**Expenditures**

- **Operational Expenses** - Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- **Personnel Costs** - Amount of funds expended to pay salaries and benefits, if applicable.
- **Capital Expenditures** - Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- **Other Expenses** - Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational** - Amount of funds expended for accounting services, auditing fees, fund-raising costs, if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.
- **Definition of Capital Expenditures** – Define your agency's capital expenditures usage and what items are considered capital expenditures.

**Finance Summary**

- All financial information will be automatically calculated by the system.

**SAVE AND CONTINUE** to next section.

**Requested Items**

**NOTE:** Select **ADD ITEM** for each item you will be requesting under the RSAF grant application.

My Home	Organization Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary
---------	--------------------------	---------------------	-----------------------	-----------------	------------------------	---------

Item Listing	<b>Add Item</b>	Cancel	Continue
no requested items found.			
	<b>Add Item</b>	Cancel	Continue

Item Details Save Close

Item Type \*

Item Name \*

Requested Quantity \*

Funding Level \*  Action \*  Add  Replace

Current Quantity \*

Total Price \*  Matching Funds State Funds

Comments \*

*Note: A quote is required for all items requested. Please upload a quote and any other supporting documentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.*

Supporting Documents Add Document

Name	Type **	Description	Size	Delete
No supporting documents are available for this item.				

Save Close

- Select
- Select
- ALS Equipment
- BLS Equipment
- Communications Equipment
- Communications Equipment - Mobiles
- Communications Equipment - Pagers
- Communications Equipment - Portables
- Computer Hardware
- Computer Software
- Defibrillator - Automatic External Defibrillator
- Emergency Medical Dispatch (EMD)
- Migration to VAv3
- Other
- Recruitment/Retention
- Rescue Equipment - Extrication
- Rescue Equipment - Misc.
- Special Priority - Communications
- Special Priority - Emergency Medical Dispatch
- Special Priority - Emergency Operations
- Special Priority - Innovative (Special) Projects
- Special Priority - Migration to VAv3
- Special Priority - Multi-Jurisdictional or Agency Projects
- Special Priority - Recruitment/Retention
- Special Training Projects
- Training Equipment - ALS / BLS
- Vehicle - Crash/Rescue Truck - Heavy
- Vehicle - Crash/Rescue Truck - Light
- Vehicle - Crash/Rescue Truck - Medium
- Vehicle - Quick Response Vehicle
- Vehicle - Rechassis/Chassis

- **Item Type** – Select your item being requested from the drop down list.
- **Item Name** - Provide a *brief* description of the item being requested.
- **Requested Quantity** – How many items are you requesting for this Item Type
- **Funding Level** - Indicate at what level your agency is seeking funding from the state from the drop down list. Regular request is for 50/50.
  - **80% Funding Requests** – 80% funding is considered to be hardship and justification must be included in the Comments section.
  - **100% Funding Requests** – 100% funding is considered to be an extreme hardship and must be adequately justified in the Comments section. This is only considered in exceptional circumstances.

- **Action** – Are you adding or replacing the item(s) being requested? Select Add/Replace
- **Current Quantity** – Indicate how many quantities of this item you currently have on hand.
- **Add/Replace** - Indicate if the item that is being requested is a replacement, or additional equipment from the drop down list.
- **Total Price** - Indicate the total amount of the item being requested, make sure and include the total price if there are multiple quantities you are requesting. Example: Total price would be for all 10 Defibrillators being requested not the pricing on each individual one.
- **The Matching Funds and State Funds** will automatically calculate depending on your funding level.
- **Comments** - The comments section provides the agency with the opportunity to explain their agency's need for the item(s) requested if greater than 50% and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Click **SAVE AND CONTINUE** to next section.

### Supporting Documents

*Note: A quote is required for all items requested. Please upload a quote and any other supporting documentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.*

Name	Type **	Description	Size	Delete
<input type="text"/> <input type="button" value="Browse..."/>	Select Select Quote Agreement VPHIB Other	<input type="text"/>		

This section is required for submitting information that is needed to support your grant request. Items can be uploaded by selecting the **ADD DOCUMENT** button in the **RED SQUARE**. Select the **BROWSE** button to select the file you wish to submit with your grant. Certain documents should be uploaded depending on the item (s) you have requested.

- **QUOTES** must be selected and uploaded for each item that is requested.
- **AGREEMENT** must be selected and uploaded for a Multi-Jurisdictional/Agency Project.
- **VPHIB** questionnaire must be selected and uploaded if requesting a Special Priority – Migration to VAv3 or the Migration to VAV3 item types.
  - The VPHIB Questionnaire is the only technical questionnaire that will need to be uploaded separately from the application. **All other technical questionnaires will be automatically generated from the item you select.**
- **OTHER** – any other documentation you want to upload to attach to your application.

**Accepted file types are JPG, GIF, PNG, TIF and PDF.**

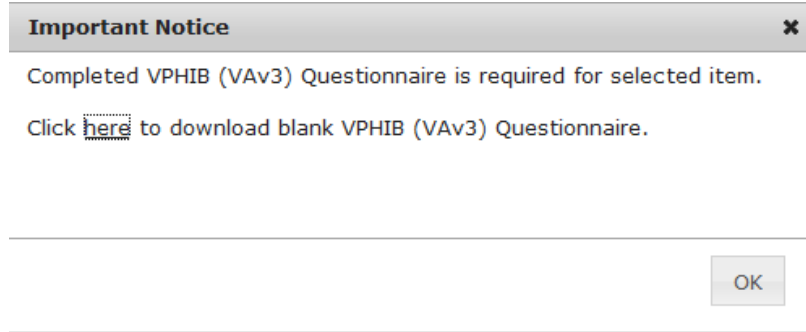
### Technical Information Page

Depending on what item you request, specific questions may appear on the **Technical Information** Page, this would appear if you selected any of the following for **ITEM TYPE** from the drop down list:

- Any item with SPECIAL PRIORITY before the item name (Special Priority Questions will be displayed)
- Any item with RECRUITMENT/RETENTION (Questionnaire questions will be displayed)
- Any item with CRASH TRUCK or EXTRICATION EQUIPMENT (Questionnaire questions will be displayed)
- Any COMMUNICATIONS items (Communications Questions will be displayed)

**Migration to Vav3**

- If selecting this item, the questions will not automatically display, you will get the message below. You will need to fill out the VPHIB questionnaire, save it to your computer and upload the VPHIB questionnaire under Supporting Documents (as stated earlier in the **REQUESTED ITEMS** section).



**Communications Technical Page**

- **Name of Communications Center** - Name of PRIMARY Public Safety Answering Point/Dispatch Center from which dispatch/page/notification are received by the agency
- **Receiver Frequency Used to Receive Alerts/Pages** - The paging/alert frequency programmed in the unit.
- **Second Frequency for Alerting Monitoring** - The secondary alerting or monitoring frequency programmed in the unit IF applicable
- **Purpose or Use of Second Frequency** - If the secondary frequency programmed in the unit is from a non-primary dispatch center or agency radio system
- **Members will e alerted with these receivers:**
  - **As a Group** - Sent to all units of a jurisdiction or agency
  - **By Duty Squads** - Sent to only on-duty resources or specific agencies within a jurisdiction
  - **Individually** - Can be sent to individual unit or resource

Name of Communications Center (Agency) Activating Alerts/Pages	<input type="text"/>
Receiver Frequency Used to Receive Alerts/Pages	<input type="text"/> MHz <input type="radio"/> Alerting <input type="radio"/> Monitoring
Second Frequency for Alerting or Monitoring (if any)	<input type="text"/> MHz <input type="radio"/> Alerting <input type="radio"/> Monitoring
Purpose or Use of Second Frequency	<input type="text"/>
Members will be alerted with these receivers (check all that apply)	<input type="checkbox"/> as a group <input type="checkbox"/> by duty squads <input type="checkbox"/> individually

### Frequency Plan

**Frequency Plan** ✕

Channel Number \*

Transmit \*  MHz

Receive \*  MHz

CTCSS(Hz) / DPL(Code) \*

FCC Call Sign \*

Name or Use of Channel \*

Frequency Purpose \*

- **Channel Number** - Designates the channel on the radio unit being requested
- **Transmit** - The transmit frequency programmed on the radio
- **Receive** - The receive frequency programmed on the radio
- **CTCSS (Hz)/DPL (Code)** - If there is Continuous Tone-Coded Squelch System (CTCSS) or Digital Private Line (DPL) code programmed, and if so, what the code is
- **FCC Call Sign** - Radio Station call sign given to license holder by FCC
- **Name or Use of Channel** - Nomenclature given to that channel (i.e. "EMS Statewide" or "Dispatch")
- **Frequency Purpose**      Primary      Dispatch/Tactical/Talk-Around/Other

### Communications Equipment

**Communications Equipment** ✕

Category of Equipment \*

Band \*

Present Inventory \*

Plan to Purchase \*

Plan to Reassign / Dispose \*

Inventory Total      0

- **Category of Equipment** - Choose from the drop down list (Base/Mobile/Portable/Pager)
- **Band** - VHF/UHF/700-800-900Mhz
- **Present Inventory** - Number of units your agency current has on hand.
- **Plan to Purchase** - Number of units your agency is requesting.
- **Plan to Reassign/Dispose** - Number of units your agency plans to reassign or dispose of.

## Additional Information

Name	Type	Description	Size	Delete
No supporting documents are available for this grant application.				

**Note:** Please upload the necessary documentation for grant application. Accepted file types are JPG, GIF, PNG, TIF and PDF.

- **Brief Project Description** – Describe the item/project you are requesting through RSAF, please include the item(s) you are requesting, why they are needed and if any other funding source has been sought out.
- **Project Equipment Sustainability** – Describe how your agency will maintain/sustain the project or items once the grant cycle has ended. Please state whether there is a maintenance schedule for vehicles or equipment, or if a project how it will be sustained once the grant cycle has ended.

**SAVE AND CONTINUE** to next section.

## E-Signatures

Once all data has been entered into the grant and you are ready to obtain your signatures click on the **SUMMARY** tab, at the top of the page. This tab displays all information entered; the data cannot be edited from this screen.

At the bottom of this screen there is a section to provide information for the Financial Officer who will sign the grant. You must provide their first and last name and contact information. The email notification will be sent to the email address provided. Please make sure the email address is entered correctly. If you are the signing Financial Officer for the agency, as well as the Authorized Agent, click the check box "I am the Financial Officer for this agency." Your contact information will populate in the fields. A signature field will display in this Financial Officer Box. You will need to type your legal name in the signature field to sign as the Financial Officer.

You must check the disclaimer and type your legal name in the signature field and click on the Submit Application Button at the bottom of the screen.



Comments by Financial officer, OMD, OEMS

Comments History

No comments found.

I AM THE AUTHORIZED AGENT WHO IS SUBMITTING THIS GRANT ON BEHALF OF THE SELECTED AGENCY: 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 \*

Once the Submit Application button is clicked the OMD (if applicable) and Financial Officer identified will be notified via email. At this time the status of the Grant will change from Incomplete to Pending on your home screen. You can monitor the status of the signatures for the Financial Officer and OMD from you home screen.

The Financial Officer and the OMD have the ability to approve and sign the grant. Once this is done, the status will change to Approved respectively. The Grant application will not be officially submitted to the Office of EMS until BOTH the OMD (if applicable) and the Financial Officer have signed the grant. At this time a grant number will be assigned.

The financial Officer and OMD also have the ability to deny the grant. If the grant is denied, they must provide feedback in the comments section. If the grant is denied by one of the signers the status is changed to Incomplete and the Authorized Agent needs make necessary changes. If the grant is denied by either the financial officer or OMD both have to sign the grant, even if the signature was obtained prior to the modification. Once all modifications are accepted by the financial officer and OMD the grant will be submitted to the Office of EMS and a grant number will be assigned.

Please review the [RSAF General Grant Information](#) document for general grant guidelines.

For any questions please contact the Grants Unit at:

Amanda Davis, Grants Manager  
[Amanda.davis@vdh.virginia.gov](mailto:Amanda.davis@vdh.virginia.gov)

Linwood Pulling, Grants Specialist  
[Linwood.pulling@vdh.virginia.gov](mailto:Linwood.pulling@vdh.virginia.gov)

For technical questions contact [OEMS-AppSupport@vdh.virginia.gov](mailto:OEMS-AppSupport@vdh.virginia.gov).