

1041 Technology Park Drive

**VPHIB**

**QUESTIONNAIRE**

Glen Allen, VA 23059

1-800-523-6019 (VA only)

804-888-9100

FAX: 804-371-3108

**APPLICANT INFORMATION**

AGENCY NAME: DATE: 

PROJECT TITLE: 

1. Briefly describe your plan, including milestones and timelines, to moving your agency to VAv3. Comment on improvements, additional technology, staffing issues, training, etc…

Click here to enter text.

1. Explain how your agency will sustain the project described in question 1 (i.e. maintenance, repair, replacement ongoing costs.)

Click here to enter text.

1. If awarded this grant, you agree to submit your agency’s EMS data to VPHIB in real-time or near real-time if your EMS software allows this? (ImageTrend, Zoll and EMS Charts all offer real-time submission. Near real-time would be within 12 hours.)

\_\_\_\_\_\_\_\_**Initial**

1. Will your project benefit other disciplines such as public health, public safety, emergency preparedness, hospitals or other disciplines?

**Choose an item.**

**Choose an item.**

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain your answer: **Click here to enter text.**

1. How does your agency currently collect and submit EMS data?

**Choose an item.**

1. How will your agency collect and submit EMS data if this grant is awarded?

**Choose an item.**

1. Tell us about your EMS software vendor use:

**Choose an item.**

1. What is your agency’s billing status?

**Choose an item.**

1. Does your agency have a plan in place to remain current/compliant with data submission to VPHIB during your agency’s migration?

**Choose an item.**

Describe: **Click here to enter text.**

1. If your agency currently uses a 3rd party EMS software, do you have a contract, service agreement, MOU/MOA or other binding agreement in place with the vendor? **If NO, Skip Question 11**.

**Choose an item.**

1. If you said yes to number 10, does your current agreement include language that the 3rd party vendor will provide your agency with the most current version of the NEMSIS dataset? For example, does your current agreement mitigate your vendor from imposing fees/costs associated with moving to version 3?

**Choose an item.**

Explain: **Click here to enter text.**

1. Please list the quantity and costs associated with your version 3 migration.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Costs | Migration Related | Percent of migration related costs being covered by this grant. |
| Project Planning |  |  |  |
| Kick off meeting |  |  |  |
| Setup/Installation fee |  |  |  |
| Hardware (server/server space etc.) |  |  |  |
| Hardware (mobile equipment) |  |  |  |
| Software (operating system not EMS software) |  |  |  |
| Software as a Service (initial cost) |  |  |  |
| Software as a Service (annual cost) |  |  |  |
| EMS software initial license fee |  |  |  |
| EMS software maintenance |  |  |  |
| Training Costs (for implementation) |  |  |  |
| Integration/linkage/web services costs |  |  |  |
| Conversion of existing/legacy data |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

1. Provide an explanation of other funding sources contributing to this project. Note: If awarded this grant, *Return to Locality – Four for Life Funds* received from your city/county cannot be used to supplant any portion of the cost share.

**Click here to enter text.**

1. Do you attest that if awarded monies, they will not be used to supplant other budget items?

**Choose an item.**

***IF YOU SUBMIT YOUR GRANT APPLICATION OUTLINING THIS SPECIAL PRIORITY YOU MUST SELECT SPECIAL PRIORITY-MIGRATION TO VAV3 as your ITEM REQUESTED. E-Gift WILL GENERATE THE QUESTIONS THAT ARE REQUIRED FOR THE VPHIB QUESTIONNAIRE AND THE SPECIAL PRIORITY QUESTIONAIRE.***