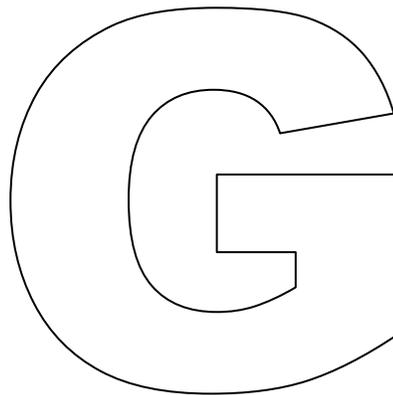




Emergency Medical and
Trauma Services Branch



Fiscal Year

2017 Funding Guide

July 2016 - June 2017

Education Grants (CREATE)
Emergency Grants
System Improvement Funds
Provider Grants

Funding Program Overview

For state fiscal year 2017, approximately \$6.7 million in funding is available for improving and expanding Colorado's emergency medical and trauma services system. Funds are available on a reimbursement basis to organizations that have the provision of EMS and trauma services as their primary purpose. This generally includes ambulance services, first response agencies, hospitals, clinics, fire agencies, rescue groups, communications centers, training centers, community colleges and other public or private providers of emergency medical and trauma services in Colorado.

There are four types of funding. All applications that are submitted become a matter of public record and may be released in response to a Colorado Open Records Act request.

1. **CREATE grants:** The Colorado Resource for EMS and Trauma Education (CREATE) program was developed to support initial training and continuing education for EMS and trauma providers working in Colorado. CREATE grants can provide funding for student tuition, books, fees and appropriate travel. CREATE accepts applications monthly and eligible organizations can apply on line through the Colorado Rural Health Center at coruralhealth.org/create. Allow at least 45 days for review and approval, prior to the class start date. A 50% match is required, but there is a financial waiver process for organizations that cannot meet the match. Reviews occur once a month, and awards are generally issued within two weeks of the review. \$500,000 is set aside each year for education grants. More information is available on page 5.
2. **Emergency grants:** emergency grants are open year-round to providers experiencing an unexpected emergency that seriously degrades the provision of emergency medical and trauma services. Apply at www.cemsis.com. There are no match requirements for emergency grants; however, a 10-50% match is typical. Applications are reviewed by the Colorado Department of Public Health and Environment, and notice usually occurs within two business days of receipt. \$150,000 is set aside each year for emergency grants. More information is available on page 6.
3. **System improvement funding:** system improvement funding requests open on Dec. 15, 2015 and are due Feb. 15, 2016 by 5 p.m. These requests are for projects that affect the state regionally or as a whole. Categories include regional medical direction, system improvement, technical assistance, conference/forum support and Regional Emergency Medical and Trauma Services Advisory Council (RETAC) operations. Apply at www.cemsis.com. There are no match requirements for system improvement funding. Applications will be evaluated by the Public Policy and Finance Committee of the State Emergency Medical and Trauma Services Advisory Council. Public notice of awards will occur by June 30, and purchase orders or contracts for awards will be issued after July 1, 2016. Up to 10% of the total grant funds available can be awarded as system improvement funding, which could be anywhere between \$0 and approximately \$670,000. Within the system improvement funding allocation, \$363,000 will be set aside for RETACs to apply for regional medical direction projects, leaving approximately \$307,000 for other system improvement awards. More information is available on page 7.
4. **Provider grants:** EMS and trauma provider grant applications open on Dec. 15, 2015 and are due Feb. 15, 2016, by 5 p.m. Application categories include ambulances and other EMS vehicles, communications, data collection, EMS and trauma equipment, injury prevention, personnel and services, recruitment and retention and other. Apply at www.cemsis.com. A 50% match is required but there is a financial waiver process for organizations that cannot meet the match. Financial waiver applications will be reviewed on Feb. 25, 2016. Regional hearings will take place in March and April, and state hearings will be held May 12-13, 2016. Public notice of awards will occur by June 30, and purchase orders or contracts for awards will be issued after July 1, 2016. Awards for ambulances and certain other equipment are limited to maximum amounts specified in the guidance. In addition, \$220,000 has been set aside this year to increase RETAC base funding leaving approximately \$6.5 million for other provider grant awards. More information is available on page 12.

Not Eligible for Funding

These programs may not be used to fund any of the following.

- land acquisition or the purchase, construction, renovation or maintenance of buildings
- aircraft, fire apparatus, hazardous materials response vehicles, law enforcement vehicles, or vehicles used primarily for supervisory or administrative purposes
- uniforms and clothing (i.e. sweats, t-shirts, fire bunker gear)
- disposable supplies (with per unit cost less than \$100)
- promotional items (give-a-ways, pens, coffee cups, etc.) personal care services, personal travel or recreation (i.e. gift cards, ski passes, spa visits)
- catering costs, alcoholic beverages or entertainment expenses
- extended warranties or service contracts longer than one year duration
- any items related to a mobile integrated healthcare or community paramedicine program
- any costs related to the writing of the grant
- political expenses
- any purchases made prior to the issuance of a fully executed contract or purchase order
- any purchases made after a contract or purchase order expiration date

Local Cash Match

In cases where local cash match is required, funds used to provide the applicant's required cash match may not be state funds appropriated from the EMS account within the highway users tax fund through other mechanisms supported by the Emergency Medical and Trauma Services Branch. Monies used to provide the cash match must be documented as to their source and as compliant with this requirement. The value of existing infrastructure or other forms of "in-kind" services are not considered appropriate funds for EMTS grant match purposes.

In the event that the grant programs are undersubscribed, the Colorado Department of Public Health and Environment reserves the right to decrease the 50% match requirement if needed to award available funds during the fiscal year.

Deadlines

Please adhere to all specified deadlines, as extensions will not be granted. Once an application is submitted, no changes to the application will be allowed. However, additional explanatory information on items requested or updates to budgets and financials may be added to the application packet as an attachment if they will be useful during grant hearings. In no instance can the dollar amount requested in the originally submitted application be increased.

Mobile platforms do not work well with the online grant application. Please manage deadlines appropriately to ensure successful submission by the stated deadline without relying on mobile platforms.

Review

The system improvement funding requests and provider grant applications are scored competitively using 50-point scoring tools. Access these tools at www.coems.info so you understand how applications are scored.

The department provides final review and prioritization of the applications and makes awards based upon priorities established by statute, recommendations from the council, substantiated need, impact

upon the emergency medical and trauma service programs should funds not be awarded, and the department's financial risk rating. The financial risk rating is determined from the risk assessment questionnaire submitted with the application and applied as a deduction from the total score to calculate an adjusted total score. There is no reduction in score for applicants determined to be low risk while deductions of 10 or 20 percent of the total possible points are applied for medium or high risk, respectively.

Awards

Public notice of awards will occur prior to July 1, 2016, at www.coems.info. This notice is not authorization to begin any projects, and no billable work can be done until a fully-executed purchase order or contract is in place. All awards are reimbursement based.

Awards of less than \$100,000 for goods will usually receive a purchase order, which is typically issued in late July or early August. Awards of more than \$100,000 or those that include any personal services will receive a contract, which takes considerably longer to execute. Contracts may not be issued until the middle of August or even later. Please plan your project accordingly.

Changes of scope are reviewed on a case-by-case basis throughout the grant cycle. If a funded entity experiences any changes to vendors or items during the grant cycle, changes in scope can be requested by email to eric.schmidt@state.co.us. Any changes of scope that are approved may require the submission of a revised and signed Statement of Work. In all cases, the dollar amount of the award cannot be increased. If any costs are higher due to a change in project scope, the organization will be responsible for any costs over-and-above the amount of the original award.

A new statewide accounting/purchasing/procurement system became effective July 1, 2015. This continues to affect timelines related to the issuance of purchase orders and contracts. If your organization is awarded any funds, please note your purchase order or contract start date carefully as no billable work can be done until a fully-executed purchase order or contract is in place.

Ownership

The state retains partial ownership of all vehicles and equipment purchased through the grants program. If a grant-funded asset is to be transferred, the Colorado Department of Public Health and Environment must pre-approve the relocation, transfer or sale of grant-funded assets.

Technical Assistance Contacts

Portal technical help line, usernames and passwords: 303-692-2991 or www.cemsis.com

Eric Schmidt: 303-692-6491, eric.schmidt@state.co.us

André Smith: 303-692-2991, andrek.smith@state.co.us

RETAC Coordinators: www.coems.info

Education Grants (CREATE)

Purpose

The Colorado Resource for EMS and Trauma Education (CREATE) grant program provides funds on a reimbursement basis for student tuition, books, fees and appropriate travel for EMS and trauma-related education.

The CREATE program does not provide funding to support or produce conferences. These requests must apply in the Conference/Forum Support category of the System Improvement Funding Program.

Match

A 50% local cash match is required. There is a financial waiver process for organizations that cannot meet the match.

How to apply

Applications are accepted through the Colorado Rural Health Center at coruralhealth.org/create. The CREATE grant guide and FAQs are available at this site.

Deadline

CREATE funding is open year round; however, applications must be submitted within defined timeframes related to course start dates and the review dates. Refer to the Colorado Rural Health Center's website to find specific submission deadlines.

Review

Applications are reviewed by the CREATE Expert Review Committee once a month. All review dates are posted on the Colorado Rural Health Center website.

Notification and Awards

Notification of awards occurs within 45 days after a complete application is evaluated by the Expert Review Committee. Awards are reimbursement-based.

Emergency Grants

Purpose

The emergency grant program assists Colorado's EMS and trauma agencies that experience an emergency that seriously jeopardizes the level of emergency medical and trauma services within their service area. In addition to meeting the standard eligibility requirements of the provider grants program, the emergency fund applicant must be able to demonstrate that the request for funds is a true emergency and, if grant funds are not awarded, will significantly degrade the quality of, or eliminate access to, local EMS and trauma care.

Match

There are no match requirements for this program; however, a 10-50% match is typical.

How to apply

Emergency grant applications are completed using the CEMSIS web portal located at www.cemsis.com. You must have a username and password to enter the portal. If you updated your organization profile or applied for a grant within the last year you can use that username and password. If you need a new username and password, follow the link on the portal website.

Profile: all organizations applying for an emergency grant must complete a profile. The profile is located within the CEMSIS web portal at www.cemsis.com and is a prerequisite to accessing the grant application.

Review

The Colorado Department of Public Health and Environment's Emergency Medical and Trauma Services Branch reviews emergency grant applications as they are received.

Notification

Notification of outcome generally occurs within one to two business days of receipt.

Awards

Awards are issued following approval by purchase order or contract. Purchase orders are generally issued within two weeks, but the contracting process takes longer. All awards are reimbursement-based, and payments are requested using the Reimbursement Invoice Form found at www.coems.info. Please allow at least two weeks for payment processing. For more information on managing a grant award, refer to the Manage Your Award Guide located at www.coems.info.

System Improvement Funding

Purpose

Statewide EMTS system improvement funding is for the direct and indirect costs of planning, developing, implementing, maintaining and improving the statewide EMS and trauma system. Applicants will need to demonstrate their project is intended to maintain or improve the quality of emergency medical and trauma services on a regional or statewide basis. Requests in this category must include an evaluation component that allows the organization and the Colorado Department of Public Health and Environment to evaluate the effectiveness and impact of the grant award.

Up to 10% of the total grant funds available can be awarded as system improvement funding, which could be anywhere between \$0 and approximately \$670,000. Within the system improvement funding allocation, \$363,000 has been set aside for RETACs to apply for regional medical direction projects. This leaves approximately \$307,000 for other system improvement awards.

System improvement funding: \$307,000. All regular system improvement requests are scored competitively with the provider grants, using 50-point scoring tools. The scoring tools are available at www.coems.info. For these requests, there are five available categories: regional medical direction (separate from the RETAC projects described in the following paragraph), system improvement, technical assistance, conference/forum support and RETAC operations.

Set-aside for RETAC regional medical direction projects: \$363,000. Each RETAC will be able to apply for up to \$33,000 for the purposes of maintaining or expanding regional medical direction in its area. These requests will not be scored with other system improvement funding requests or provider grant applications. They will be reviewed by the Public Policy and Finance Committee at its April meeting to determine acceptability. These requests are due on Monday, March 15, 2016 by 5 p.m.

System improvement funding does not replace funding through the provider grants program. Projects that can be requested in a provider grant program category must apply there. Examples of this may include regional equipment requests or personnel and salary support requests.

Match

There are no match requirements for this program; however, matching funds are allowable up to 90% of the project cost.

How to apply

System improvement funding requests are completed using the CEMSIS web portal located at www.cemsis.com. You must have a username and password to enter the portal. If you updated your organization profile or applied for a grant within the last year you can use that username and password. If you need a new username and password, follow the link on the portal website.

Profile: all organizations applying for funding must complete a profile. The profile is located within the CEMSIS web portal at www.cemsis.com and is a prerequisite to accessing the application.

Contact information: this information is critical for communication regarding your funding request, as official notices go out through email. Please ensure the contact person's name and email address are correct.

Categories: the online application will ask you to choose categories, of which you may select any number. The available categories are:

1. **Regional medical direction:** there are two different ways to apply for funds for regional medical direction. One is specific to RETACs and the other is open.
 - a. **Set-aside for RETAC regional medical direction projects. Due by 5 p.m. on March 15, 2016.** RETACs will use this category to request an annual amount of up to \$33,000. These requests will not be scored competitively with other system improvement funding requests and provider grant applications but reviewed for acceptance at the Public Policy and Finance Committee meeting in April 2016.

As this is the third year for the set-aside, applicants must address the status of outcome for their current project.

When applying for an annual installment, RETACs can request funds to initiate a regional medical direction project or support an established regional medical direction project. RETACs can reference the “Colorado EMS Regional Medical Direction: Program Positions, Roles, Responsibilities and Deliverables” guideline when applying. This guide is available at www.coems.info.

Allowable line items within this request could include personal services such as contractor fees, employee salary or wages, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.

- b. **Any regional medical direction project not associated with the RETAC annual installment. Due by 5 p.m. on Feb. 15, 2016.** Any entity wanting to apply for funds to support a regional medical direction project not associated with the RETAC annual installment must apply through the System Improvement program in the online grant application, selecting the category of “regional medical direction.” These projects will be scored competitively with all other provider grant and system improvement requests.

Allowable line items within this request could include personal services such as contractor fees, employee salary or wages, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.

2. **System improvement:** use this category to request funds to help support planning, developing, implementing, maintaining and improving the statewide emergency medical and trauma services system. Examples may include requests for system development projects that have statewide or regional impact, EMS and trauma data program development, department-initiated projects or curricula development. Allowable line items within this request could include personal services such as contractor fees, employee salary or wages, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.
3. **Technical assistance:** use this category to request funds for technical assistance and support to local governments, local emergency medical and trauma service providers and RETACs. Examples may include requests for consultative visit projects or other technical assistance to local governments, regions or other jurisdictions within the state. Allowable line items within

this request could include personal services such as contractor fees, employee salary or wages, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.

4. **Conference and forum support:** use this category to request funds to help support regional or statewide conferences and forums that have a positive benefit to Colorado's EMS and trauma system. Funds can be requested for the development and implementation of first-time conferences that are new or unique, and funds can be requested for support of established and on-going conferences if there is a demonstrated track record of success and thorough justification of financial need. Conferences supported by these funds shall utilize the department's logo in conference materials.

Conferences are expected to become self-sustaining and system improvement funding will not be requested beyond the first three years. Please explain in your request if this is the first, second or third year of applying for these funds; how you anticipate your conference will become self-sustaining in future years; and how many more years you anticipate requesting these funds. If your conference cannot become self-sustaining, be sure to specifically explain why and if you have researched other funding sources or opportunities.

These funds can help support the cost of faculty, facility fees, AV equipment rental fees, etc. Allowable line items within this request could include personal services such as salaries or wages for an employee, contractor fees, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.

5. **RETAC operations:** use this category to request funds to help support RETAC operations for the planning and coordination of emergency medical and trauma services in a county and between counties when such coordination would provide for better service geographically. Allowable line items within this request could include personal services such as salaries or wages for an employee, contractor fees, supplies and operating expenses, travel and other costs. Administration and indirect costs shall not exceed 10% of the total request. Catering costs are not an allowable request; however, essential business travel and per diem costs can be supported. Mileage is reimbursed at current rates.

System improvement categories allow for indirect rates of up to 10% of the total project amount request. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request.

Narratives

Narratives are required in the profile and the system improvement funding application. Please take time to complete them; recognizing that spell check is not available in the online application and that copy/paste does not work well if tables, tabs, bullets or special characters (such as "#") are included.

Submitting your Application

When you complete your online funding request and click the SUBMIT button, we receive your profile, application and any PDF attachments you uploaded. There is no need to print or mail a hard copy.

Please ensure that you have uploaded only PDF documents, that they are not secured with a password, and that the name of the PDF document does not contain any special characters (such as "#"). PDF

documents that require a password or have a file name containing special characters will not upload properly.

Deadline

System improvement funding requests must be electronically submitted by 5 p.m. on Feb. 15, 2016 except RETAC submissions for the annual installment of regional medical direction funding must be electronically submitted by 5 p.m. on March 15, 2016.

Review

All regular system improvement funding requests will be evaluated by the SEMTAC Public Policy and Finance Committee in April. It is strongly recommended that a representative knowledgeable about the funding request attend the review session in person or by telephone so that any questions the evaluators may have can be answered.

System improvement requests are scored competitively using a 50-point scoring tool. Access the tool at www.coems.info so you are familiar with the tool and its rating points, and so that you are aware of how your funding request will be reviewed and scored.

The department provides final review and prioritization of the applications and makes awards based upon priorities established by statute, recommendations from the council, substantiated need, impact upon the emergency medical and trauma service programs should funds not be awarded, and the department's financial risk rating. The financial risk rating is determined from the risk assessment questionnaire submitted with the application and applied as a deduction from the total score to calculate an adjusted total score. There is no reduction in score for applicants determined to be low risk while deductions of 10 or 20 percent of the total possible points are applied for medium or high risk, respectively.

The annual installment for RETAC regional medical direction projects will be reviewed for acceptance at the Public Policy and Finance Committee meeting in April, and will not be scored competitively.

Notification

Public notice of awards will occur prior to July 1, 2016, at www.coems.info. Public notice is not authorization to begin your project.

Awards and Timeline

Awards will be announced by July 1, 2016 but no billable work can be done until a fully-executed purchase order or contract is in place. Funding will run until June 30, 2017. All projects must be completed and all items purchased and delivered by June 30, 2017.

Awards of less than \$25,000 may receive a purchase order, and awards of more than \$25,000 will receive a contract. Purchase orders are generally issued in late July or early August, but the contracting process takes longer, and contracts may not be issued until the end of August or later. Please plan accordingly, as no billable work can be done until a fully-executed purchase order or contract is in place.

All awards are reimbursement-based, and payments are requested using the Reimbursement Invoice Form found at www.coems.info. Please allow at least two weeks for payment processing once a

complete reimbursement packet is accepted by the department. For more information on managing an award, read the Manage Guide located at www.coems.info.

Provider Grants

Purpose

The provider grants program awards funds to emergency medical and trauma service providers. Awards are reimbursement-based.

There are eight categories: ambulances and EMTS vehicles, communications, data collection, equipment, injury prevention, personnel and services, recruitment and retention and other.

Provider grant applications are scored competitively with system improvement funding requests using 50-point scoring tools that are available at www.coems.info.

Match

A 50% cash match is required. Funds used to provide the applicant's required cash match may not be state funds appropriated from the EMS account within the highway users tax fund through other mechanisms supported by the Emergency Medical and Trauma Services Branch. Monies used to provide the cash match must be documented as to their source and as compliant with this requirement. The value of existing infrastructure or other forms of "in-kind" services are not considered appropriate funds for EMTS grant match purposes.

There is a financial waiver process for organizations that cannot meet the required 50% match. An organization that can demonstrate financial hardship may request to reduce the project match to 10%, 20%, 30% or 40%. The organization requesting a waiver of the match is responsible for clearly demonstrating why the required 50% match cannot be met and must be able to provide current financial statements that support the waiver request: income statement, balance sheet and budget. These three financial documents are REQUIRED. Unaudited financial statements are acceptable.

Failure to submit these three financial documents will result in your grant application being disqualified for incompleteness.

Review of the financial waiver requests will be held Feb. 25, 2016. Attendance at the waiver review in person or by telephone is highly recommended so that an organization representative knowledgeable about the request is available to answer any questions the reviewers may have.

The financial waiver review committee will evaluate and score the requests using a 10-point rating scale based on the following:

1. Cash flow projections
2. Financial information
3. The justification of need listed in the narrative portion of the application

The evaluators have three evaluation criteria:

1. Does the waiver narrative justify the waiver of a 50% cash match? (5 pts)
2. Is the applicant's current financial status or explanation consistent with the application, and is the inability to provide the 50% cash match demonstrated? (4 pts)
3. Has the applicant provided information that indicates good faith effort has been put forth to obtain funding from other sources? (1 pt)

A passing score is 6 or higher. If a financial waiver request is not approved, that grant application will not continue through the review process.

For a multi-agency financial waiver request, each participating organization must submit the three required financial statements. Each participating organization must be able to clearly demonstrate why the required 50% match cannot be met. If all of the participating organizations cannot demonstrate financial hardship to the requested reduced match, the entire multi-agency request will not be approved.

How to apply

Provider grant applications are completed using the CEMISIS web portal located at www.cemisis.com. You must have a username and password to enter the portal. If you applied for a grant last year or are submitting data to the statewide data collection program, you can use that username and password. If you need a new username and password, follow the link on the portal website.

Profile: all organizations applying for a provider grant must complete a profile. The profile is a prerequisite to accessing the grant application and is located within the CEMISIS web portal at www.cemisis.com.

Grant contact information: this information is critical for communication regarding your grant application as notices go out through email. Please ensure the contact person's name and email address are correct.

Categories: the grant application will ask you to choose your categories, of which you may select any number. The available categories are:

1. **Ambulance/other EMTS vehicle.** Use this category to request an ambulance or a rescue vehicle. A vehicle data recorder is required for all new ambulances purchased through the grant program. More information on this category is on page 17.
2. **Communications.** Use this category to request radios, pagers and other communication system components. For technical help in this category, please contact Bill Voges at bill.voges@state.co.us. More information on this category is on page 19.
3. **Data collection.** Use this category to request laptops, desktops, servers, hardware and software for use in the statewide data collection program. You can also use this category to request data linking projects. More information on this category is on page 25.
4. **Equipment.** Use this category to request general EMS and trauma equipment, extrication equipment, defibrillators and cardiac monitors, training and education equipment, safety equipment and pediatric equipment. This grant program does not fund disposables or fire-related equipment. More information on this category is on page 26.
 - **Statewide consolidated equipment.** Applicants interested in coordinating or participating in a consolidated grant for physical goods, use this category. More information on this category is on page 27.
5. **Injury prevention.** Use this category to request funding for injury prevention projects. More information on this category is on page 28.
6. **Personnel and Services.** Use this category to request funds for personnel, salary and services. All grant funding ends June 30, 2017, so it is important to describe long-range sustainability in your narratives. More information on this category is on page 29.

7. **Recruitment/retention.** Use this category to request recruitment/retention projects. More information on this category is on page 30.
8. **Other.** Use this category if none of the above specific categories fit your request. More information on this category is on page 31.

Certain provider grant categories allow for indirect rates of up to 10% of the total project amount request. These categories are injury prevention, personnel and services, recruitment and retention and other. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request. Indirect rates cannot be applied to capital purchases and are also not allowed in the ambulance and other EMTS vehicle, communications, data collection or equipment categories.

Applicants may only request funding for a project once in each grant cycle. Duplicate requests to fund the identical projects will be rejected. For example, an organization may not submit a request for equipment as an individual agency and request the same equipment as part of a consolidated equipment application.

Narratives

Narratives are required in the profile and the funding application. Please take time to complete them; recognizing that spell check is not available in the online application and that copy/paste does not work well if tables, tabs, bullets or special characters such as “#” are pasted.

Submitting your Application

When you complete your online grant application and click the SUBMIT button, we receive your profile, application and the PDF attachments you uploaded. There is no need to print and mail us a hard copy.

Be sure you only upload PDF documents, that they are not secured with a password, and that the name of the PDF document does not contain any special characters (such as “#”). Uploaded documents that are not PDF, have a password or a special character in the name will not transmit properly and will not be included in your grant application.

Deadline

All provider grant applications must be electronically submitted by 5 p.m. on Feb. 15, 2016.

Review

Provider grant applications go through a review process at both the regional and state level. A regional hearing is conducted in each RETAC, and the state hearings are conducted by the State Emergency Medical and Trauma Services Advisory Council (SEMTAC).

It is strongly recommended that a representative knowledgeable about the grant application attend both review sessions in person or by telephone so that any questions the reviewers may have can be answered.

The RETAC hearing counts toward 50% of the final score, and the SEMTAC hearing counts toward the remaining 50% of the final score. (Grant applications that have a conflict at the RETAC level, such as a RETAC applying for funds or consolidated equipment requests, will be reviewed only at the SEMTAC level.)

RETAC hearings will be held in March and April, and SEMTAC hearings will be held on May 12-13, 2016.

Provider grant applications are scored competitively using a 50-point scoring tool. Access the tool at www.coems.info to become familiar with the tool and its rating points, so that you are aware of how your grant application will be reviewed and scored.

The department provides final review and prioritization of the applications and makes awards based upon priorities established by statute, recommendations from the council, substantiated need, impact upon the emergency medical and trauma service programs should funds not be awarded, and the department's financial risk rating. The financial risk rating is determined from the risk assessment questionnaire submitted with the application and applied as a deduction from the total score to calculate an adjusted total score. There is no reduction in score for applicants determined to be low risk while deductions of 10 or 20 percent of the total possible points are applied for medium or high risk, respectively.

Notification

Public notice of awards will occur prior to July 1, 2016, at www.coems.info. This is not authorization to begin your project.

Awards and Timeline

Awards will be issued following July 1, 2016. Funding will run until June 30, 2017. All projects must be completed and all items purchased and delivered by June 30, 2017.

Awards of less than \$100,000 for goods will usually receive a purchase order, which is typically issued in late July or early August. Awards of more than \$100,000 or those that include personal services will receive a contract, which takes considerably longer to execute. Contracts may not be issued until the middle of August or even later. Please plan accordingly, as no billable work can be done until a fully-executed purchase order or contract is in place.

All awards are reimbursement-based, and payments are requested using the Reimbursement Invoice Form found at www.coems.info. Please allow at least two weeks for payment processing once a complete packet is accepted by the department. For more information on managing a grant award, read the Manage Guide located at www.coems.info.

Provider Grant Category Guidelines

EMTS Provider Grants Program

Guidelines for the “Ambulance and Other EMTS Vehicle” Category

Use this category to request ambulance and EMTS vehicles.

Eligible vehicle types are:

- Ground ambulances, as noted in the chart below
- Specialized EMTS vehicles, including watercraft, primarily used to transport patients to the nearest point accessible by a ground ambulance
- Vehicles primarily used to render EMS care before the arrival of an ambulance
- Other vehicles used primarily to support the provision of EMS

Ineligible types of vehicles are:

- Aircraft
- Fire suppression vehicles
- Hazardous materials response vehicles
- Police vehicles
- Vehicles used primarily for supervisory or administrative purposes

This category has maximum funding amounts for ground ambulances and will pay no more than 50% of the following amounts (state percentage will change proportionately in cases of a waiver of match). All new ambulances purchased through the grants program must be equipped with a vehicle data recorder/driver monitoring system (VDR).

Maximum amounts the grants program will pay towards the base price of a vehicle and VDR

Ambulance	Vehicle base price	VDR hardware & install	VDR base station (if needed)	Total	State share (50% match)
Type I - 2 wd	\$153,000	\$6,000	\$3,000	\$162,000	\$81,000
Type I - 4 wd	\$164,220	\$6,000	\$3,000	\$173,220	\$86,610
Type II - 2 wd	\$96,186	\$6,000	\$3,000	\$105,186	\$52,593
Type III - 2 wd	\$151,878	\$6,000	\$3,000	\$160,878	\$80,439
Other vehicle	\$63,240	---	---	\$63,240	\$31,620

All costs for the base price of the ambulance over and above these amounts must be paid by the grantee. In the event the actual cost of the vehicle is less than the “not to exceed” figure, list the actual cost in your grant application and attach the vendor cover letter or quote showing the actual amount. It is not necessary to attach the entire ambulance specification. Please ensure that the vehicle vendor you select is appropriately licensed to do business in the state of Colorado.

The vehicle base price shall be inclusive of all items attached to the vehicle. Attached items may include, but are not limited to: chassis, patient care module, lighting package, siren, suspension modifications, running boards, mud flaps, grill guards, paint, lettering, graphics and towing devices. The grant program encourages the use of appropriate retro-reflective vehicle lettering and graphics packages.

The ambulance prices include an additional allowance for vehicle data recording/driver monitoring hardware, base station items and hardware/software support. The minimum capability list for the vehicle data recorder system includes monitor and record vehicle operating parameters, driver feedback, database reporting, event reporting, second by second data and driver identification. The

grants program allows up to \$6,000 for the hardware and up to \$3,000 for the base station items. Base station items may include software, software hosted services, driver identification tags and driver identification tag programmer. Base station items will only be allowed if the agency has not previously purchased the applicable items associated with the monitoring system. Hardware costs may include data transmission equipment (cables, radio transmitters, etc.). Agencies may choose their preferred type of data transmission. Transmission via 900 MHz, Wi-Fi or cellular are strongly encouraged. More information on vehicle data recorders specifically for ambulances can be obtained through your ambulance vendor. You must attach a vendor cover letter with your grant application that indicates the vehicle data recorder is included.

Additional safety features may be included in your vehicle application. All additional safety equipment is subject to the standard 50% match requirement, and may be funded over and above the “base price” maximums. Safety features qualifying for this include:

1. Dual attendant control panels
2. Child safety restraint systems
3. Radio headsets
4. Forward or rear facing seats in the patient compartment
5. Built-in patient loading systems (excludes ambulance cot - request cot in equipment category)
6. Brackets to secure monitors or equipment
7. Traffic signal preemption devices
8. Padding and rounded edges on interior surfaces
9. Recessed or padded grab rails
10. Built-in oxygen bottle loading systems
11. Safety restraint netting
12. Back-up and side-view cameras
13. Forward-looking infrared driver vision enhancement systems
14. Electronic door locks for patient compartment

Requests for non-ambulance vehicles require appropriate justification. If requesting a vehicle that is not an ambulance, the narrative must sufficiently describe how the requested vehicle will be used within, or in direct support of, the local EMS system.

Other important items:

- Radios, medical equipment, cots and mobile/portable computers should not be requested in this category.
 - Radios should be requested in the communications category.
 - Medical equipment and cots should be requested in the equipment category.
 - Mobile/portable computers should be requested in the data collection category.
- If you wish to retrofit a vehicle monitoring system to existing vehicle(s), that equipment and/or software should be requested in the equipment category.
- All vehicles must be purchased and delivered prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may not be requested be in this category.

EMTS Provider Grants Program
Guidelines for the “Communication Equipment” Category

Use this category to request communications equipment, such as radios, pagers and/or other communication system components.

All two-way radios or pagers that are purchased with State EMTS Provider Grant funds must meet the following criteria:

1. Any UHF system/s must include the UHF Med system frequencies. (See table 2 & 3). UHF systems must use the state standard continuous tone-coded squelch system (CTCSS) codes of Tone A = 88.5 Hz/ YB, B = 94.8 Hz/ ZA, C = 136.5 Hz/ 4Z, D = 141.3 Hz/ 4A, and E = 151.4 Hz/ 5Z.
2. Expansion of present systems will be evaluated on a case-by-case basis in the context of activity of local, regional and state migration towards the Digital Trunked Radio System (DTRS).
3. Any new communications system in the 700/ 800 MHz frequency band must meet The Association of Public-Safety Communications Officials (APCO) Project 25 standards to ensure compatibility with the statewide Digital Trunked Radio System (DTRS). All 800 MHz radios purchased must be capable of both Project 25 trunking and conventional analog and digital transmissions in both the 800 MHz and 700 MHz bands.
4. No award will be made for radios that cost more than radios priced on state bid or the Western States Contracting Alliance/ The National Association of State Procurement Offices (WSCA-NASPO) for the high tier model. If you purchase a radio that is not on the state bid or WSCA-NASPO and costs more, you will be responsible for paying the price difference.
5. Dependant on the radio’s frequency band and capabilities, any radios purchased must be programmed with the designated statewide disaster frequency plan. (See table 1, 2, 3, 6, or 7)

VHF - The designated VHF mutual assistance simplex frequency is 155.340 MHz (VMED28). This frequency is required in all VHF base stations, mobiles and portables. VHF mobile and portable radios are also required to have the five narrowband interoperability and mutual aid channels. The National Public Safety Telecommunications Council (NPSTC) has developed a common channel naming protocol. The new channel names are shown with the previous designation. (See Table 1)

Table 1:

FREQUENCY	PREVIOUS NAME	NPSTC NAME
155.3400 MHz	HEAR	VMED 28
151.1375 MHz	VHF MAC 1	VTAC 11
154.4525 MHz	VHF MAC 2	VTAC 12
155.7525 MHz	VHF MAC 3	VCALL10
158.7375 MHz	VHF MAC 4	VTAC 13
159.4725 MHz	VHF MAC 5	VTAC 14

These channels are to be programmed for simplex operation with 156.7 Hz 5A transmit encode and receive carrier squelch. CTCSS tone of 156.7 Hz 5A may be used for receive decode if interference is present.

UHF - The UHF disaster frequency is 462.975 MHz (Med 10) simplex operation, carrier squelch (without CTCSS). This frequency is required in all UHF base stations, mobiles and portables. UHF mobiles and portables are to have all the frequencies programmed into them from Table 2 and the narrow band frequencies from Table 3 (below).

Table 2:

DESIGNATION	FREQUENCY	OFFSET
MED 1	463.000 MHz	+5 MHz
MED 2	463.025 MHz	+5 MHz
MED 3	463.050 MHz	+5 MHz
MED 4	463.075 MHz	+5 MHz
MED 5	463.100 MHz	+5 MHz
MED 6	463.125 MHz	+5 MHz
MED 7	463.150 MHz	+5 MHz
MED 8	463.175 MHz	+5 MHz
MED 9	462.950 MHz	+5 MHz
MED 10	462.975 MHz	+5 MHz

Table 3:

DESIGNATION	FREQUENCY	OFFSET
MED 12	463.0125 MHz	+5 MHz
MED 22	463.0375 MHz	+5 MHz
MED 32	463.0625 MHz	+5 MHz
MED 42	463.0875 MHz	+5 MHz
MED 52	463.1125 MHz	+5 MHz
MED 62	463.1375 MHz	+5 MHz
MED 72	463.1625 MHz	+5 MHz
MED 82	463.1875 MHz	+5 MHz
-	-	-
-	-	-

UHF CTCSS TONES: A = 88.5 Hz YB, B= 94.8 Hz ZA, C = 136.5 Hz 4Z, D = 141.3 Hz 4A, E = 151.4 Hz 5Z

700/ 800 MHz DTR - The following DTRS talk groups must be programmed into each radio purchased with EMTS Provider Grant funds. (See Table 4 and Table 5)

Table 4:

REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL		
RETAC MUTUAL AID TALK GROUPS		
CENTRAL MTN	EMS CM	(Base station radios shall be programmed with their regional RETAC, statewide EMS, and ER talk groups.)
FOOTHILLS	EMS FH	
MILE HIGH	EMS MH	
NORTH EAST	EMS NE	
NORTH WEST	EMS NW	
PLAINS TO PEAK	EMS PP	
SAN LUIS VALLEY	EMS SLV	
SOUTH EAST	EMS SE	
SOUTHERN	EMS S	
SOUTH WEST	EMS SW	
STATEWIDE ED	ER MAC	
STATEWIDE EMS	EMS MAC	
WEST	EMS W	

Table 5:

REGIONAL MUTUAL AID CHANNELS	
CCNC MAC AREAS	
MAC1 MET METRO MUTUAL AID STATEWIDE MAC2 MET METRO MUTUAL AID CH2 MAC3 MET METRO MUTUAL AID CH3 MAC4 MET METRO MUTUAL AID CH4 MAC5 NE NORTH EAST MUTUAL AID STATEWIDE MAC6 NE NE MUTUAL AID CH2 MAC7 NE NE MUTUAL AID CH3 MAC8 NE NE MUTUAL AID CH4 MAC9 SE SOUTH EAST MUTUAL AID STATEWIDE MAC10 SE SE MUTUAL AID CH2 MAC11 SE SE MUTUAL AID CH3 MAC12 SE SE MUTUAL AID CH4 MAC13 SW SOUTH WEST MUTUAL AID STATEWIDE MAC14 SW SW MUTUAL AID CH2 MAC15 SW SW MUTUAL AID CH3 MAC16 SW SW MUTUAL AID CH4 MAC17 NW NORTH WEST MUTUAL AID STATEWIDE MAC18 NW NW MUTUAL AID CH2 MAC19 NW NW MUTUAL AID CH3 MAC20 NW NW MUTUAL AID CH4 MAC21 STATEWIDE MUTUAL AID CHANNEL	(Base station radios shall be programmed with their Region's mutual aid and Statewide mutual aid talk groups.)

800 MHz International Tactical Channels

These analog channels are required to be programmed in both repeater and simplex modes. Simplex mode indicated by "D" suffix, i.e. 8CALL90D, both transmit and receive frequency of 851.0125 MHz, CTCSS156.7 Hz 5A. Note: These are the re-banded frequencies (see Table 6).

Table 6:

NPSTC NAME	PREVIOUS DESIGNATION	FREQUENC	CTCSS	OFFSET	PURPOSE
8CALL90	ICALL	851.0125	156.7	-45 MHz	CALLING
8TAC91	ITAC-1	851.5125	156.7	-45 MHz	MUTUAL AID #1
8TAC92	ITAC-2	852.0125	156.7	-45 MHz	MUTUAL AID #2
8TAC93	ITAC-3	852.5125	156.7	-45 MHz	MUTUAL AID #3
8TAC94	ITAC-4	853.0125	156.7	-45 MHz	MUTUAL AID #4
STAC	STAC-5	853.7875	156.7	-45 MHz	PORTABLE/MOBILE

800 MHz Statewide Digital Simplex Channels The five statewide simplex channels must use P25 Common Air Interface (CAI) digital signaling, be programmed with Network ID 293, and operate with transmit (TX) output power of 3 watts or less. (See Table 7)

Table 7:

- 851.1000 MHz SMPX 1
- 851.7500 MHz SMPX 2
- 852.3000 MHz SMPX 3
- 852.5500 MHz SMPX 4
- 853.6875 MHz SMPX 5

Some DTRS manufacturers have a maximum programmable channel capacity of 48 channels per radio. You are required to program 43 interoperable channels/ talk groups into each radio. This leaves only 5 additional channels/ talk groups per radio for future use. Due to the limited channel capacity, the 48 channel radios are not recommended. All DTRS radios purchased must be capable of both P25 trunking and conventional analog/ digital transmissions in both 700/ 800 MHz bands.

North Central All Hazards Region (Denver Metropolitan Area)

North Central Region Interoperability talk groups. The following DTRS talk groups have been set aside specifically for use by agencies that are part of the North Central All Hazards Region. This region is comprised of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin and Jefferson Counties. These talk groups interconnect users from various systems (i.e. VHF, UHF, 800 MHz, etc.) for interoperability. The interoperable talk groups are governed by Consolidated Communications Network of Colorado (CCNC) Policies and Procedures. (See Table 8)

Table 8:

NORTH CENTRAL ALL HAZARDS REGION			
REGIONAL INTEROPERABILITY CHANNELS			
GOLD 1	GOLD 2	-	-
RED NW	RED NE	RED SW	RED SE
BLUE NW	BLUE NE	BLUE SW	BLUE SE
GREEN 1	GREEN 2	GRAY	-

Southwest All Hazards Region

Southwest All Hazards Region Interoperability talk groups. The following DTRS talk groups have been set aside specifically for use by agencies that are part of the Southwest All Hazards Region. This region is comprised of the Southern Ute and Ute Mountain Reservations, Archuleta, Dolores, La Plata, Montezuma and San Juan Counties. (See Table 9)

Table 9:

SOUTH WEST ALL HAZARDS REGION			
REGIONAL INTEROPERABILITY CHANNELS			
SW RIC A	SW RIC B	SW RIC C	SW RIC D

FACILITY WITH ASSIGNED TALK GROUP

84th AVE. NEIGHBORHOOD HEALTH CENTER	*	LAKE CITY AREA MEDICAL CENTER MED1	*
ANSHUTZ INPATIENT PAVILION (UCHSC) AURORA	*	LIFECARE HOSPITALS OF DENVER	*
ARKANSAS VALLEY REGIONAL MEDICAL CENTER	*	LINCOLN COMMUNITY HOSPITAL	*
ASPEN VALLEY HOSPITAL	*	LONGMONT UNITED HOSPITAL	*
BANNER HEALTH FORT COLLINS MEDICAL CENTER	*	MCKEE MEDICAL CENTER	*
BOULDER COMMUNITY FOOTHILLS HOSPITAL	*	MEDICAL CENTER OF AURORA	*
BOULDER COMMUNITY HOSPITAL	*	MEDICAL CENTER OF THE ROCKIES	*
BRECKENRIDGE MEDICAL CENTER	*	MELISSA MEMORIAL HOSPITAL	*
CASTLE ROCK ADVENTIST HEALTH CAMPUS	*	MEMORIAL HEALTH SYSTEM (CO SPRINGS)	*
CEDAR SPRINGS BEHAVIORAL HEALTH SYSTEM	*	MEMORIAL HOSPITAL (CRAIG)	*
CENTENNIAL MEDICAL PLAZA	*	MERCY MEDICAL CENTER	*
CENTENNIAL PEAKS HOSPITAL	*	MONTROSE MEMORIAL HOSPITAL	*
CENTURA HEALTH - AVISTA ADVENTIST HOSPITAL - LOUISVILLE	*	MOUNT SAN RAFAEL HOSPITAL	*
CENTURA HEALTH - LITTLETON ADVENTIST HOSPITAL	*	NATIONAL JEWISH MEDICAL AND RESEARCH CENTER	*
CENTURA HEALTH - PARKER ADVENTIST	*	NORTH COLORADO MEDICAL CENTER	*
CENTURA HEALTH - PENROSE ST. FRANCIS HOSP CO SPRINGS	*	NORTH PARK HOSPITAL DISTRICT	*
CENTURA HEALTH - PORTER ADVENTIST HOSPITAL - DEN	*	NORTH SUBURBAN MEDICAL CENTER	*
CENTURA HEALTH - ST. ANTHONY CENTRAL HOSPITAL - DEN	*	NORTH SUBURBAN MEDICAL CENTER NORTHEAST ED	*
CENTURA HEALTH - ST. ANTHONY NORTH HOSP - WESTMINSTER	*	NORTH SUBURBAN MEDICAL CENTER NORTHWEST ED	*
CENTURA HEALTH - ST. MARY CORWIN MED CENTER - PUEBLO	*	NORTH VALLEY REHABILITATION HOSPITAL - PSYCH	*
CENTURA HEALTH - ST. THOMAS MORE HOSP CANON CITY	*	NORTH VALLEY REHABILITATION HOSPITAL - REHAB	*
CENTURA HEALTH - SUMMIT BIRTH PLACE	*	ORTHO - COLORADO HOSPITAL	*
CENTURA HEALTH EMERGENCY & URGENT CARE - ARVADA	*	PAGOSA MOUNTAIN HOSPITAL (UPPER SAN JUAN HSD)	*
CENTURA HEALTH EMERGENCY & URGENT CARE - GOLDEN	*	PARKVIEW MEDICAL CENTER	*
CHILDREN'S HOSPITAL ASSOCIATION	*	PIKES PEAK REGIONAL HOSPITAL	*
CHILDREN'S HOSPITAL @ ANSCHUTZ	*	PIONEERS HOSPITAL OF RIO BLANCO COUNTY	*
CHILDREN'S HOSPITAL @ BRIARGATE	*	PLATTE VALLEY MEDICAL CENTER	*
CHILDREN'S HOSPITAL NORTH	*	POUDRE VALLEY HOSPITAL	*
CHILDREN'S HOSPITAL @ PARKER	*	PRESBYTERIAN ST. LUKE'S (PSL) MEDICAL CENTER	*
CHILDREN'S HOSPITAL SOUTH	*	PROWERS MEDICAL CENTER	*
CHILDREN'S HOSPITAL @ ST. JOSEPH	*	RANGELY DISTRICT HOSPITAL	*
CHURCH RANCH EMERGENCY DEPARTMENT	*	RIO GRANDE HOSPITAL	*
COLORADO COMMUNITY HEALTH NETWORK (DENVER)	*	ROSE MEDICAL CENTER	*
COLORADO MENTAL HEALTH INSTITUTE @ FT. LOGAN	*	SADDLE ROCK EMERGENCY DEPARTMENT	*
COLORADO MENTAL HEALTH INSTITUTE @ PUEBLO	*	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	*
COLORADO MENTAL HEALTH INSTITUTE @ PUEBLO FORENSIC	*	SEDGWICK COUNTY MEMORIAL HOSPITAL	*
COLORADO PLAINS MEDICAL CENTER	*	SELECT SPECIALTY HOSPITAL - DENVER	*
COMMUNITY HOSPITAL (GRAND JUNCTION)	*	SELECT SPECIALTY HOSPITAL - DENVER - SOUTH CAMPUS	*
CONEJOS COUNTY HOSPITAL ASSOCIATION	*	SEMPERCARE HOSPITAL OF COLORADO SPRINGS	*
CRAIG HOSPITAL	*	SKY RIDGE MEDICAL CENTER	*
DELTA COUNTY MEMORIAL HOSPITAL	*	SOUTHEAST COLORADO HOSPITAL	*
DENVER HEALTH EAST CLINIC (WINTER PARK)	*	SOUTHLANDS ER PARKER ADVENTIST	*
DENVER HEALTH MEDICAL CENTER	*	SOUTHWEST HEALTH SYSTEM INC	*
DEVEREUX CLEO WALLACE	*	SPALDING REHAB HOSPITAL @ PSL MED CENTER	*
EAST MORGAN COUNTY HOSPITAL	*	SPALDING REHABILITATION HOSPITAL	*
ESTES PARK MEDICAL CENTER	*	SPALDING REHABILITATION HOSPITAL @ ROSE MED CENTER	*
EXEMPLA - GOOD SAMARITAN	*	SPANISH PEAKS REGIONAL HEALTH CENTER	*
EXEMPLA - LUTHERAN MEDICAL CENTER	*	ST. MARY'S HOSPITAL AND MEDICAL CENTER	*
EXEMPLA - ST. JOSEPH HOSPITAL	*	ST. VINCENT GENERAL HOSPITAL DISTRICT	*

FAMILY HEALTH WEST HOSPITAL - CAH	*	STERLING REGIONAL MEDICAL CENTER	*
GRANBY MEDICAL CENTER - ST ANTHONY'S	*	SUMMIT MEDICAL CENTER - ST. ANTHONY CENTURA (FRISCO)	*
GRAND RIVER MEDICAL CENTER	*	SWEDISH MEDICAL CENTER	*
GUNNISON VALLEY HOSPITAL	*	SWEDISH MEDICAL CENTER - BELMAR	*
HAXTUN HOSPITAL DISTRICT	*	SWEDISH MEDICAL CENTER SOUTHWEST	*
HEALTH SOUTH REHABILITATION HOSPITAL OF CO SPRINGS	*	TRIUMPH HOSPITAL (WAS SCCI HOSPITAL) (AURORA)	*
HEART OF THE ROCKIES MEDICAL CENTER	*	UCH EMERGENCY CARE CENTER (ECC) (GREELEY)	*
KAISER PERMANENTE COLORADO REGION (AURORA)	*	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	*
KEEFE MEMORIAL HOSPITAL	*	VA - DENVER	*
KEYSTONE MEDICAL CLINIC ST. ANTHONY	*	VA - GRAND JUNCTION	*
KINDRED HOSPITAL - DENVER	*	VAIL VALLEY MEDICAL CENTER	*
KIT CARSON COUNTY MEMORIAL HOSPITAL	*	VALLEY VIEW HOSPITAL ASSOCIATION	*
KREMMLING MEMORIAL HOSPITAL DISTRICT	*	WEISBROD MEMORIAL COUNTY HOSPITAL	*
LA PLATA COUNTY ANIMAS SURGICAL HOSPITAL	*	WRAY COMMUNITY DISTRICT HOSPITAL	*
LAKE CITY AREA MEDICAL CENTER MED1	*	YAMPA VALLEY MEDICAL CENTER	*
LIFECARE HOSPITALS OF DENVER	*	YUMA DISTRICT HOSPITAL	*

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Other important items:

- All communications equipment must be purchased and delivered prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may not be requested in this category.
- Any device purchased within the communications grant category, may include an annual membership fee, but only once for a period of 1 year from the initial purchase date.
- The EMTS Provider Grant program does not fund extended warranties or service contracts.

EMTS Provider Grants Program

Criteria for the “Data Collection” Category

Use this category to request hardware and software for collection of patient care information to meet state requirements. The grant program will pay no more than 50% of the listed amounts (state percentage will change proportionately in cases of an approved waiver of match).

Desktop computer: any desktop computer and monitor set up. Total cost maximum: \$1,750. State share (at 50% match): \$875.

Rugged tablet/laptop: any rugged tablet/laptop. Total cost maximum: \$4,500. State share (at 50% match): \$2,250.

Non-rugged tablet/laptop: any non-rugged tablet/laptop. Total cost maximum: \$1,750. State share (at 50% match): \$875.

Server: used to serve applications and/or files in a multi-user environment when reliability, speed and redundancy are factors. Total cost maximum: \$10,000. State share (at 50% match): \$5,000.

Other important items:

- There are no specific funding guidelines for software, cables, external hard drives or other related items. Please list appropriate costs in the grant application and attach a vendor quote.
- Do not use this category if you are requesting a computer and projector for use in training. Use the equipment category for training equipment requests.
- All items must be purchased and delivered prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may not be requested be in this category.

EMTS Provider Grants Program
Criteria for the “Equipment” Category

Use this category to request general EMS and trauma care equipment, which includes:

- Medical equipment necessary to provide EMS and trauma care such as:
 - Durable (not disposable) emergency medical and trauma equipment
 - Durable emergency department resuscitation equipment
 - Durable trauma care equipment
 - Stretchers, cots and patient handling equipment for emergency use
 - Power cots, retrofit power lift systems and load bearing stair chairs
 - Spinal immobilization equipment
 - Video laryngoscopy equipment
 - Temporary traffic control devices (i.e. cones, signs, etc.)
 - Bariatric emergency care equipment
 - Non-disposable pediatric equipment
 - Helmets for EMS personnel and other personal protective equipment compliant with NFPA 1999, ANSI/ISEA 107 or 29 CFR 1910.143
- Extrication equipment
- Monitoring equipment, defibrillators and cardiac monitors. One year warranties can be included; however, this grant program does not support extended warranties.
- Training and education equipment such as high fidelity mannequins, training computers and projectors

Equipment in this category should have an expected service life of greater than 5 years. Extended warranties and service contracts are not eligible for funding. Disposable supplies and pharmaceuticals are not eligible for funding through this program. Single or limited use medical equipment must have a per-unit cost greater than \$100.

Defibrillators/cardiac monitors: there are maximum funding amounts for defibrillators and cardiac monitors, and the grants program will pay no more than 50% of the following amounts (state percentage will change proportionately in cases of an approved waiver of match).

Defibrillator/Cardiac Monitor	Total cost	State share (at 50% match)
Defibrillator with 3-lead, non-invasive pacing, SPO2, ETCO2	\$17,600	\$8,800
Defibrillator with 12-lead, non-invasive pacing, SPO2, ETCO2	\$35,500	\$17,750

All costs over and above these amounts will be paid by the grantee. These are “not to exceed” figures to be used on your grant application. If the actual cost of the equipment is less than the “not to exceed” figure, list the actual cost in the application. Attach your vendor quote to the grant application.

Other important items:

- There are no maximum funding amounts for AEDs. If you are requesting an AED, please obtain appropriate bids/quotes, use those numbers on your grant application and upload the vendor quote.
- Do not use this category for radios, pagers or other communications equipment; use the communications category for those types of items.
- All items must be purchased and delivered prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may not be requested be in this category.

EMTS Provider Grants Program

Criteria for the “Statewide Consolidated Equipment” Category

There is an option in the grants program to coordinate or participate in a statewide consolidated provider grant. These large grants typically offer cost reductions for certain types of physical and durable goods. For more information, contact your RETAC coordinator or the department. As of December 2015, two statewide consolidated equipment grants are proposed:

Plains to Peaks RETAC	Cardiac monitor- defibrillators, mechanical CPR devices, AEDs	Kim Schallenberger	kschally@plainstopeaks.org
San Luis Valley RETAC	Ambulance cots, stair chairs, mechanical cot loading systems, cot mounts and installation	Jon Montano	slvretac@gmail.com

Other entities may elect to coordinate a statewide consolidated equipment grant. Contact your RETAC coordinator or the department to see if additional statewide consolidated equipment grants for other types of equipment are in progress.

- Statewide consolidated provider grants are limited to requests for durable physical goods.
- Any entity eligible for a provider grant can coordinate or participate in a consolidated provider grant request.
- Participation in a consolidated grant will not preclude an entity from being able to submit an individual provider grant or system improvement funding request provided the requests are not duplicative of one another. All duplicative requests will be rejected.
- A coordinating entity is the entity managing the grant.
 - The coordinating entity has the final determination on quantity and dollar amount of items requested, as well as the number and geographic location of participating agencies, taking any financial or logistical constraints into consideration.
 - The coordinating entity will be responsible for ensuring all required documents are uploaded into the online grant application and that it is submitted by the deadline.
- A participating entity is an entity that is applying under the coordinating entity’s application.
 - The participating entity must: 1) be current with any data submission requirements, 2) work with the coordinating entity to answer questions regarding financial need and service need, and 3) attest that match funds are available.
 - Participating entities are responsible for understanding whether or not charges for shipping, delivery or installation are included in any vendor quotes.
- More than one coordinating entity can submit for the same or similar physical goods as another coordinating entity.
- All items must be purchased and delivered prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.

EMTS Provider Grants Program
Guidelines for the “Injury Prevention” Category

Use this category to request funds that address injury prevention needs where projects use evidence-based information for a community injury prevention or health/wellness initiative. Requests in this category must include an evaluation component that allows the organization and the Colorado Department of Public Health and Environment to evaluate the effectiveness and impact of the grant award.

Requests in this category are strongly encouraged to include:

- verbiage showing the project was chosen based on data indicating there is a problem and this program will address the problem
- stated goals and desired outcomes, where outcomes are more than just numbers of items purchased
- evidence of collaboration with community partners in addressing the problem (such as EMS, fire agencies, law enforcement, child protective services, service clubs, public health agencies, schools and other local partners)
- evidence based practice, if data is available, and information about best practice research

Other important items:

- If you have an injury prevention project that is not a part of a community coalition or does not otherwise fit into this category, you use the “Other” category to apply. Please reference the scoring tool for both the “Injury Prevention” and “Other” categories so you understand the rating scales for each to make the most appropriate determination of category for your request. Your project will be evaluated using the scoring tool criteria for the category you select.
- Do not use this category to request power cots or other equipment designed for provider safety. All equipment must be requested in the “Equipment” category.
- All projects must be completed by June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may be requested in this category. Administration and indirect costs shall not exceed 10% of the total request. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request.

EMTS Provider Grants Program

Guidelines for the “Personnel/Services” Category

Use this category to request personnel expenses to be provided by an independent contractor or employee of your organization. Eligible expenses may include consulting fees, salary, certain benefits, operating supplies and travel costs provided they are justified and approved in the grant award. Additional information describing expenses that may be eligible for reimbursement under the EMTS Provider Grant program is found on page 33. Requests in this category must include an evaluation component that allows the organization and the Colorado Department of Public Health and Environment to evaluate the effectiveness and impact of the grant award.

Eligible expenses may include contractor fees, employee salary, operating supplies and travel costs provided they are justified and approved in the grant award. Additional information describing expenses that may be eligible for reimbursement under the EMTS Provider Grant program is found on page 33.

Other important items:

- All grant funding ends on June 30, 2017. Be sure to explain project sustainability and longevity in your narratives. Detail how you will continue supporting your personnel after the grant funding ends.
- All projects must be completed by June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may be requested in this category. Administration and indirect costs shall not exceed 10% of the total request. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request.

EMTS Provider Grants Program
Guidelines for the “Recruitment and Retention” Category

Use this category to request projects that address recruitment and retention needs. This category encourages requests that are:

- reflective of an overall organizational strategy or plan to effectively recruit and retain members
- based on identified organizational recruiting and retention needs
- integrated with requests in other categories such as Personnel and Services or the “CREATE” education program

Requests in this category must include an evaluation component that allows the organization and the Colorado Department of Public Health and Environment to evaluate the effectiveness and impact of the grant award. Organizations may wish to consider reviewing these resources for assistance in their project:

- EMS Agency Research Network - www.emsarn.org
- National Association of Emergency Medical Technicians - http://www.naemt.org/about_ems/workforceresources.aspx
- EMS Workforce Retention Toolkit, Virginia Department of Health - <http://www.vdh.state.va.us/OEMS/Agency/Recruitment/ToolKit.htm>

Eligible expenses may include employee salary and travel costs provided they are justified and approved in the grant award. Additional information describing expenses that may be eligible for reimbursement under the EMTS Provider Grant program is found on page 33.

Ineligible requests in this category include:

- Personal travel or entertainment expenses
- Out-of-state travel
- Banquets or other meals
- Promotional items (give-a-ways, pens, coffee cups, etc.)
- Recreational items (i.e. ski passes, gym memberships)
- Employee or volunteer benefits earned before the grant award
- Uniform items that do not qualify as safety equipment, as defined in the equipment guidelines as personal protective equipment compliant with NFPA 1999, ANSI/ISEA 107 or 29 CFR 1910.143

Attachments can include agency Recruitment and Retention Plan (if available), vendor quotes and letters of support from collaborating partners or agencies.

Other important items:

- All projects must be completed by June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.
- Indirect charges may be requested in this category. Administration and indirect costs shall not exceed 10% of the total request. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request.

EMTS Provider Grants Program
Guidelines for the “Other” Category

Use this category to request anything that is not covered in the specifically named categories within the grant application. Examples include, but are not limited to: research projects, conversion of an ambulance box into a training simulator, a provider wellness or prevention project, etc. Requests in this category must include an evaluation component that allows the organization and the Colorado Department of Public Health and Environment to evaluate the effectiveness and impact of the grant award.

All projects must be completed prior to June 30, 2017. Failure to meet this deadline will jeopardize your grant funding.

Narratives are extremely important in this category. Please put specific detail into the narratives, including how the idea was developed, identify partners or agencies participating in the project, project timelines and parameters, detailed budgets, expected outcomes and benefits, etc.

Attach anything useful yet concise that helps explain your project to the grant evaluators. This can include vendor quotes, needs assessments and letters of support from collaborating partners or agencies.

This category may be used to request funding for a comprehensive project that is not exclusive to any of the specific categories but cannot be used to request EMS and trauma equipment, defibrillators, monitors, extrication equipment or training equipment. You must use the “Equipment” category for those items.

Indirect charges may be requested in this category. Administration and indirect costs shall not exceed 10% of the total operational expenses in the request. Indirect amounts must be entered into the electronic grant application as a separate line item and are subject to review, evaluation and approval in conjunction with the entire grant request.

Note on Purchasing Utilizing Colorado State Bid System

Local government and non-profit organizations may be eligible to purchase equipment with significant savings through the state purchasing office (state bid). Items that are routinely available through state purchasing include but are not limited to:

- Computer hardware
- Communications equipment
- General use vehicles

A listing of current state price agreements can be found at:

<https://www.colorado.gov/pacific/osc/price-agreements>

Information on local government and non-profit use of the state purchasing system can be found at:

www.colorado.gov/pacific/dfp/spo.

Personnel and Services Costs

Reasonable personnel costs directly related to services provided are eligible for reimbursement in certain categories and if justified in the application.

Independent contractors: Fees paid to independent contractors for services directly related to project objectives are eligible for reimbursement if justified in the application and approved in the grant award. Fees for independent contractors incorporate the total cost of services and expenses for contractor benefits or payroll taxes are not eligible for reimbursement. Payments to an independent contractor must be supported by an invoice or other document describing the services provided, or a general description of the work performed, during the invoice period.

Employees: Salaries, wages, employer share of payroll taxes and some benefits paid to employees for services directly related to project objectives are eligible for reimbursement if justified in the application and approved in the grant award. Payments to employees must be supported by an invoice or payroll reports detailing expenditures for salaries, wages and eligible benefits.

Eligible employee expenses

- Wages or salary at or above the Colorado minimum wage
- Social Security or equivalent payments up to 6.2% of the wage or salary amount
- Medicare payroll taxes at 1.45%
- Retirement benefits up to 5 % of the wage or salary amount (or up to 12% if the employer does not participate in Social Security)
- Health insurance benefits up to \$1,500 per month
- Documented unemployment insurance premiums

Ineligible employee expenses

- Payroll taxes and deductions withheld by the employer on behalf of the employee
- Paid time off (vacation time, sick time, etc.)
- Bonus payments

Operating supplies

Reasonable costs for operating supplies directly related to services provided are eligible for reimbursement in certain categories and if thoroughly justified in the application. Applications that request reimbursement for supplies must demonstrate efforts to control expenses at a reasonable level to ensure the State receives adequate value for the amounts expended and comply with the applicant's purchasing policies or Colorado State Fiscal rules. Expenses for operating supplies reimbursed at actual cost must be supported by itemized receipts, bills or other documentation with sufficient specificity to identify each individual charge.

Travel

Reasonable costs for essential business travel within Colorado directly related to services provided are eligible for reimbursement in certain categories and if thoroughly justified in the application. Applications that request reimbursement for travel costs must demonstrate efforts to control expenses at a reasonable level to ensure the State receives adequate value for the amounts expended and comply with the applicant's written travel policy or Colorado State Fiscal rules. Mileage for the shortest, most direct route, actual cost or per diem for meals and incidental expenses, actual expenses for lodging, airfare, cab fare or other commercial transportation will be considered if permitted by the applicant's written travel policy or Colorado state fiscal rule. Access the state travel fiscal rule at <https://www.colorado.gov/pacific/osc/travel-fiscal-rule>.

Travel may not be used to fund any of the following.

- Alcoholic beverages
- Entertainment expenses
- Personal travel or recreation expenses
- Personal expenses incurred during travel
- Political expenses
- Credit card late fees
- Traffic fines or parking tickets
- Supplies or capital equipment

Out of state travel is not permitted for most categories but may be considered on a case-by-case basis in certain categories. Any request for out-of state travel must clearly demonstrate that the services cannot be performed in Colorado and identify specific project objectives cannot be achieved without the out-of-state travel. Certain out-of-state travel may require prior authorization from the chief executive officer of the department to comply with state fiscal rules.

Travel expenses to be reimbursed at actual cost must be supported by itemized receipts, bills or other documentation with sufficient specificity to identify each individual charge. Mileage reimbursement is only permitted for the shortest, most direct route. If an alternate route was necessary due to seasonal or temporary road closures, adverse weather conditions or other travel restrictions, the reason for the alternate route must be documented to be eligible for the higher reimbursement. The higher state mileage reimbursement rate for four-wheel-drive only applies if four-wheel-drive is necessary because of road, terrain or adverse weather conditions.

Indirect

Indirect costs are those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. Indirect costs are eligible for reimbursement in certain categories if requested in the application but are limited to no more than 10% of the total operational expenses in the request.