

HERO: Helping EMS in Rural Oregon Rural Oregon EMS Agency Training Grants Application

The Oregon Office of Rural Health is pleased to announce the availability of HERO Rural Oregon EMS agency training grants. Eleven awards of up to \$2,500 each will be funded.

Applications are due by 5:00 pm PST on April 19, 2024.

HERO grants are intended to help pay for training classes and exercises sponsored by local EMS organizations. If it is not feasible to conduct local trainings, HERO grants may be used to send staff to training for their Emergency Medical Technician (EMT), Advanced EMT (AEMT) or EMT-Intermediate (EMT-I) certification.

- Eligible applicants are rural or frontier EMS agencies only.
- Applicants may request up to \$2,500. Matching funds or other resources are required.
- Priority will be given to applications from agencies:
 - Located in frontier counties (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa and Wheeler);
 - With a high proportion of volunteer staff;
 - That are non-profit or public entities; and
 - Include participation from, or collaboration with, neighboring rural EMS agencies.
- Awardees have a maximum of one year, from the receipt of the grant, in which to expend funds.
- Successful applicants are required to submit a report within one month of the completion of the proposed training. The report must include number of people who successfully completed the training and an accounting of how the funds were spent.

For more information about the Office of Rural Health's HERO: Helping EMS in Rural Oregon program, please visit our website.

To be eligible for HERO grant funds, you must be an EMS organization that meets both of the following criteria:

- 1. Located in a rural community. Rural is defined as all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.
- 2. Recognized by the Oregon Health Authority EMS & Trauma Systems Program as an organization that participates in Oregon's 9-1-1 response system.

If you do not meet both of the above criteria, please do not proceed with this application.

If you meet both criteria, please complete the following grant request form.

Contact information for grant applicant

First Name

Last Name

Title

Organization

Email address

Mailing address		
City		
ZIP code		
County		
Agency tax ID number		
What is the total number of porganization?	aid EMS staff in your	
How many of your paid staff (are:	
EMRs		0
EMTs		0
AEMTs		0

EMT-Is	0
Paramedics	0
Total	0
What is the total number of volunteer E	EMS staff in your
organization?	
How many of your volunteers are:	
EMRs	0
EMTs	0
AEMTs	0
EMT-Is	0
Paramedics	0
Total	0

What type of organization is your agency (select one)?

For-profit
) Nonprofit
) Public
How many calls does this agency receive per year?
How many transports does this agency make per year?
If this agency does not transport, how many miles away is
the nearest transport agency?

What is the organization's total annual revenue?

Where will the proposed training occur?
Tell us what you would like to use HERO grant funds for, and why you need this grant to help pay for it.

How many trainees will participate in this training?
Will trainees be charged for participation?
O Yes (if yes, indicate how much each participant will be charged below) O No
What is the total amount requested from HERO grant for training activities?
What is the total amount the agency is contributing to training project.

Budget: HERO grants are to be used in conjunction with a match of resources from the applicant organization. The match can be either cash or in-kind resources for which a dollar value can be estimated. Please complete the grid below to inform us of the cost of the training, and the breakdown of grant vs. matching funds. Round up to the nearest dollar.

	Agency Allocation	HERO Grant Allocation	#Conjoint, Total#
Personnel (describe below)	\$ 0	\$ 0	\$ 0
Fringe (describe below)	\$ 0	\$ O	\$ 0
Trainer fees (describe below)	\$ 0	\$ 0	\$ 0
Trainer travel (describe below)	\$ 0	\$ 0	\$ 0
Trainee travel (describe below)	\$ 0	\$ 0	\$ 0
Tuition fees (describe below)	\$ 0	\$ 0	\$ 0

	Agency Allocation	HERO Grant Allocation	#Conjoint, Total#
Supplies (describe below)	\$ 0	\$ 0	\$ 0
Licensing/certification fees (describe below)	\$ 0	\$ 0	\$ 0
Other (describe below)	\$ O	\$ 0	\$ 0
Other (describe below)	\$ 0	\$ 0	\$ 0
Other (describe below)	\$ 0	\$ 0	\$ 0
Other (describe below)	\$ 0	\$ 0	\$ 0
Other (describe below)	\$ 0	\$ 0	\$ 0

By clicking the blue arrow, you attest that the information provided on this application is true and accurate. You also

agree to report back to ORH on the results of this training within 30 business days of the training. Please feel free to reach out to Sarah Andersen | ansarah@ohsu.edu with any questions you have. Thank you!

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