



HERO: HELPING EMS IN RURAL OREGON RURAL OREGON EMS AGENCY TRAINING GRANTS



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

Applications are due by 5pm PST on Tuesday, June 30, 2021.

HERO: Helping EMS in Rural Oregon EMS agency training grants are to help pay for training classes and exercises sponsored by local EMS organizations. If it is not feasible to conduct local trainings, HERO agency training 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 the 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 go to the Oregon Office of Rural Health website at www.ohsu.edu/hero.

To be eligible for **HERO: Helping EMS in Rural Oregon** EMS Agency Training 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.

Name of Applicant Organization: _____

Name of Primary Contact: _____ Title: _____

E-mail: _____ Daytime Phone: _____

(Please complete legibly; email is our primary mode of communication)

Mailing Address: _____
Street address or P.O. Box City State Zip

County in which agency is located: _____ Agency Tax ID: _____

What is the total number of paid EMS staff in your organization? _____

How many are EMRs? ____ EMTs? ____ AEMTs? ____ EMT-Is? ____ Paramedics? ____

What is the total number of volunteer EMS staff in your organization? _____

How many are EMRs? ____ EMTs? ____ AEMTs? ____ EMT-Is? ____ Paramedics? ____

Is this organization a ____for-profit, ____public, or ____not-for-profit entity? (Check one)

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? \$ _____ Annual expenses? \$ _____

If there is a significant difference between the two, please explain:

What is the organization's total annual training budget? \$ _____

Where will the proposed training occur? _____

On the next page, tell us what you would like to use HERO EMS agency training grant funds for, and why you need this grant to help pay for it.

HERO: Helping EMS in Rural Oregon agency training 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 in order to inform us of the cost of the training, and the breakdown of grant vs. matching funds. Round up to the nearest dollar.

Expense (please itemize)	Agency Allocation	Grant Allocation
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Agency Contribution	\$	
Total Grant Request		\$
Agency Contribution + Grant Request = Total Training Expense: \$		

How many trainees will participate in this training? _____

Will trainees be charged for participation? _____ If so, how much per trainee? \$_____

I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE:

Applicant primary contact signature

Date: _____

Primary Contact Name: _____ Title: _____
(please print)

Please scan and e-mail to dobert@ohsu.edu

or mail to:

**Rebecca Dobert
Oregon Office of Rural Health
3030 S Moody Ave | Ste 200
Portland, OR 97201**

Applications must reach the Office of Rural Health by 5:00 pm PST on June 30, 2021