



Description

EMS SUPPLEMENT FLEX GRANT FY25 APPLICATION

The Oregon Office of Rural Health is pleased to announce the availability of funding assistance to rural EMS agencies and individuals through a grant from the Federal Office of Rural Health Policy (i.e., the Medicare Rural Hospital Flexibility EMS Supplement Grant). This funding offers scholarships to those who are or plan to serve in an EMS provider role (i.e., EMT, AEMT, EMI-I or paramedic) in rural Oregon.

Scholarship applications are considered when submitted on a rolling basis, and the award cap is \$6,000.

Please note these important points:

- An agency may apply on behalf of an individual student, **or** a student may apply directly; however, the

student must be affiliated with an agency at the time of application submission

- The scholarship cannot be used to reimburse completed courses that occurred prior to the application date
- The scholarship is not intended to fund prerequisite courses
- The affiliated EMS agency or the student must be located in a designated rural area, based on the following standardized [Rural Health Grants Eligibility Analyzer](https://data.hrsa.gov/topics/rural-health/rural-health-eligibility) tool: <https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>
- There is also limited support for student barrier removal, based on need. There is a link within the application to request this support. You can also request this assistance by contacting [Joan Field, fieldj@ohsu.edu](mailto:fieldj@ohsu.edu)
- At the end of this application, there is a final attestation page and a submission page. If these two steps are not taken, your application is not fully submitted. Please use care to complete these final two steps.

Please read each question carefully. If your responses are incomplete or unclear, this could delay a decision on your application or cause it to be unintentionally denied.

Thank you!

1st attest

To apply for this funding assistance, **please confirm the following** (**all four** must be true to be eligible):

(IF YOU DO NOT MEET ALL FOUR OF THE FOLLOWING CRITERIA, PLEASE DO NOT PROCEED WITH THE APPLICATION)

- ☐ You, or the affiliated EMS agency, are located in a designated rural area, based on the following standardized tool:
<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>.
- ☐ You, or the affiliated EMS agency, have a true and stated need for this funding assistance.
- ☐ You understand that to become an EMS provider, you will need to pass a criminal background check. At this time, you believe you will be able to pass such a background check.
- ☐ If you are applying as an individual, you confirm having an agency affiliation with which you plan to serve.

Applicant part 1

Is the applicant an EMS agency or an individual?

- ☐ Agency or organization
- ☐ Individual (If you are applying as an individual, we request that you list the name of the EMS agency you plan to be affiliated and serving with below.)

Are you, or the affiliated EMS agency, associated with one of the following EMS agencies:

Note: This is not a requirement for applying; however, the agencies listed receive priority consideration for the scholarship.

- ☐ Adventist Tillamook EMS
- ☐ Lake Health District EMS
- ☐ Harney District Hospital EMS
- ☐ Jefferson County Fire & EMS
- ☐ Pioneer Ambulance, Baker County
- ☐ Pendleton Fire & EMS
- ☐ Wheeler County, Mitchell Ambulance
- ☐ Wheeler County, Fossil Ambulance
- ☐ Wheeler County, Spray Ambulance
- ☐ None of these
- ☐ I have selected more than one of the above, and here is why:

Is your agency located in one of the following rural counties:

- ☐ Baker

- ☐ Gilliam
- ☐ Grant
- ☐ Harney
- ☐ Lake
- ☐ Malheur
- ☐ Morrow
- ☐ Sherman
- ☐ Wallowa
- ☐ Wheeler

Will the student be utilizing their EMS certification to benefit more than one EMS agency?

- ☐ No
- ☐ Yes (if yes, please briefly explain below.)

Applicant part 2

Contact information for the Student:

First Name

Last Name

Title

Sponsoring EMS agency

Student's Email Address

Student's Mailing Address

City

State

ZIP Code

County where student resides

Full contact information for the student's Agency Affiliation:

(Please enter the contact person for the Agency, so affiliation can be verified. Enter "N/A" in your responses if you are not affiliated with an agency.)

Sponsoring EMS agency

Agency contact - First Name

Agency contact - Last Name

Agency contact - Title

Agency contact - Email address

Agency's Mailing address

City

State

ZIP code

County where agency is located

Agency tax ID number (if applicable)

Please list any additional contact information for student or agency that was not captured above:

Agency Qs

What is the total number of **paid** EMS responders in your organization?

EMRs

EMTs

AEMTs

EMT-Intermediates

Paramedics

Total:

What is the total number of **volunteer** EMS responders in your organization?

EMRs

EMTs

AEMTs

EMT-Intermediates

Paramedics

Total:

Agency affiliation: What type of organization is your EMS agency? (select one)

- ☐ For profit
- ☐ Nonprofit
- ☐ Public
- ☐ Other (please list below.)

CP or MIH program

What are your agency's plans related to community paramedicine (CP), or mobile integrated health (MIH) programs? Please select the most appropriate response:

- ☐ We currently have an active CP-MIH program.
- ☐ We have plans to implement a CP-MIH program in the near future.
- ☐ Our area needs a CP-MIH program, but there are no plans in our agency to implement it at this time.
- ☐ Our area needs a CP-MIH program, and we need assistance in order to proceed.
- ☐ Our area does not need a CP-MIH program at this time.

☐ Not applicable

Agency affiliation: How many calls does your EMS agency receive per year?

☐ EMS emergency calls

☐ EMS emergency transports

☐ If your agency does not transport, how many miles away is the nearest transport agency?

☐ CP-MIH visits (if applicable)

finances

Agency affiliation: Please list the agency's revenue and expenses below:

What is the EMS agency's total annual revenue?

What are the EMS agency's total annual expenses?

what cert applying for

What certification level is the scholarship funding for?

- ☐ EMT
- ☐ AEMT
- ☐ EMT-Intermediate
- ☐ Paramedic

What is the cost of the EMS course the scholarship is for?
(Note: there is an award cap of \$6,000.)

What, if any, is the total dollar amount being contributed by the following?

Affiliated Agency?

Student?

Other source?

Please complete the information below regarding the school or organization at which you plan to or are taking EMS-related classes.

School name:

School website:

School contact person for this course
or for this student:

Email address for the school contact:

Phone number of the school contact:

Have you been accepted into the education program yet?

Note: The EMS education course should be currently in progress, or will begin between September 1, 2025, through August 31, 2026. Funding is not intended for courses that have already been completed.

☐ Yes

☐ No

☐ Other (please describe)

Where will the educational classes take place?

☐ In-person

☐ Remote

☐ Hybrid of remote and in-person

Timing of the class. With the quarter-dates guide below, please indicate **when the EMS class will begin**:

☐ 2025 - Sept 1 through Nov 30 (Q1)

☐ 2025-26 - Dec 1 through Feb 28 (Q2)

☐ 2026 - March 1 through May 31 (Q3)

☐ 2026 - June 1 through Aug 31 (Q4)

☐ later than Aug 31, 2026. Please indicate when:

☐ Class began prior to Sept 1, 2025. Please indicate when:

When do you anticipate the EMS class concluding, or being completed?

description

Please briefly describe the class, and why funding assistance is necessary. Please include your commitment to becoming an EMS provider, and what impact this funding will have on you and your agency.

what impact

Please describe the impact your new certification and skill level will have on your community.

Student Barrier Removal

ORH has limited funds available to assist students who are facing specific barriers to completing their EMS education.

If you are facing financial hardships in the following areas and would like to learn more, or apply for funding assistance, please indicate by selecting from the categories below:

(This request is made through a separate application.)

- ☐ Mileage for my in-person classes or testing
- ☐ Lodging to attend in-person classes or testing
- ☐ Childcare cost during classes
- ☐ Assistance securing a computer for online classes

- ☐ Other barriers could be considered. Please briefly describe and include the estimated cost:

- ☐ Yes, I am interested in requesting assistance.

A link to the Student Barrier Removal assistance form is located on the final page of this application.

If you have any questions, contact Joan Field at fieldj@ohsu.edu.

file upload

If you have supporting documents to upload, you may do so here (this is not required).

Supporting documents can include letters of recommendation, letters of support, etc.

completion attestation

By clicking "Yes" below, you attest that the information provided is true and accurate. You also agree to the following:

- To fully apply yourself to the educational opportunity this funding will provide.
- To utilize the skills and knowledge gained for the betterment of your affiliate agency and your community.
- To participate in follow-up outreach by ORH, to assess the success of this program.
- I agree to communicate with ORH if I am unable to complete the course.

☐ Yes

☐ No

submission page

Your application responses are shown after you click "Next," (if you would like to save them for your records). This also submits your application.

Funding requests are reviewed as they are submitted, on a rolling basis. You can expect a decision within 10-14 business days.

[**Click here**](#) for the link to the Student Barrier Removal assistance program. (It will open in a new window.)

Please feel free to reach out to Joan Field at fieldj@ohsu.edu with any questions.

Thank you!

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