



## **Default Question Block**

### **HERO: Helping EMS in Rural Oregon Rural Oregon EMS Agency Training Grants 2026 Application**

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

**Applications are due by 5:00 p.m. PST on February 27, 2026.**

HERO grants are intended to help pay for training classes and exercises sponsored by local EMS organizations.

- Eligible applicants are rural or remote (i.e., 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 counties designated as remote: (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 ORH'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. Applicant agencies must be located (by their agency address) in a rural or remote area (visit: [Rural Health Grants Eligibility Analyzer](#)), and

2. Applicant agencies must participate 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

EMS agency name

Email address

Agency's mailing address

Agency's physical address

City

ZIP code

County

Agency tax ID number

PAID STAFF: How many of your paid staff are:

EMRs

0

EMTs

0

AEMTs

0

EMT-Is

0

Paramedics

0

Other paid roles (such as admin)

0

Total

0

VOLUNTEER STAFF: How many of your volunteers are:

EMRs	<input type="text" value="0"/>
EMTs	<input type="text" value="0"/>
AEMTs	<input type="text" value="0"/>
EMT-Is	<input type="text" value="0"/>
Paramedics	<input type="text" value="0"/>
Other volunteer roles	<input type="text" value="0"/>
Total	<input type="text" value="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, what is the name of your nearest EMS transport agency, and how many miles away are they located from your agency?

What is the organization's total annual revenue?

What are the organization's total annual expenses?

If there is a significant difference between revenue and expenses, please explain:

What is the organization's total annual training budget?

Where will the proposed training occur?

Tell us what you would like to use HERO grant funds for, what need this training will address, and why you need this grant to help pay for it.

## Expected participants:

How many trainees will participate in  
this training?

How many agencies will participate in  
(and benefit from) this training?  
(Count your host agency also)

Will trainees be charged for participation?

Yes (if yes, indicate how much each participant will be charged below, and what it will cover)

No

What is the total amount requested from HERO grant for training activities? (Maximum award is \$2,500)

What is the total amount of cash or in-kind resources the agency is contributing to the 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.

\* such as donated labor, use of training facility, use of EMS training equipment, donated advertising, donated instruction, etc.

Note: Hero funds cannot be used for food and/or beverages.

Agency Allocation	HERO Grant Allocation	#Conjoint, Total#
Personnel (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Fringe (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Trainer fees (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Trainer travel (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Trainee travel (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Tuition fees (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Supplies (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>

Agency Allocation	HERO Grant Allocation	#Conjoint, Total#
Licensing/certification fees (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Other (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Other (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Other (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Other (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="0"/>
Other (describe below) <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/> \$ <input type="text" value="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 Joan Field | [fieldj@ohsu.edu](mailto:fieldj@ohsu.edu) with any questions you have. Thank you!

Powered by Qualtrics