

# Mini-Grant Application

## EMS Service Information

Name of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Service Chief or Leader Name:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Mini-Grant Contact Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Medical Director Contact Information (if applicable)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

1. Is your service in a city or borough with a government-managed EMS Service, or is your service a for-profit organization? Yes  No

If yes, your service is not eligible for a Mini-Grant. Please contact our office for clarification if you are unsure if this applies to your service.

2. Applicant type (*select one*):

Alaska Certified Ambulance or First Responder Service (*attach proof of certification*)

First Responder Service

3. Eligible services must have someone able to respond to calls 24 hours per day, 365 days per year. At least one member trained as ETT or higher must be available to respond at all times.

Not all responders need to be ETT or above, but four (4) ETTs or health aides must be active in the squad, or you will be considered for re-activation or a startup and be eligible for training. Please list all active squad members and their level of training or certification:

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4. Describe the response area (use an additional sheet for description or attach a map):

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5. What dispatch system is used to alert responders to an emergency?

911 Location of Dispatch Center: \_\_\_\_\_

Direct phone number      Phone number: \_\_\_\_\_

Agency who manages the line: \_\_\_\_\_

Other      Please explain: \_\_\_\_\_

6. Does the service have written policies regarding training to keep responders' skills and certifications current:

Yes  No  If there is a written policy, please attach a copy. If there is NOT a written policy, briefly describe how responders' skills and certifications will be kept current:

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7. How is it determined who is responsible when responding to an incident?

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8. Do you agree to respond to ALL medical emergencies within your response area: Yes  No

9. How are patients transported from your community to a higher level of care? Check all that apply:

Ambulance                       Personal Vehicle                       Commercial Airplane                       Medevac

EMS Transport Vehicle                       Transfer to Other EMS Agency                       Other \_\_\_\_\_

10. A report for each treated patient must be recorded on a state-approved report form (Patient Care Report) and maintained consistent with current statutes regarding medical record keeping, OR the State of Alaska electronic data collection system must be utilized. Does your service agree to one of these methods of reporting? : Yes  No

*Note: Certified ambulance services are required to submit data to the State of Alaska electronic data collection system, either directly or by uploading files.*

Which method of completing Patient Care Reports (PCRs) will you use? Select One:

- Paper Patient Care Reports
- State of Alaska electronic data collection system, directly
- State of Alaska electronic data collection system via file upload

11. Do you agree not to discriminate regarding religious preference, race, color, creed, national origin, or financial status in the provision of emergency medical services: Yes  No

12. Do you agree to complete the Annual EMS Survey (attached) for the previous calendar year? Yes  No

13. Do you agree to provide documentation for all purchases made utilizing Mini-Grant funds to Interior Region EMS Council? Yes  No

I agree that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date