

CREATE

Colorado Resource for Emergency And Trauma Education

GRANT GUIDE & APPLICATION INSTRUCTIONS



JULY
2011

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**COLORADO
RURAL HEALTH
CENTER**
The State Office of Rural Health

*The CREATE program is managed by
the Colorado Rural Health Center and
funded by the Colorado Department
of Public Health and Environment*



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Overview

CREATE assists public and private organizations in improving and expanding the emergency medical and trauma system in Colorado. This grant is intended to provide funding for education and training for emergency medical and trauma services.

Applicants must have as their purpose the provision of emergency medical and trauma services in Colorado to be eligible. Students must be or intend to be emergency medical and trauma providers in Colorado.

Detailed application instructions are included in this guidance packet. Please read through the entire document for important information about this grant program and the application process.

Application Tips

1. The completed application must be e-mailed to Shelly Collings at sc@coruralhealth.org or mailed to CRHC at 3033 S. Parker Rd., Ste. 606, Aurora, CO 80014. E-mail is preferred.
2. One additional application attachment is allowed. Word or PDF documents are acceptable. It is also acceptable to combine multiple documents into one PDF or Word document. Financial Waiver Forms do not count against the one attachment limit.
3. Applicants need to submit applications between 45 days and 5 months of course start dates to ensure no courses will start before funding is officially approved. Applicants applying with less than 45 days do so at their own risk of approval coming too late. Applications will not be accepted for courses with start dates further out than 5 months. Courses must start on or after official approval letter dates to be eligible for funding.
4. Multiple applications may be submitted from the same entity in the same grant year (July 1 – June 30).
 - Repeat applicants (transport agencies) within the same grant year (July 1- June 30) need to repeat steps 1, 2 & 3 to activate a new application.
 - Repeat application (non-transport agencies) need to repeat steps 1 and 3 to activate a new application.

Repeat applicants need to wait for new application access codes to be sure of using the most up-to-date application form.

5. Applicants are allowed to remain in the pre-application stage, as needed, if there is a delay in completing and submitting an application. However, applicants will be notified and purged at the end of the grant fiscal year (June 30th), and will need to start the process from the beginning for the new grant year unless an exemption is requested by the applicant.
6. For additional support with the application forms or process, call Shelly Collings at 720.248.2742 or e-mail at sc@coruralhealth.org.

Instructions

STEP 1: Contact Information Form

- A. Go to: www.coruralhealth.org/programs/create/apply.htm. Click the “Contact Information Form” link to access a required web form. Please fill out all the applicable fields before clicking “Submit”.
- B. If submitting multiple applications during the grant year, a new Contact Information Form must be submitted for each individual application. Additional applications will not be accepted without a new Contact Information Form.

STEP 2: Agency Profile

Grant applications will not be accepted until entities have an updated agency profile in the CEMISIS database. The agency profile is required for all entities completing a CREATE grant and is a pre-requisite to accessing the grant application. There is a specific help guide within the system to assist with questions while filling out the agency profile.

If an agency profile is submitted more than once, all information in the previous version will be saved over. This allows entities to update information on a continual basis and keep the agency profile as current as possible. The agency profile must be updated at least annually.

- A. Access the CEMISIS Web portal at www.cemsis.com.
- B. Previous CREATE or Provider Grant applicants or those currently submitting data to the MATRIX should already have a CEMISIS username and password. Enter the username and password and click the LOG IN button. (If a username and password is needed, call the help line at 303.692.2990.)
- C. Once in the CEMISIS Web portal, a menu screen will appear. Click on the Agency Profiles link.
- D. If affiliated with more than one entity, select a specific entity for this application from the pull down menu and click the APPLY button.
- E. Answer (or update) the questions and click the SUBMIT button when finished.

STEP 3: MATRIX Data Submission

Colorado licensed ambulance agencies must have data from the previous quarter submitted to the MATRIX in order to be eligible and to apply for this grant. If submitting multiple applications during the grant year, the quarterly requirement applies to each individual application.

Non-transport agencies are exempt from Step 3 and will not need to complete this section.

- A. To verify or complete MATRIX data submission, access the CEMSIS Web portal at www.cemsis.com.
- B. Previous CREATE or Provider Grant applicants or those currently submitting data to the MATRIX should already have a CEMSIS username and password. Enter the username and password and click the LOG IN button. (If a username and password is needed, call the help line at 303.692.2990.)
- C. Once in the CEMSIS Web portal, a menu screen will appear. Click on the MATRIX link.
- D. Answer (or update) the questions and click the SUBMIT button when finished.

STEP 4: W-9 Submission

All agencies applying for a CREATE grant must complete a W-9. If you have previously applied for CREATE grant funds and submitted a W-9, you are not required to submit a duplicate W-9. W-9's submitted for the Provider Grant Program do not count for this program.

- A. Access the W-9 form at www.coruralhealth.org/programs/create/apply.htm.
- B. Save it to a local computer.
- C. Complete the form and save.
- D. E-mail it as an attachment to sc@coruralhealth.org or fax to 303.832.7496.

Typed or electronic signatures are allowed on the W-9.

Once all four pre-application steps have been successfully completed and these items have been verified by the grant staff, a confirmation e-mail will be sent to the applicant within 72 business hours that includes login instructions to access the grant application. If e-mailed instructions are not received please e-mail Shelly Collings at sc@coruralhealth.org for assistance. Applications will be accepted for training and education that have a start date between 45 days and five months of the date the complete application is received by CRHC.

STEP 5: Grant Application & Attachments

- A. Access the grant application using the login information provided via e-mail from CRHC. Please note that the application is updated periodically so do not use old versions. Wait for current login information to arrive from CRHC before starting a new application.

- B. Save a copy to a personal computer.
- C. Complete application and save a final copy to a personal computer. (Specific application instructions can be found below.)
- D. Submit application as specified in Step 7.
- E. Application notes:
 - 1) Supporting documents are allowed, but must be combined and attached as one document.
 - 2) Courses need to have a start date between 45 days and 5 months from the application submission date (i.e. the date the application is received at CRHC and officially deemed complete). **Successful applicants may not begin courses or spending until after they are notified of funding.**
 - 3) Applications will not move forward in the process until all required forms are completed and received at CRHC.
 - 4) If applying for multiple courses within one application, the application can be approved or denied by course.
 - 5) All students must meet eligibility requirements as noted in this guidance packet.

Grant Application – Student Eligibility

CREATE funding may only be used for eligible students. Students on the course roster must be affiliated with an eligible agency/facility (an agency/facility with the purpose of providing emergency medical and trauma services in Colorado) and must successfully complete all course requirements to be considered eligible. If student(s) are from an agency/facility or entity other than the applicant agency, a letter of support or form from their agency/facility must be included in the final report packet. Information that must be included is as follows: CREATE grantee agency/facility name or grant number, sponsoring agency/facility name, student(s) name, course name, course dates, student(s) relationship with the sponsoring agency/facility and authorized agency/facility representative signature. This requirement applies to all training courses, but does not apply to conferences. If applicable, this item needs to be submitted with the other reporting requirement items after course completion. Any additional back-up material regarding eligibility should be retained by the grantee entity and does not need to be submitted.

It is the responsibility of the applicant to ensure students are eligible. This may be done before or during the course, but grantees may not request reimbursement funds for any ineligible students.

Grant Application – Agency Information

Lines 1 through 11 on the application relate to the basic information required, including the grant contact person, cash match, and what counties the project will impact.

- The e-mail address listed in 3 is the e-mail address that will be used to send confirmation of the submitted application. Please ensure that this e-mail address is correct and legible and does not have any typos in it.
- The application is not considered multi-agency if one agency is hosting a course and opens the course to attendees from other agencies/entities. Multi-agency only needs to be marked with a “yes” if the course is truly a partnership endeavor.
- If this is a multi-agency application, only the lead agency needs to fill out the entire application. The other agencies need to complete Steps 1-3 (Agency Profile, MATRIX Data Submission (if applicable), and W-9). In addition, the other agencies need to fill out and submit a signed Attestation Form.
- If submitting for multiple courses, be sure the “Brief Summary” in item 11 includes the names of the courses included in the application.
- Financial Summary for this Course (Lines 9 & 10)
 - Total Course and Other Costs (grand total from all courses in application) x % Match (50% or amount on the financial waiver) = Total Match Amount (Total amount entity proposes funding for this course)
 - Total Course and Other Costs (total from above) – Total Match (total from above) = Total Request

Grant Application – Cash Match Information

Funds used to provide the applicant’s required cash match under the EMTS grant guidelines and regulations may not be state funds appropriated from the EMS/HUTF fund. Ineligible match funding includes other mechanisms supported by the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment, such as RETAC funding and CREATE grants awarded to other agencies. Monies used to provide the cash match must be documented as to their source and as compliant with this requirement. The value of existing infrastructure or other forms of “in-kind” services are not considered appropriate for EMTS grant match purposes.

Grant Application – Entity Structure and Service Area Narrative

The agency/facility narrative is required and should be used to explain the entity structure and service area. Assume that the reader does not understand the entity, facility, terrain, response area, number of residents served, capacity, volumes, staffing or any other special circumstances that the agency/facility contends with on an on-going basis. There is a two-page maximum for this section; CRHC suggests a minimum one-half-page response.

Grant Application – EMTS Training and Education Request Details

Please complete for each course for which funds are being requested. If additional space is needed, use the additional course form. This form can be accessed on the same

webpage as the blank application form. This form will be accepted with the application and will not count toward the attachment limit. Please note that multiple entities/agencies may not apply to fund the same student for the same course.

- A. Course Name: Official name of course or conference
- B. Start and End Dates: Please enter in format xx/xx/xxxx
- C. Course Location: City
- D. Trainer: Enter trainer/instructor name. If unknown, ok to use, "Unknown-Training Center Instructor"
- E. Training Center: Location site within city
- F. Student Qty: Number of students
- G. Determined by: Examples – pre-registered students, survey, phone calls, conversation with x, historical data, etc.

Non-College Credit Courses: (Leave this section blank if this is a college credit course.)

- H. Course Cost: Dollar amount
- I. Travel Cost – Mileage: Dollar amount (Needs to be based on current State rate, which is 90% of current Federal rate. Actual reimbursement should be calculated on current rate during the actual travel date(s).)
- J. Travel Cost – Lodging: Total dollar amount
- K. Other Cost: Specify other costs applied for and dollar amount
- L. Other Cost: Specify other costs applied for and dollar amount (Remember, food is not an eligible cost under this grant.)
- M. Total Cost of Course for Each Student: Enter per student cost
(=H+I+J+K+L)
- N. Total Cost of Course for All Students: Enter total cost for all students
(=F×M)
- O. Comments: Please explain other costs and provide explanations for additional items as necessary.

College Credit Courses: (Leave this section blank if this is a non-college credit course.)

- P. Tuition Cost Per Student: Tuition dollar amount; do not include other expenses here.
- Q. Fees: Fees dollar amount; Standard institution fees only. Other items need to be included in Other Misc Costs line below.
- R. Books: Books dollar amount only; if included in P (Tuition) or Q (Fees) please note in comment section.
- S. Other Misc Costs: Any other applicable costs, i.e. travel, lodging, etc.
- T. Total Cost of Course for Each Student: Enter per student cost. (=P+Q+R+S)
- U. Total Cost of Course: Total cost for all students for this course within this application. (=F×T)
- V. Comments: Please explain what you have included in Fees and Other Misc. Costs sections. Also include any other information regarding the above data that would be helpful in judging your application.

Course Funding Last Year:

- W. Received Funds for course last year: Yes or No
- X. Student qty. last fiscal year: Enter amount of funds received to support this course last year
- Y. Student qty. completion: Number of the original students that completed the course last year.
- Z. % completion: Percent of students who completed course last year

Comments:

- Enter comments for any items above that need further explanation.

Grant Application – EMTS Training and Education Request Narrative

Use the narrative section to describe the requested training course(s) and the need for the training. Specify how the education requested aids the EMS and trauma system in Colorado. Describe the entity's method of determining who is eligible for training tuition assistance. Describe any agreement the entity has with the students in order to be eligible for tuition assistance, including commitment to an agency. Explain how the entity will sustain a training program in future years. Please include specific ways in which these funds would help the EMTS community. Include any other specifics that would help an outside person understand the needs of the entity's training request.

Grant Application – Financial Narrative

The financial narrative is required and should be used to explain anything that will help the evaluators better understand the entity's financial situation. **Be sure to explain the source of the cash match in the narrative.** Additional items that could be included in the attachments section to support this narrative would be: balance sheet, profit and loss statement, etc. Department specific financial details are preferred. Parent agency info may be included if it contributes to the financial picture of the department.

Grant Application – Additional Notes

CREATE amounts awarded will not exceed those listed on the Standard Course List. Applicants are encouraged to list their actual costs. Actual cost data will be considered when the Standard Course list is being reviewed for potential changes. All costs over and above the amounts listed on the Standard Course List will be paid by the grantee. In the event the actual cost of the training is less than the "not to exceed" figure, list the actual cost of the course. The list is not an all-inclusive list of training and education courses that the grant program will support. For courses other than those listed, the grant application should reflect appropriate and reasonable costs.

Applications will be accepted for review to attend conferences where the subject matter is directly related to the provision of EMS and trauma care and or development of EMS

and trauma leadership. For in-state conferences, CREATE will only fund tuition, lodging (at the conference room rate), travel, and registration fees.

Out-of-state courses and conferences are not supported by this grant program. However, exceptions may be made if one of the following criteria is met and submitted along with strong and convincing justification of need.

- The requested course or conference is not available in Colorado. Justification must include why attending the course or conference is essential and why comparable training on the topic is not available in state.
- It is more cost-effective to attend an out-of-state course or conference. Justification must include specific costs, including the cost of attending in-state vs. the cost of attending the out-of-state.

Meals and banquet costs will not be funded for any courses or conferences. This includes per diem food allowances for instructors.

Expenses for the production of conferences are not allowed. Applications for these types of events may be submitted through the Section 603 Emergency Medical and Trauma Service Provider Grant Program. Additional information on this grant can be found at: <http://www.cdphe.state.co.us/em/grants/index.html>.

Salary backfill for staff to either attend or to instruct courses is not allowed.

Community Colleges – please specify how the entity is accounting for Colorado Opportunity Funds.

Grant Application – Attachments

The financial waiver is required if the application cash match is less than 50%. The financial waiver does not count against the one attachment limit. An application attachment is not required. If including other attachments that would be useful to reviewers (such as letters of support, maps of your service area, quotes, conference registration forms, etc.) with the application, they must be combined into one PDF file and submitted electronically. If the applicant does not have the capability to combine attachments, please contact Shelly Collings at 720.248.2742 for assistance and suggestions.

Grant Application – Attestation

When the application is complete, have the authorized agent read, fill out, and sign this section. Electronic signatures are allowed, but typed names are not. If clarification on allowable signature types is needed, please contact Shelly Collings. If hand-signing,

print the Authorized Agent page(s), sign and fax to CRHC, attn: Shelly Collings at 303.832.7496.

Grant Application – Error Check

Check the grant application for errors, especially the math sections. When satisfied with the application, save and proceed to the next appropriate step.

STEP 6: Financial Waiver

Use Step 6 only if applying for a financial waiver of the required 50% local cash match.

- A. Access the financial waiver using the login information provided via e-mail from CRHC.
- B. Save a copy to a personal computer.
- C. Complete application. Give specific answers.
- D. Save a final copy to a personal computer.
- E. E-mail the completed waiver to CRHC (does not count as your one additional attachment) with the application and any other appropriate items.
 - If signature is not included on the form, please follow signature submission steps as outlined in the attestation section above.

Entities are responsible for clearly demonstrating why they cannot meet the required match within the financial waiver form and the application financial narrative.

The review committee will evaluate applications and base decisions on the following:

1. Does the waiver narrative justify the waiver of a 50% cash match?
2. Is the applicant's current financial status or explanation consistent with the application, and is the inability to provide the 50% cash match demonstrated?
3. Has the applicant provided information that indicates good faith effort has been put forth to obtain cash from other sources?

Please note that if the financial waiver request is not approved, the grant application will not continue through the review process. Please ensure that the financial waiver application is filled out completely, with detailed narratives that explain the current financial situation and why the entity cannot make the required 50% local cash match as well as the steps already taken to try to meet the required match. Financial Waivers applications are approved on an all-or-nothing basis.

STEP 7: Application Submission

- A. E-mail the completed application and up to one attachment to Shelly Collings at sc@coruralhealth.org, or mail them to the Colorado Rural Health Center at 3033 S. Parker Rd., Ste. 606, Aurora, CO 80014. E-mail is preferred.
- B. A confirmation e-mail will be sent within 72 business hours after the grant application is received at CRHC. If the confirmation e-mail is not received, then the application was not successfully received.
- C. Call 720.248.2742 if a return e-mail is not received.

STEP 8: Review Process and Notification

- A. Acceptance or denial notifications will be sent out within approximately 45 days of application submission. These notifications will be sent to the grant contact name listed on your application. Entities may be contacted during this period for additional information.

STEP 9: Complete Training/Education

- A. Once a grant has been approved for the course(s), complete the training/education.

The only exception to completing Step 9 before moving to Step 10 is for courses which last more than one semester. All courses one semester or shorter must complete this step before moving to Step 10.

STEP 10: Submit Final Report

- A. Submit a final report to CRHC for each course along with all items agreed to in the attestation. A copy of this list and applicable forms are also available in the notice of grant award letter. Checks will be issued after complete final reports are submitted.
- B. When a project involves multiple courses, submit a report for each course within 30 days of course completion. If additional time is needed, send a written request for an extension to sc@coruralhealth.org.

Applicants may not submit reimbursement requests for students who have not completed and passed the course. For courses one semester or shorter, a check will not be issued until ALL final report items have been submitted for that particular course.

For courses longer than one semester, a progress report and a request for the proportionate funding amount may be submitted within 30 days of the completion of

the semester. Financial documentation must also be included in order to be eligible for this incremental funding.

STEP 11: Receive Reimbursement Check

- A. Upon receipt of the complete final report from the grantee, funds will be drawn from the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment grant fund by the Colorado Rural Health Center. Checks will be mailed out to grantees from CRHC upon receipt of funds from CDPHE-EMTS. Checks are typically mailed out to grantees within 5 weeks of receipt of final reports.

Contact Information

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