



ATVGrant – Emergency Medical Services SUPPLEMENTAL APPLICATION



Directions: **Please complete this page only if your OHV project is for Emergency Medical Services.** Complete this form and attach all required documents with the ATV Grant Application. Include any attachments that you believe will help clarify the understanding of your project. You must answer each question. Points will be awarded to each question where indicated. The ATV-Account Allocation Committee, an advisory committee, will have an additional 20 discretionary points to award based upon your application and presentation. Please refer to the ATV Grant Manual for more information on the scoring criteria.

1. EMERGENCY MEDICAL SERVICE APPLICANTS ONLY:

Please describe your emergency response program.

- A. Who are its members? (Paramedics, EMTs, first responders, use of volunteers)
- B. How are patients transported from OHV areas? (ATVs, ambulances, life flight)
- C. How will communications work in the OHV area? (Cell phones, radios, etc)
- D. How are the medical supplies replaced?
- E. How will you respond to emergencies in OHV areas? (Patrols, 911, etc)

Attachment

How many Emergency Medical Personnel will respond in the area?

Please provide a summary of the previous calendar year's medical responses in your OHV patrol area.

(add text here)

2. Ensure that all costs / expenses are clearly itemized on the DETAILED BUDGET WORKSHEET.

While the expense sheet does not need to be extremely detailed, you do need to provide enough information in order for the average reader to clearly understand where and how much money will be spent. **You will also need to include the FUNDING REQUEST/SOURCE OF FUNDING WORKSHEET.** This form will help in understanding the various sources of revenue you will be receiving.

3. List any PURCHASES OF EQUIPMENT in this grant, such as ATVs, trailers, trucks, radios, shelters, chainsaws, etc. For any items costing \$5,000 or greater, formal quotes from 3 sources will be required. (Note: Any county or government (state or federal) with their own equipment procurement process must state that and explain their requirements)

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. MAPS. Please attach a location map, a vicinity map, and a map that identifies the boundary of the project area(s).

Attachment

5. OPERATIONAL NEED. (8 points) What is the need for this project?

(add text here)

6. OPERATIONAL NEED. (8 points) Describe the OHV emergency medical problems/issues and how the grant will solve these problems/issues.

(add text here)

7. OPERATIONAL NEED. (7 points)

- A. Is the project funding or match at risk?
- B. How will ATV grant monies help secure your matching dollars?

(add text here)

8. OPERATIONAL NEED. (7 points) Explain how this project is directly related to the safety of the trail users.

(add text here)

9. PROJECT SUPPORT. (10 points) Support can be demonstrated in both financial and non-financial ways and varies depending upon the project type. Please explain support you have in the following areas:

- A. Donations such as labor equipment, money, or materials
- B. List other grant programs that you have applied or received funding for this project or overall OHV program during the past two years.
- C. Show evidence of a commitment to long-term operation and maintenance and that the organization has demonstrated at existing trail and park resources.
- D. Positive letters, oral testimony at public meetings, support from friends/user groups. Maximum 10 letters of support.

(add text here)

10. MATCHING SHARES. (10 points)

- A. What percentage of match do you have for this project?
- B. Please identify the source of match such as volunteer labor, cash, user fees, other grants, prison labor, in-kind contributions.

(add text here)

11. PROJECT PLANNING/EVALUATION (25 points).

- A. Identify the number and classification of emergency medical personnel involved in implementing the project.
- B. Provide a map that shows where significant OHV emergency medical problems occur and the areas, routes and corridors where EMT resources from ATV grant funds will be utilized.
- C. Provide historical and documented accident data that justifies the need for funding. If appropriate, provide documentation of unauthorized trails or extensive damage to private or public property and documentation of complaints from public/landowners.
- D. Describe all emergency medical service agreements with other agencies that pertain to this project.
- E. Describe how you will allocate EMT resources in response to critical needs.
- F. Describe how you will evaluate the success of the project. Include in the description what information will be gathered, how you will know your project is a success, and how the information will determine success and/or need for improvement

(add text here)