



Pat Quinn, Governor
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES ASSISTANCE FUND
GRANT GUIDANCE**

GENERAL REQUIREMENTS

Any Illinois licensed/designated EMS participant that provides EMS service within the State of Illinois may apply for funds through their Regional EMS Advisory Committee.

1. Applications must be submitted on the EMS Grant Application form supplied by the Department.
2. Programs, services, and equipment funded by the EMS Assistance Fund must comply with the Emergency Medical Services (EMS) Systems Act and the Regional EMS Plan in which the applicant participates.
3. All applications from providers must be submitted to their respective Regional EMS Advisory Committee by the deadline required by each Regional Committee. No applications will be accepted by the Department directly from an applicant.
4. A financial statement must be completed to be eligible to receive a grant.
5. Deadline for submission of applications with a recommendation and prioritization ranking from each Regional EMS Advisory Committee to the Department is June 30, 2010.
6. All award recipients are required to enter into a grant agreement as prescribed by the Department.
7. Funds might not be equally divided among the eleven regions; consequently, award decisions will not be made based on financial parity among regions.

INSTRUCTION FOR COMPLETING APPLICATION

1. TYPE or PRINT with black ink (blue, red, or other colors of ink do not duplicate well).
2. If requesting more than one item, prioritize items in the Description of the Project section in the event a portion of the request may be granted.
3. List each item requested with projected cost.
4. Applications that include requests for more than one agency (i.e., regional, local, association or jurisdictional requests) must list each agency separately, the item(s) being requested for each agency, and include a completed data sheet and financial statement for each agency.
5. **Applications must be submitted to the respective Regional EMS Advisory Committee.**
6. Applications shall contain these required components. Applications lacking any of these components may be precluded from consideration:
 - Fully completed **Grant Application Cover Page**.
 - Description of project consistent with **Description of Project Criteria**.
 - Description of the applicability of the **Evaluation Criteria** for the particular requests.
 - Self-assessment according to **Grading Scale**.
 - Any additional information regarding the request and information that would support this need. This should include a detailed list of how the grant funds will be spent.
7. If you require assistance in the preparation of your grant application, contact the Department's Regional EMS Coordinator for your Region.

GRADING SCALE

- Grade 1** **Immediate Funding Need**—Alternate funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.
- Grade 2** **Definite Funding Need**—Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens served.
- Grade 3** **Project Needed Eventually**—Local funding available in future. System will benefit from improved time table. Limited available funding.
- Grade 4** **Project Can Be Delayed**—Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.
- Grade 5** **Project Not Needed**—Local funds available. Limited or impact to service area. Duplication of resources. Consideration will be given as needed is evident.