Virginia Office of Emergency Medical Services Virginia Department of Health Agencies Nasal Naloxone for EMS Agencies Licensed EMS

# Virginia Office of Emergency Medical Services Nasal Naloxone for EMS Agencies

# EMERGENCY MEDICAL SERVICES-GRANT INFORMATION FUNDING TOOL E-Gift User Guide for Licensed EMS Agencies

Virginia Department of Health Office of Emergency Medical Services 1041 Technology Park Drive Glen Allen, Virginia 23059 (804) 888-9100

Licensed EMS Agencies

Virginia

(800) 523-6019

Our web site address is: <u>http://www.vdh.virginia.gov/emergency-medical-services/</u>

Virginia OEMS Grant Programs – 10/17

# Nasal Naloxone for EMS Agencies E-Gift User Guide for Licensed EMS Agencies

# EMS – Grant Information Funding Tool (E-Gift)

Welcome to the E-Gift, the online grant application system. E-Gift automates the grant process by using a web-based system. We know you will find this user-friendly tool useful in your grant application writing and submission process.

# **Eligible Agencies**

Only licensed EMS agencies are eligible to apply for this funding opportunity.

- A Licensed EMS Agency is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.
- The licensed EMS agency applying for this grant opportunity must either have a controlled substance registration (CSR) <u>OR</u> the operational medical director (OMD) must provide authorization for shipment of naloxone, their drug enforcement agency (DEA) number and an address for the medication to be shipped to on behalf of the awarded agency.

# E-Gift Users

The E-Gift system requires three types of users: an Authorized Agent, a Financial Officer and an Agency Operational Medical Director.

- The **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The authorized agent has the ability to create and make any necessary modifications to the grant.
- The **Financial Officer** is the person responsible for the receipt, care, and disbursement of money of an agency or organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit capabilities.
- The Agency Operational Medical Director (OMD) is an EMS physician, currently licensed to practice medicine or
  osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical
  direction, oversight and quality improvement to an EMS agency and personnel. The OMD will have the capability
  to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are
  required to use their existing account to log into E-Gift.
  - $\,\circ\,$  OEMS recommends the agency contact their OMD prior to applying to notify of the required information the OMD must supply.

Virginia OEMS

Licensed EMS Agencies

#### Account Creation

If you have not created an account in EGIFT before your will need to contact your Licensed Agency Super User to have your E-GIFT roles assigned to your agency. The Agency Super User is the person who updates agency information, creates user accounts, and handles affiliation requests from providers. If your superuser has been changed or is no longer affiliated with your agency, you must contact your OEMS Program Representative http://www.vdh.virginia.gov/emergency-medical-services/program-representatives/ to change the superuser information in the system before you can start your grant. If you do not know the super user for your agency use the search option on the E-gift Log-in screen.

EMS agency, If you ar account set up with E-	e submitting i Gift. The Age	sed EMS Agency is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an a grant for a Licensed EMS Agency you need to contact your Licensed <b>Agency Super User</b> to have your current EMS Portal ency Super User is the person who can access your EMS Agency Portal to update agency information, create user accounts, and iders. If you don't know who your agency super user a <u>click here</u> to be arch your agency to view your agency super user
Once your Agency Su		granted you access login with the EMS Portal User Name and Password to the right of this screen.
Non-Licensed EM state (ex. EMS Reg.	Agency S	Super Users ×
EMS Agency for the established, login wi	Agency	Enter in all or part of your agency name Search
Non-EMS Agencies EMS Agencies. This Type and enter Veh		(Enter in all or part of your agency name)

After your account has been updated with the E-Gift Authorized Agent role you can log into the E-Gift Application found on the OEMS website at the following URL: <u>https://vdhems.vdh.virginia.gov/emsapps/f?p=147</u>

Exis	sting Users			Enter your User Name and Pa the Sign In Button. Your user first initial and last name, or a	name cou	uld be	your	• •			
ď	Sign In Reset Password		0	If you have forgotten your pa link and the directions on the		ou ca	ın hav	ve it reset l	by follow	ing the	
Grant Ap	oplications										
Year	Grant Cycle	Grant Type	Agency Nan	ne	Status	Financial Officer	OMD	Last Modified	Grant Number		
2017	Nasal Narioxone for EMS Agencies	Specialty	HENRY COU	NTY DEPARTMENT OF PUBLIC SAFETY	Not started					Start Grant	

#### **Starting your Grant**

To start your grant, select START GRANT, the grant application will appear.

Licensed EMS Agencies

### Features of E-Gift

1. There are tabs along the top of the page (under your agency name) that allow you to navigate between the pages of the program.

Tabs to navigate are ORGANIZATION INFORMATION, VEHICLE INFORMATION, FINANCIAL INFORMATION, REQUESTED ITEMS, ADDITIONAL INFORMATION, and SUMMARY .



- 2. It is more effective to complete every screen as shown and then hit the SAVE AND CONTINUE blue button.
- 3. You can **SAVE** your application to come back at a later time, or you can keep going through the entire application by **SAVE AND CONTINUE**. If you wish to cancel what you've entered then hit **CANCEL**.
- 4. All items with **RED**\*\*\*\* are REQUIRED INFORMATION and must be completed, if not your application will not allow you to save or go to the next tab.
- 5. All items can be clarified by selecting the available in each field, this will define the item that needs to be completed.

BLUE RIDGE VOLUNTEER F	FIRE DEPARTMENT 8	RESCUE SQUAD	Save	Save
EMS Agency *	● Yes ◎ No ⑦	EMS Agency	x	1
Organization Structure	EMS - Volunteer • ⑦	Select Yes if the agency is authorized by the Office of EMS t services in the state as an EMS agency. Select No if the age Office of EMS to provide Emergency medical services in the	ency is not authorized by the	
Organization Type *	Governmental   Non-Governmental	Regional Council, Community College, Sheriff's Office, 911		
· · · · · · · ·				

# **Organization Information**

This tab includes Personnel Information, Call Activity and Demographics. The System will automatically pre-populate your agency data; if any of your agency details information needs updating, this MUST be done in the EMS Agency Portal. Contact your agency super user.

#### Licensed EMS Agencies

Virginia

# BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

EMS Agency *	🖲 Yes 🔍 No 🕜
Organization Structure *	EMS - Volunteer • ③
Organization Type *	Governmental   Non-Governmental
Organization Name *	BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD
Address Line1 *	PO BOX 310
Address Line2	0
Zip Code *	24064 ^ (?)
City *	BLUE RIDGE
State	VA ③
City/County *	BOTETOURT
Regional Council *	Western Virginia EMS Council
Phone Number	(540)977-2094 ⑦
Federal Tax Id # *	0
Financial Officer *	• ⑦
Operational Medical Director	<b>^</b> (2)

- **EMS Agency** Select Yes, eligible agencies are authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.
- **Organization Structure** Indicate which best describes your agency structure from the provided drop-down list.
- **Organization Type** Select Governmental or Non-Governmental.
- Organization Name This will be automatically displayed.
- Address, City, County, State, Zip Contact agency Super User to change.
- Regional Council Contact agency Super User to change.
- Phone Number Contact the agency Super User to change.
- Federal ID Number (FIN) Each agency must have an individual Federal Identification Number. NOTE: Auditing
  requirements will not allow payments to be made to any organization that does not have a FIN. The use of your
  county's or another organization's FIN is not acceptable. The FIN will automatically pre-populate from your
  agency's data.
- Financial Officer: Select Financial Officer from drop down list.
- Agency OMD Name: Please select your agency OMD from the drop down list.

#### **Personnel Information**

**Number of Certified Personnel** is automatically pre-populated from what OEMS has in the EMS Portal. You can edit this information under **Certification** by entering your agency information. You will also need to enter **Personnel** for **Career** and **Volunteer**, the **Total** will automatically calculate.

Virginia

Number Of Certified Perso	innel						
		<b>Th T</b>		Paramedic:			
First Responder:	0 ()	EMI:	9 🕐	Paramedic:	0 (3)	Advanced EMT	0
Enhanced:	0	Intermediate:	2	Advanced Life Support Coordinator:	0	Education Coordinator:	0
Certification							
First Responder *	0	EMT *	0	Paramedic *	0	Advanced EMT *	0
Enhanced *	0	Intermediate *	0	Advanced Life Support Coordinator *	0	Education Coordinator $^*$	0
Driver Only	0	Other	0	Total	0 ⑦		
Personnel							
Career *	0	Volunteer *	0	Total 0 💮			
Comments ③							

- Certification Input agency staff number of First Responders, EMT's, Paramedics, Drivers and Other Staff. 

   First Responder Those providers holding the certification of emergency medical responder.
  - EMT (Emergency Medical Technician) Those providers holding the certification of EMT. 

     Paramedic Those providers holding the certification of Emergency Medical Technician.
     Advanced EMT/Enhanced
     Those providers holding the certification of EMT-Enhanced.
     Advanced EMT/Intermediate Those providers holding the certification of EMT-Intermediate.
     Advanced Life Support Coordinator Those providers holding certification of ALS Coordinator.
     Education Coordinator Those holding certification for Education Coordinator.
     Driver Only Those members that function in a driver only capacity.
  - **Other (support staff, junior member, etc.)** Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
  - **Total Number of Certification** This amount will be automatically calculated.
- Personnel Input number of Career members and Volunteer members. 

   Career The number of personnel that are considered career (paid personnel).
   Volunteer The number of personnel that are volunteers. (Receive no compensation for service.)
  - **Total Personnel** This amount will be automatically calculated. <u>*Total number of Certification must*</u> <u>equal the Total number of Personnel or the system will not allow you to continue.</u>
- Comments Enter comments if certification details with OEMS does not match with the details you enter.

#### Call Activity and Demographics

This section will need to be entered based on your agency statistics.

Virginia

#### Department of Health

Licensed	EMS	Ager	ncies
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II Activity					
BLS Calls *	0	ALS Calls *	0	Calls Unable To Respond	0
Calls Outside Primary Service Area *	0	Average Call Time(minutes) *	0	Average Round Trip Mileage per Call *	0
Average Mileage To Nearest Hospital *	0				
mographics					
Square Miles of Service Area	0	Population of Service Area	0	Total Number Of Stations	0

- BLS Calls (including stand-bys) Total number of calls recorded as Basic Life Support call.
- ALS Calls Total number of calls recorded as Advanced Life Support call.
- **Calls your agency was UNABLE to respond to, for any reason** This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- Calls Outside Primary Service Area This total should include calls for mutual aid, etc.
- Average Call Time Calculate average call time for calls in number of minutes.
- Average Round Trip Mileage per Call Calculate average round trip mileage per call for calls run over a period of time.
- Average mileage to nearest hospital Mileage to the nearest hospital.
- Square Miles of Service Area Total square miles of service area covered by your agency.
- **Population of Service Area** Total population of service area covered by your agency.
- Total Number of Stations Total number of stations operated by your agency including sub-stations.
- **Comments** Use this section to briefly describe any information that the reviewer should know about this information.

Click **SAVE AND CONTINUE** to next section.

#### Agency Vehicle Information

The list of vehicles is what the OEMS currently has on file for your agency. You can update, add, and delete vehicles from this listing. You can also SORT the headings in the **RED BOX** by clicking on the heading.

NOTE: This will NOT update the records on file with the OEMS. This will only update for the purpose of this grant application.

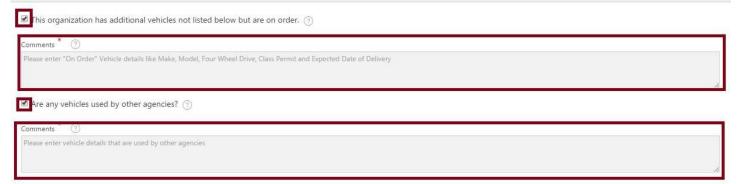
Virginia

#### Department of Health

Licensed EMS Agencies

3LUE I	RIDGE VOLUN	ITEER FIF	RE DEPAF	RTMEN	T & RESCUE	SQUAD			Save Save	and Continue	Cancel
Orga	nization Infomation	Vehicle	<b>43</b> e Information	F	ত্রে inancial Information	Requested	Items	Additi	onal Information	S	≡ ummary
	ganization has additional y vehicles used by other a		ed below but ar	e on order.(	3						
/ehicle In	formation										Add Vehicle
/ehicle In Unit Number È	formation Vin	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage*	Engine Hours	Edit	Add Vehicle Delete
Unit		Box /	Make	Model	Vehicle Type QUICK RESPONSE	Class Permit Non-Transport Vehicle	4WD Y	Mileage*	Engine Hours		

- This organization has additional vehicles not listed below but are on order Check this box, if applicable, a comments box will appear and you can enter the details of the vehicle(s) that has been ordered.
- Are any vehicles used by other agencies? Check this box, if applicable, a comments box will appear and you can enter the details of the other agencies that use your vehicles, for what purpose and why.



#### **Vehicle Information**

/ehicle Inf	formation										Add Vehicle
Unit Number	Vin <u>⊨</u> ↑	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage*	Engine Hours	Edit	Delete
152	1GBE4V1275F526819	2005/2005	CHEVROLET		TYPE III AMBULANCE	Ground Ambulance	N			Z	Ô
150	1GNFK13017J287589	2007/2007	CHEVROLET	TAHOE	QUICK RESPONSE	Non-Transport Vehicle	Y			C	۵

- **Unit #** Verify the Unit # for each and every vehicle.
- VIN Verify the Vehicle Identification number for every vehicle.
- Chassis/Box Yr Verify or indicate the year for the make of the chassis and the box.
- Make/Model Verify the vehicle make and model. Example: Ford/F-450.

# Virginia

# Licensed EMS Agencies

- Vehicle Type Verify the type for each and every vehicle.
- **Class Permit** Verify the class permit designation for each and every vehicle.
- **4-Wheel Drive** Verify Yes or No if vehicle has 4-Wheel Drive.
- **Mileage** Enter the current mileage for each and every vehicle listed.
- Engine Hours Enter the engine hours if applicable for each vehicle, if not applicable leave this field blank.

#### **Add Vehicle**

If you have a vehicle that's permitted by OEMS, but not listed on the Vehicle Information, you can add the vehicle, by clicking on the Add Vehicle button and add the vehicle information.

Edit Delete You can also delete a vehicle from the listing if you no longer have the vehicle in your fleet or edit a vehicle if the listed information is incorrect by using the Edit and Delete Buttons.



SAVE AND CONTINUE to next section.

# Financial Information – Governmental Agency

If the submitting agency is a governmental entity and Organization Type "Governmental" is selected on the Organization Information Tab the Governmental Financial Information screen will display.

Financial Information					Save Save and Contin	ue Cancel
Receipts / Revenue			Expenditures			
	Previous Fiscal Year	Current Fiscal Year Change		Previous Fiscal Year	Current Fiscal Year	Change
Donations *			Personnel Costs *			
26% Return to Locality *			Operating Costs *			
Grants *			Capital Expenses *			
Total Revenue 🔥	\$0	\$0	Total Expenditure *	\$0	\$0	
Other Details						
Define Capital Expenditure *	or Service for Last Fiscal Year * Service Fee Charged * Service Fee per Call *	No Yes				
	Cost Recovery *	%				
					Save Save and Continu	e Cancel

NOTE: Enter all information for previous and current fiscal year.

**Donations (Contributions, Bequests, Memorials, Etc.)** - Funds anticipated to be collected in each budget year.

- **26% Return to Locality (Four-for-Life Funds)** Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Grants** Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in the Comments section.
- **Total Revenue** This will be the total of the above fields and will be calculated.
- **Personnel Costs (Salary & Benefits)** Funds budgeted for salary and benefits for personnel.
- **Operating Costs** Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- Capital Expenses Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- **Total Expenditure** This will be the total of the above fields and will be calculated.
- **Comments** Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.
- **Describe your department's definition of capital expenditures** Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- Amount received from EMS Fee for Service for Last Fiscal Year Amount of funds received by your agency for EMS Fee for Service, if none enter 0.
- Service Fee Charged select yes or no, if YES is selected you will need to answer the following questions: 

   Service Fee per Call how much does your agency charge per call?
   Cost Recovery % The amount your agency receives (percentage) in cost recovery funds in the last fiscal year?

**IMPORTANT:** If grant request is funded, the financial information submitted is subject to audit, if any false, misleading or improper information is determined, the agency will be ineligible for future grant funds for a period of five years.

# Financial Information – Non-Governmental Agency

If the submitting agency is a not governmental entity and Organization Type "Non-Governmental" is selected on the Organization Information Tab the Governmental Financial Information screen will display.

Licensed EMS Agencies

Abeta	Liabilities	Other Feet
Carl Islans*  Carl Islans*  Nations*  Nations*  Networks Islans*  Network (second Aven.*  Network functions are *  Networ	Backeto of Open Answers *	Service Sweged * # No. 10 Tot
lezaști / Revenue	Equivalences	Finance Summary
Late (nermen * ) (1) 2th Reverse Lately * (1) 2th Reverse Lately * (1) Bill Ner to Lates * (1) Bill Ner to Lates * (1) Desyr 2 hourse * (1) Desyr 2	Devention Expenses <sup>1</sup> Proceedings <sup>1</sup> Capital Expendence <sup>1</sup> Capital Expendence <sup>1</sup> Convertications <sup>1</sup> Converti	Institutes * 30 Transitiones * 30 Transitiones * 30 Transitiones * 30 Transitiones * 30 Degree glances * 30 Entry biores * 30

The dates for the financial information will be January 1-December 31, 2016.

Assets

- **Cash Balance** Amount of cash on hand or in checking accounts as of the beginning date of the financial period.
- **Real Estate** Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- Investments (unrestricted) Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- Equipment, Vehicles, etc. Equipment, vehicles, furnishings, etc.
- **Restricted Funds** Funds that are <u>designated for a specific purpose</u> such as a building fund.
- **Restricted Funds Description** Describe the purpose of the restricted funds and a timeline of the expenditure.

#### Liabilities

- Balance of Open Accounts Total amount owed on equipment, vehicles, furnishings, etc.
- Notes or Mortgages Owed All outstanding notes or mortgages.
- Other Indebtedness/Obligations All debts not indicated above.
- **Description of Indebtedness/Obligations** Describe the indebtedness/obligations incurred by your agency.

#### **Other Fees**

- Amount received from EMS Fee for Service for Last Fiscal Year Amount of funds received by your agency for EMS Fee for Service, if none put 0.
- Service Fee Charged: Check box if yes.

#### Licensed EMS Agencies

Virginia

- Service Fee for Call if applicable Indicate the amount charged per call, if a fee is charged.
- Cost Recovery (rate of return) What is the cost recovery or rate of return?

#### Receipts/Revenue

- Local Government Amount received from local government (county, city, town, etc.) not including the 26% Return to Locality: Four-for-Life monies.
- **26% Return to Locality** (Four for Life Funds) Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Donations** Amount received by way of Donations, Contributions, Bequests, Memorials, etc. made by individuals or organizations other than governmental.
- EMS Fee for Service Amount received through billing for service.
- Fund Raising Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross.
- Interest and Dividends Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** Amount of grant funds received from state agencies, private foundations or other organizations.
- **Other Revenue** Amount of funds received through other sources not listed above.

#### Expenditures

- **Operational Expenses** Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- Personnel Costs Amount of funds expended to pay salaries and benefits, if applicable.
- **Capital Expenditures** Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- **Other Expenses** Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational** Amount of funds expended for accounting services, auditing fees, fund-raising costs (only if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.)
- **Definition of Capital Expenditures** Define your agency's capital expenditures usage and what items are considered capital expenditures.

#### Finance Summary

All financial information will be automatically calculated by the system.

**SAVE AND CONTINUE** to next section.

#### Requested Items

**NOTE:** Select **ADD ITEM** the item you will be requesting is **Nasal Naloxone for EMS Agencies**.

#### Licensed EMS Agencies

My Home	Organizat	ion Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary			
Item Listing	9								Add Item Canc	Continue
no requested	f items found	5.I.						2 <sub>10</sub>		
									Add Item Cance	Continue
1.	em Type * N	asal Narloxone for EMS A	aencies • ⑦							
	Se	elect asal Narloxone for EMS A					0	Requested Quantity *	2 ⑦	
Fundir	ng Level * 10	0/0 •			Action Add	Replace		Current Quantity	0	
Tot	tal Price	500.00 ⑦			Matching Funds \$0.00 (			State Funds	\$500.00 (2)	
Co	mments *	INEA Special Initiative								
		of 4000								1
Hardship Just	tification *	NEA Special Initiatio	ve							

- Item Type Select Nasal Naloxone for EMS Agencies from the drop down list.
- Item Name Type in NNEA
- Requested Quantity The number of units you are requesting for this grant (two doses per permitted vehicle listed) on your grant application.
- Funding Level Select 100/0
- Action You will select ADD
- Current Quantity You will select 0
- Total Price Input \$500.00, OEMS will announce grant award after grant has closed.
- The Matching Funds and State Funds will automatically calculate.
- Comments Type in the following information: <u>NNEA Special Initiative</u>.
- Hardship Justification Type in the following statement: <u>NNEA Special Initiative</u>.

#### **Supporting Documents**

The application must have a document added to the "SUPPORTING DOCUMENTS" section in order for the grant application to be submitted. Select ADD DOCUMENT, select your file, under TYPE select OTHER from the drop down list, under DESCRIPTION type CSR, select SAVE.

- 1. If your agency has a controlled substance registration (CSR) you will upload this document to EGIFT.
- If your agency does not have a CSR, you will upload the SUPPORTING DOCUMENTATION (copy of grant announcement) document on the OEMS Grants webpage at

http://www.vdh.virginia.gov/emergencymedical-services/administration-finance/rsaf-grants-program/

Note: A quote is required for all items requested. Please up	load a quote and any other supporting do	xumentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.		
Supporting Documents				Add Document
Name <u>i</u> î	Type **	Description	Size	Delete
Choose File No file chosen	Other 0	<u>(38</u>		

Licensed EMS Agencies

Virginia

After the document has been uploaded you have the option to EDIT, DELETE and VIEW the requested items.

Organ	ization Infomation	Vehicle Information	Fina	lon ancial Information	Requested Items		Additional Informatio	on		≡ Summary	
em Listing								Add I	tem C	Continue	Ca
								200	- A-	1.1	
tem Name <u>⊾</u> Î	Item Type	Funding Level	Action	Requested Quantity	Current Quantity	Total Price	State Funds	Matching Funds	Edit	Delete	24
<b>em Name <u>⊾</u>Î</b> NEA	Item Type Nasal Narloxone for EMS Agencies	Funding Level	Action Add	Requested Quantity	Current Quantity	Total Price \$500.00	State Funds \$500.00	Matching Funds	Edit	Delete	

Accepted file types are JPG, GIF, PNG, TIF and PDF.

# **Technical Information Page**

You will need to answer the following questions in order to complete your application....

NOTE: Your OMD will need to answer Question One under REVIEWER COMMENTS before they E-Sign the grant.

Organization Infomation	تی Vehicle Information	Financial Information	Requested Items	Additional Information	≡ Summary
Brief Project Description * ③ Please briefly describe this project					
Project /Equipment Sustainability * ③ How does your agency propose to sustain this project equipment a	after funding is complete?				

- Brief Project Description You will answer the following statement for the Project Description: *How does your agency plan on using the nasal naloxone?*
- **Project Equipment Sustainability** Describe how your agency will maintain/sustain the items once the grant cycle has ended.

Once your application is complete you will be directed to the **SUMMARY** tab, this will allow you to edit any information displayed before it is submitted to OEMS. You will receive an ALERT box, shown below, prior to submitting your application.



# SAVE AND CONTINUE to next section.

# E-Signatures

At the bottom of the screen the information for the OMD and Financial Officer are displayed. This information was chosen at the first tab, Organization Information. Please verify this information, the email notification will be sent to the email address displayed for each.

You must check the disclaimer and type your legal name in the signature field and click on the Submit Application Button at the bottom of the screen.

Licensed EMS Agencies

Virginia

comments by Financial office	r,OMD,OEMS					
Comments History						
No comments found.						
designated by the agency/c Medical Services for Rescu the purchase of the reques financial liens and without request, have been notified condition is true, accurate a date with the electronic sign	rganization to complete an re Squad Assistance Fund ted item(s), should they be the item being used as coll and agree to its submissi and correctly reflects the fin:	d submit a grant request or requests. In addition, the Ar awarded state funds. The A lateral to secure a loan of a on. The Authorized Agent ar ancial condition of the agen	n its behalf. The agency/org: thorized Agent and Financi uuthorized Agent and Financi ny kind. The Authorized Agei d Financial Officer attest th. cy/organization. The OMD e	anization agrees to comply w al Officer attest to the agency cial Officer are aware that vel- nt and Financial Officer attest at to the best of his/her know lectronic signature is require	ith the Rules and Regulations Gov 's or organization's ability to provid nicles and equipment purchased w t to the fact that the Agency(s) that a ledge, the information contained h	d Agent and Financial Officer have been verning Financial Assistance for Emergency e the matching funds (if required) to complete ith state monies must be purchased without a re affected by the possible outcome of this gra erein with regard to the agency's financial nature must be received by the grant deadline
ignature *						
700.01000						

The **SUMMARY TAB** will also allow you to edit any category of the grant application before it is submitted, once submitted, the grant application can not be edited. As the Authorized Agent, you will need to check the disclaimer box and E-sign the Signature box....

NOTE: If you want to PRINT your application, please select PRINT APPLICATION, prior to hitting SUBMIT APPLICATION, or

Grant Ap	plications									
Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number		Report
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Pending	09/01/2016		Edit FO/OMD	图

you can also print once your application has been submitted

Once the Submit Application button is clicked the OMD and Financial Officer identified will be notified via email. At this time the status of the Grant will change from Incomplete to Pending on your home screen. You can monitor the status of the signatures for the Financial Officer and OMD from you home screen.

The Financial Officer and the OMD have the ability to approve and sign the grant. Once this is done, the status will change to Approved respectively. The Grant application will not be officially submitted to the Office of EMS until BOTH the OMD and the Financial Officer have signed the grant. At this time a grant number will be assigned.

epartn	nent of Health	1			]	Licensed	EMS Agencies	
ant Ap	oplications							
Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Approved	09/01/2016	

Once the signatures have been received by all agents, the grant status will change to SUBMITTED and a grant number will have been assigned.

Grant Ap	plications							
Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Submitted	Approved	Approved	09/01/2016	PI-E01/01-16

The financial Officer and OMD also have the ability to deny the grant. If the grant is denied, they must provide feedback in the comments section. If the grant is denied by one of the signers the status is changed to Incomplete and the Authorized Agent needs make necessary changes. If the grant is denied by either the financial officer or OMD both have to sign the grant, even if the signature was obtained prior to the modification. Once all modifications are accepted by the financial officer and OMD the grant will be submitted to the Office of EMS and a grant number will be assigned.

You have the option to NOTIFY the OMD and FO once you have submitted your grant to OEMS, by selecting the EDIT FO/OMD tab.

Grant A	pplications									
Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number		Report
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Pending	09/01/2016		Edit FO/OMD	团

If you have created accounts for more than one FO or have more than one OMD assigned to the roles through EGIFT, you can select different agents once the grant has been submitted. Once you select the EDIT FO/OMD tab, you can change the reviewers then select SAVE. You can also send reminder emails to the FO and OMD throughout the submission process.

Change Reviewers		×
Operational Medical Director	* THABIT BAHHUR *	
Financial Officer	* CATHY MCGRADY +	
		_
Send Reminder Email To OME	Send Reminder Email To FO	Save

**Linwood Pulling** 

Virginia

Department of Health

For any questions please contact the Grants Unit at:

Amanda Davis, Grants Manager Amanda.davis@vdh.virginia.gov

For technical questions contact <u>OEMS-AppSupport@vdh.virginia.gov</u>.

Licensed EMS Agencies

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