

## Application Deadline Dates

General Applications (with the standard 50/50 match) must be received NO LATER than the Monday 15 days before the monthly Expert Review Committee (ERC) meeting. These meetings are held every fourth Tuesday of each month. Any applications received after this deadline will not be considered at that month's review, but rather at the following month's review. 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. Any Financial Waiver applications that successfully pass the Financial Waiver process at the beginning of the month will be evaluated at the ERC meeting later in the same month. Applicants that apply for a Financial Waiver and receive a denial will not proceed to the General Application Review and must submit a new application.

Submission Deadlines:	Review Dates:
July 14, 2014	July 22, 2014
August 11, 2014	August 26, 2014
September 8, 2014	September 23, 2014
October 13, 2014	October 28, 2014
November 10, 2014	November 25, 2014
December 8, 2014	December 16, 2014
January 12, 2015	January 27, 2015
February 9, 2015	February 24, 2015
March 9, 2015	March 24, 2015
April 13, 2015	April 28, 2015
May 11, 2015	May 26, 2015
June 8, 2015	June 23, 2015

# CREATE

Colorado Resource for Emergency And Trauma Education



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



CRHC Use Only: v1314.02

Application #:

Date Received:

Steps Checked:

Amount Funded:

1	Legal Entity Name:  Doing Business As:	2	Federal Tax ID #:		
3	Grant Contact Name: Grant Contact Job Title: Email:	4	Phone – Day: Phone – Mobile: Fax:		
5	Entity Mailing Address: City, State, Zip Code:				
6	Is this a multi-agency project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all participating agencies:				
7	What counties will be impacted?				
8	What percent match are you proposing? <input type="checkbox"/> 50% - no financial waiver necessary <input type="checkbox"/> Less than 50% - financial waiver required (Proposed match: <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> 10%)				
9	Total Course(s) & Other Costs: \$	x	% Match (in decimals): =	Total Match Amount: \$0.00	
10	Total Course(s) & Other Costs: \$0.00	–	Total Match Amount: \$0.00	=	Total Request Amount: \$0.00

*Note: Please refer to Applicant Duties and Obligations Should Funding Be Awarded for agreement regarding courses. EMT, AEMT and Paramedic Courses require successful completion and passing of National Registry Emergency Medical Technicians exam in order to request reimbursement from this program.*

## EMTS Training & Education Request Details – Course 1

### Course Description

- A. Course name:
- B. Start date:  
End date:
- C. Class location:
- D. Student qty.:
- E. Trainer:
- F. Training center:

### Course Information

Fill out this section for *non-college credit* courses

- G. Course cost: \$
- H. Travel cost – mileage: \$
- I. Travel cost – lodging: \$
- J. Other cost – Description:  
Amount: \$
- K. Other cost – Description:

V1415.01

Amount: \$ L. Total cost per student (=G+H+I+J+K): \$ M. Total cost of course for all students (=D x L): \$ N. Comments:
<i>Fill out this section for college credit courses</i>
O. Tuition cost per student: \$ P. Fees: \$ Q. Books: \$ R. Other costs: \$ S. Total cost per student (=O +P+Q+R):\$ T. Total cost of course for all students (=D x T): \$ U. Comments:
<b>Course funding last year</b>
V. Received funds for course last year: \$ W. Student qty. last fiscal year: X. Student qty. completion: Y. % completion: Comments:
Office Use Only
<b>Service Need Narrative (30 points possible)</b>
Explain the need for educational courses to upgrade or maintain current levels of services.
1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?
2. Describe the need for the requested courses and how the training will upgrade or maintain current levels of service.
3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.
<b>Cost Effectiveness of Project Budget (15 points possible)</b>
Describe how measures were taken to ensure that the most cost effective choices were made.
1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
2. Briefly describe the process used to select the proposed course.
3. How will the requested education be sustained financially in future years?
<b>EMTS Training &amp; Education Request Details – Course 2</b>
<b>Course Description</b>
A. Course name: B. Start date: End date: C. Class location: D. Student qty.: E. Trainer: F. Training center:

## Course Information

Fill out this section for *non-college credit* courses

- G. Course cost: \$  
H. Travel cost – mileage: \$  
I. Travel cost – lodging: \$  
J. Other cost – Description:  
Amount: \$  
K. Other cost – Description:  
Amount: \$  
L. Total cost per student ( $=G+H+I+J+K$ ): \$  
M. Total cost of course for all students ( $=D \times L$ ): \$  
N. Comments:

Fill out this section for *college credit* courses

- O. Tuition cost per student: \$  
P. Fees: \$  
Q. Books: \$  
R. Other costs: \$  
S. Total cost per student ( $=O + P+Q+R$ ): \$  
T. Total cost of course for all students ( $=D \times T$ ): \$  
U. Comments:

## Course funding last year

- V. Received funds for course last year: \$  
W. Student qty. last fiscal year:  
X. Student qty. completion:  
Y. % completion:  
Comments:

## Office Use Only

## Service Need Narrative (30 points possible)

Explain the need for educational courses to upgrade or maintain current levels of services.

1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?
2. Describe the need for the requested courses and how the training will upgrade or maintain current levels of service.
3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.

## Cost Effectiveness of Project Budget (15 points possible)

Describe how measures were taken to ensure that the most cost effective choices were made.

1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
2. Briefly describe the process used to select the proposed course.
3. How will the requested education be sustained financially in future years?

**EMTS Training & Education Request Details – Course 3****Course Description**

- A. Course name:  
B. Start date:  
End date:  
C. Class location:  
D. Student qty.:  
E. Trainer:  
F. Training center:

**Course Information**

*Fill out this section for non-college credit courses*

- G. Course cost: \$  
H. Travel cost – mileage: \$  
I. Travel cost – lodging: \$  
J. Other cost – Description:  
Amount: \$  
K. Other cost – Description:  
Amount: \$  
L. Total cost per student (=G+H+I+J+K): \$  
M. Total cost of course for all students (=D x L): \$  
N. Comments:

*Fill out this section for college credit courses*

- O. Tuition cost per student: \$  
P. Fees: \$  
Q. Books: \$  
R. Other costs: \$  
S. Total cost per student (=O +P+Q+R):\$  
T. Total cost of course for all students (=D x T): \$  
U. Comments:

**Course funding last year**

- V. Received funds for course last year: \$  
W. Student qty. last fiscal year:  
X. Student qty. completion:  
Y. % completion:  
Comments:

**Office Use Only****Service Need Narrative (30 points possible)**

Explain the need for educational courses to upgrade or maintain current levels of services.

1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?
2. Describe the need for the requested courses and how the training will upgrade or maintain current levels of service.
3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.

**Cost Effectiveness of Project Budget (15 points possible)**

Describe how measures were taken to ensure that the most cost effective choices were made.

1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
2. Briefly describe the process used to select the proposed course.
3. How will the requested education be sustained financially in future years?

## EMTS Training & Education Request Details – Course 4

### Course Description

- A. Course name:  
 B. Start date:  
 End date:  
 C. Class location:  
 D. Student qty.:  
 E. Trainer:  
 F. Training center:

### Course Information

*Fill out this section for non-college credit courses*

- G. Course cost: \$  
 H. Travel cost – mileage: \$  
 I. Travel cost – lodging: \$  
 J. Other cost – Description:  
 Amount: \$  
 K. Other cost – Description:  
 Amount: \$  
 L. Total cost per student (=G+H+I+J+K): \$  
 M. Total cost of course for all students (=D x L): \$  
 N. Comments:

*Fill out this section for college credit courses*

- O. Tuition cost per student: \$  
 P. Fees: \$  
 Q. Books: \$  
 R. Other costs: \$  
 S. Total cost per student (=O +P+Q+R):\$  
 T. Total cost of course for all students (=D x T): \$  
 U. Comments:

### Course funding last year

- V. Received funds for course last year: \$  
 W. Student qty. last fiscal year:  
 X. Student qty. completion:  
 Y. % completion:  
 Comments:

### Office Use Only

### Service Need Narrative (30 points possible)

Explain the need for educational courses to upgrade or maintain current levels of services.

1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?

2. Describe the need for the requested courses and how the training will upgrade or maintain current

levels of service.
3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.
<b>Cost Effectiveness of Project Budget (15 points possible)</b>
Describe how measures were taken to ensure that the most cost effective choices were made.
1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
2. Briefly describe the process used to select the proposed course.
3. How will the requested education be sustained financially in future years?

<b>EMTS Training &amp; Education Request Details – Course 5</b>
<b>Course Description</b>
Z. Course name: A. Start date: End date: B. Class location: C. Student qty.: D. Trainer: E. Training center:
<b>Course Information</b>
<i>Fill out this section for non-college credit courses</i>
F. Course cost: \$ G. Travel cost – mileage: \$ H. Travel cost – lodging: \$ I. Other cost – Description: Amount: \$ J. Other cost – Description: Amount: \$ K. Total cost per student (=G+H+I+J+K): \$ L. Total cost of course for all students (=D x L): \$ M. Comments:
<i>Fill out this section for college credit courses</i>
N. Tuition cost per student: \$ O. Fees: \$ P. Books: \$ Q. Other costs: \$ R. Total cost per student (=O +P+Q+R):\$ S. Total cost of course for all students (=D x T): \$ T. Comments:
<b>Course funding last year</b>
U. Received funds for course last year: \$ V. Student qty. last fiscal year: W. Student qty. completion: X. % completion: Comments:

Office Use Only
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<b>Service Need Narrative (30 points possible)</b>
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Explain the need for educational courses to upgrade or maintain current levels of services.
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1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?
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2. Describe the need for the requested courses and how the training will upgrade or maintain current levels of service.
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3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.
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<b>Cost Effectiveness of Project Budget (15 points possible)</b>
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Describe how measures were taken to ensure that the most cost effective choices were made.
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1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
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2. Briefly describe the process used to select the proposed course.
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3. How will the requested education be sustained financially in future years?
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<b>EMTS Training &amp; Education Request Details – Course 6</b>
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<b>Course Description</b>
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| A. Course name:<br>B. Start date:<br>End date:<br>C. Class location:<br>D. Student qty.:<br>E. Trainer:<br>F. Training center: |
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<b>Course Information</b>
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Fill out this section for <i>non-college credit</i> courses
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|---|
| G. Course cost: \$<br>H. Travel cost – mileage: \$<br>I. Travel cost – lodging: \$<br>J. Other cost – Description:<br>Amount: \$<br>K. Other cost – Description:<br>Amount: \$<br>L. Total cost per student (=G+H+I+J+K): \$<br>M. Total cost of course for all students (=D x L): \$<br>N. Comments: |
|---|

Fill out this section for <i>college credit</i> courses
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|---|
| O. Tuition cost per student: \$<br>P. Fees: \$<br>Q. Books: \$<br>R. Other costs: \$<br>S. Total cost per student (=O +P+Q+R):\$<br>T. Total cost of course for all students (=D x T): \$<br>U. Comments: |
|---|



<b>Course funding last year</b>
V. Received funds for course last year: \$ W. Student qty. last fiscal year: X. Student qty. completion: Y. % completion: Comments:
<b>Office Use Only</b>

<b>Service Need Narrative (30 points possible)</b>
Explain the need for educational courses to upgrade or maintain current levels of services.
1. Briefly describe how the proposed education request targets and will benefit Colorado's EMS and trauma system?
2. Describe the need for the requested courses and how the training will upgrade or maintain current levels of service.
3. Describe local support for this project and how this support will help ensure successful completion. Attach any relevant letters of support.
<b>Cost Effectiveness of Project Budget (15 points possible)</b>
Describe how measures were taken to ensure that the most cost effective choices were made.
1. Briefly describe the alternatives your organization considered and why this is the most cost effective alternative.
2. Briefly describe the process used to select the proposed course.
3. How will the requested education be sustained financially in future years?

*Note: to add additional classes, use the Additional Space Form (as many times as necessary) available for download on the same webpage where you accessed this application.*

<b>Priority to Underdeveloped or Aged Systems Narrative (20 points possible)</b>
Describe the need to update an underdeveloped or aged system.
1. Explain how the proposed education addresses an underdeveloped or aged component of Colorado's EMS and trauma system.
2. Briefly explain how the proposed education addresses a system deficiency or unmet service need in the community in which the entity serves.

<b>Applicant's Qualifications (5 points possible)</b>
Describe how your organization will provide the necessary resources and experience to successfully implement the project, as well as what qualifications your organization has to help ensure long term sustainability.
1. Explain how adequate resources and experience are available to help ensure successful completion of this project.
2. Explain how the applicant's qualifications will help ensure long term sustainability of this project.

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| 3. Explain how the applicant has verified the education provider is qualified to provide the course(s) or particular level of education requested. Attach any relevant documentation supporting this narrative, or, in lieu of providing a written response here, attach copies of pertinent credentials. |
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| 4. If applicable, please explain the Course Coordinator's role in pulling this course together to help ensure a successful event and explain any other related, pertinent experience this Course Coordinator has. |
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<b>Systems Integration (15 points possible)</b>
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| 1. How does this project improve system compatibility and/or reduce duplication? |
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| 2. Briefly explain any partnerships or collaborative efforts in providing mutual aid? |
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| 3. Briefly explain how the proposed education integrates with other services in the community? |
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<b>Financial Need Narrative (15 points possible)</b>
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| 1. Explain why your organization needs grant funding to complete this project, or, if this request is on behalf of other agencies/entities, explain their financial need and any relevant hardships they are facing. <b>Reference any attached financial statements or letters of support.</b> |
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| 2. What would happen if these grant funds were not secured? |
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| 3. Describe the source of the required cash match? |
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<b>Attachments</b>
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Three **required** financial documents must be attached to your Application. Please ensure that the documents are current to the year in which you are applying to CREATE. Applications submitted with out these documents will not receive a review.

Please attach the following **required** 3 supporting documents. For examples of the required attachments click on the links below:

- [Balance Sheet](#) (Most Recent Fiscal Year)
- [Income Statement](#) (Most Recent Fiscal Year)
- [Budget](#) (Current Fiscal Year)

If you choose to include other attachments that would be useful to reviewers, they must be combined into one PDF file and submitted electronically with your electronic application. If you do not have the capability to combine your attachments, please contact Lakesha Jones at 720.248.2742 for assistance and suggestions.

Examples of attachments may include, but are not limited to:

- Estimates of Mileage (Maps showing distances)
- Estimates of Lodging
- Quotes from potential instructors, on equipment, etc.
- Letters of support

## Attestation

### Authorized Agent

This application is a matter of public record. The individual, whose name and signature appear below, has been designated by the entity listed above as the Authorized Agent to complete and submit this grant application on its behalf. The entity agrees to comply with the rules and regulations governing the CREATE Program concerning grant requests.

### Financial Information

1. The Authorized Agent attests to the entity's ability to provide the matching funds (50%, 40%, 30%, 20%, or 10%) to complete the purchase of the grant award, should the entity be awarded state funds.
2. The Authorized Agent attests that, to the best of his/her knowledge, the information contained herein, with regard to the entity's financial condition, is true, accurate and correctly reflects the financial condition of the entity.
3. The Authorized Agent attests that no Highway User Tax Fund dollars are being used as part of the cash match for this grant. This also means that two entities cannot both apply for CREATE funding for the same student.

### Notification of Affected Entities

1. By signing below, the Authorized Agent also attests to the fact that the entit(ies) affected by the possible outcome of this grant request, including but not limited to entities listed in this application if it is a multi-entity application, has (have) been notified and has (have) agreed to its submission.

### Applicant Duties and Obligations Should Funding Be Awarded

Should the entity receive funding under this grant application, the entity (hereinafter referred to as 'grantee') shall, and affirmatively promises to, comply with all of the provisions set forth below.

1. The grantee shall use grant funds received under this grant to complete all aspects of its grant application, and shall not use such funds for purposes other than this.
2. Requirements for Training & Education Grants:
  - a. EMT, AEMT and Paramedic course participants must pass the National Registry of Emergency Medical Technicians (NREMT) exam within 90 days of class end date, in order to request reimbursement from this grant program. For more information please see the Grant Guidelines.
  - b. **CREATE Reimbursement Request Form:** Receipts showing full payment or copies of checks showing payment must be attached. (Form will be supplied to grantee by CRHC.)
  - c. **CREATE Grant Travel Expense Form:** Requests for reimbursement for all travel expenses associated with the training or education program shall be made in accordance with the then current state of Colorado reimbursement rates for travel as specified in the Fiscal Rules of the State of Colorado. Documentation supporting all expenses must also be attached. (Form will be supplied to grantee by CRHC.)
  - d. **Due Date:** Reports and billing shall be submitted within 30 days after completion of the training or course.
  - e. **Publicity Items:** The grantee shall acknowledge the use of emergency medical and trauma services account grant funds in all public service announcements, program announcements, or any other printed material used for the purpose of promoting or advertising the training or educational program.
  - f. **Evaluations:** For in-house trainings, the grantee shall develop and utilize a course evaluation tool to measure the effectiveness of that training or educational program. These results are required to be shared with the Instructor.

- g. **Student Attestation Form:** For any students not affiliated with the applicant agency, a student attestation must be included in the final report. (Form will be supplied by CRHC. Agencies may use their own form with prior approval from CRHC.)
- h. **Student Data Form:** At the end of each course, the grantee shall collect student answers to the following questions and submit them with the final report. (Form will be supplied to grantee by CRHC.)
1. Student Name
  2. Student Phone number
  3. Student Email address and Physical address
  4. What is your current level of medical training?
  5. Are you working toward a degree in EMTS?
  6. Do you currently or do you intend to work in pre-hospital, EMS, or trauma care after completion of this course?
    - a. Where do you, or intend to, work?
  7. Do you currently live in Colorado?
  8. Do you currently work or volunteer in Colorado after completion of this course?
    - a. Are you a student currently enrolled in an institution of higher education?
    - b. In which county do you work or volunteer?
  9. What is the name of the facility/agency you currently work/volunteer for? (Answer all that are applicable.)
    - a. What is your title/position with the agency?
    - b. What department is your primary department? (Answer if applicable.)
    - c. After completing this course, will your primary department change? If so, how?
    - d. What city is this facility/agency in?
    - e. Is the agency a public or private provider?
    - f. Will you be full time, part time, seasonal or volunteer?
    - g. For volunteers, how many hours have you volunteered in Colorado in the year prior to the start date of this course?  
For part-time employees, how many hours per month do you work in Colorado?  
For seasonal employees, how many hours per year do you work in Colorado?
- i. **College Expenditure Form:** All colleges must complete the "College Expenditure Form" in addition to the other items agreed to in the application attestation. (Form will be supplied to grantee by CRHC.)

Authorized Agent		
11	First Name:	
12	Last Name:	
13	Title:	
14	Entity Name:	
15	Daytime Phone Number:	
16	Phone Extension:	
17	Date:	
18	Signature of Authorized Agent:	

*Note: the Signature of Authorized Agent field must be filled by a digital signature, such as a scanned in image of a signature—not a typewritten signature. Please do not type your name into this box. If you are unable to insert a digital signature, please print just the Authorize Agent page(s) of your application and fax it, signed, to 303.832.7496, Attn: Lakesha Jones, or print, sign, scan, and email it to [lj@coruralhealth.org](mailto:lj@coruralhealth.org).*