

# WORK ACTIVITIES, TIME FRAMES, AND BUDGETS



## **EMS MATCHING GRANT APPLICATION**

**FLORIDA DEPARTMENT OF HEALTH**  
**Emergency Medical Services Program**

***Complete all items unless instructed differently within the application***



Type of Grant Requested: ☐ Rural ☐ Matching

# Florida Emergency Medical Services Section

Bureau of Emergency Medical Oversight

Division of Emergency Preparedness and Community Support

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## Guidelines/Instructions for 2018 Review of Emergency Medical Services Matching Grant Applications for State Grant

### III. Concepts.

A. Improvement and Expansion. Subsection 401.113(1), Florida Statutes, requires the grant funds are **"solely" to improve and expand** prehospital EMS.

The improvement and expansion requirement means that any applications you review that seem entirely or mostly replacement or continuation, the scores should be minimal or zero, with your comments on the score form briefly explaining this.

Although any replacement of a current item with its newest rendition is an improvement in the sense that anything new usually functions better than something worn and less advanced than the new item, this by itself is replacement, which is not a fundable project.

C. Score Numbers. A scoring guide is at the top of the first page of every three-page score form. Your assignment of a score ranging up to 2 (two) for each item is what is needed.

The lone exception is on page 2 of the score form where the credibility item ranges from .1 (one tenth) to 1 (one), but all other scores are from 0 to 2. **You must consider changing this credibility item.** We may have it set it at .7 or 70 percent credibility, but key in or use a different number as you think appropriate. This one credibility score affects all page 2 scores: for example, a .5 (point five) halves the subtotal for the entire Outcome Section of the score form. The .7 reduces scores by 30 percent.

Numeric scores on items are to provide an objective, quantitative basis for rating the applications. The information the application asks for is very specific. If the information is not there as the item asks, then reviewers must reflect this in the score assigned.

There are no passes or waivers. If an applicant explains why information is not available, regardless of how plausible, if the item is not answered at all or skipped, this may become zero for that item.

# EVERY DETAIL MATTERS!!

## MATCHING GRANTS EVALUATION WORKSHEET--DIRECT SERVICES

### Instructions for 75/25 PERCENT STATE EMS MATCHING GRANTS:

The Reviewer's score for each item must range from 0 to 2. 2 = the answer of the applicant is complete with no more than one fact omitted; 1 = more than one fact omitted but there is at least one fact present; and 0 = there is no useful information. Any fractional score between 0 and 2 may also be used (e.g. .5, 1.25, 1.5, etc.).

In order to place the total for the first two score sheet pages on a scale of 100, the subtotal for these two pages is multiplied by .69444. A three page total score of 55 or above is automatically eligible for funding.

**Justification Summary Section.** Applicant has provided a Justification Summary with information for each item listed below. Reviewers must key in a score from 0 to 2 for each item corresponding to the applicant's content. Decimals may be used ~~explained~~ application in the first paragraph above.

Item	Score	Weight	Total	Team Comments
A) Problem description (Provide a narrative of the problem or need and the population impacted).		1	0.00	
B) Present situation (Describe how the situation is being handled now).		1	0.00	
C) The proposed solution (Present your proposed solution).		1	0.00	
D) Consequences if Not Funded (Explain what will happen if this project is not funded).		1	0.00	
E) The geographic area to be addressed (Provide a narrative description of the geographic area).		1	0.00	
F) The proposed time frames, (Provide a list of the frame(s) for completing this project).		1	0.00	
G) Data Sources (Provide a complete description of data source(s) you cite).		1	0.00	
H) Statement attesting that the proposal is not a duplication of a previous effort. (State this project doesn't duplicate what you've done on other grant projects under this		1	0.00	
TOTAL	XXX	10(X	0.00	
Adj. Times .69444	XXX	XXX	0.00	
General Comments:				

# Work Activities & Time Frames

16. Work activities and time frames: Indicate **the major activities** for completing the project (use only the space provided). **Be reasonable, most projects cannot be completed in less than six months** and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

[illegible]

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Work Activity	Number of Months After Grant Starts	
	Begin	End
Final decision on vendor	0	1 month
Place order for stair chairs	1	2
Receive stair chairs	2	3
Train staff and put on units	3	4

IS YOUR TIMELINE FEASIBLE? UNREALISTIC? DOES IT CONTRADICT WHAT YOU'VE ALREADY DOCUMENTED IN OUR "JUSTIFICATION SUMMARY ITEM (F)?"

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#### F. Proposed Time Frames

Our department has already tested several available chairs for two different vendors and a preliminary decision has been made as to the model that staff prefers. EMS would be ready to purchase within no more than 60 days of being awarded this grant based on funding availability. Once the chairs are on site, staff can be trained within one month as the learning curve is very small in transitioning to another chair and the chairs would be placed on the units in less than 4 months after the award and most likely sooner.

# Budgets

18. Budget:		
<b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	<b>Costs</b>	<b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours <b>are necessary</b> for this project.
TOTAL:	<b>\$ 0.00</b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Expenses:</b> These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	<b>Costs:</b> List the price <b>and source(s) of the price identified.</b>	<b>Justification:</b> Justify why each of the expense items and quantities <b>are necessary</b> to this project.
TOTAL:	<b>\$ 0.00</b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Vehicles, equipment, and other</b> operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.	<b>Costs:</b> List the price of the item and the <b>source(s) used to identify the price.</b>	<b>Justification:</b> State <b>why each</b> of the items and quantities listed is <b>a necessary component</b> of this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on <b>“Update Field”</b> to calculate Total

<b>State Amount</b> (Check applicable program) Matching: 75 Percent		Right click on 0.00 then left click on <b>“Update Field” to calculate Total</b>
Rural: 90 Percent	<u>\$ 0.00</u>	
<b>Local Match Amount</b> (Check applicable program) Matching: 25 Percent		Right click on 0.00 then left click on <b>“Update Field” to calculate Total</b>
Rural: 10 Percent	<u>\$0.00</u>	
		Right click on 0.00 then left click on <b>“Update Field” to calculate Total</b>
	<u>\$ 0.00</u>	
		Right click on 0.00 then left click on <b>“Update Field” to calculate Total</b>
	<u>\$ 0.00</u>	
<b>Grand Total</b>		Right click on 0.00 then left click on <b>“Update Field” to calculate Total</b>
	<u>\$ 0.00</u>	

# BUDGETING DESCRIPTORS

<b>Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.</b>	<b>Costs: List the price of the item and the source(s) used to identify the price.</b>	<b>Justification: State why each of the items and quantities listed is a necessary component of this project.</b>
Stair Chair with track x 8	\$28,624.00	Item requested in the grant
Headrests	\$1,376.00	Needed for comfort and ease of moving AMS patients
<b>TOTAL:</b>	<b><u>\$30,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

USE THIS "JUSTIFICATION" TO RE-EMPHASIZE WHY YOU ARE ASKING FOR THE FUNDING!!!!!! USE ALL OF YOUR AVAILABLE SPACE, BE SPECIFIC AND DETAILED AS TO WHY YOU NEED THESE MAJOR LINE ITEMS.....

# JUSTIFY FOR EACH LINE ITEM OR EACH “DELIVERABLE”

<b>Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.</b>	<b>Costs: List the price of the item and the source(s) used to identify the price.</b>	<b>Justification: State why each of the items and quantities listed is a necessary component of this project.</b>
7 Automatic Chest Compression Devices	\$92,689.80	Necessary for effective lengthy CPR periods
7 Power Cords	\$2,185.09	Needed for charging in apparatus while in station
7 Stand alone battery chargers	\$6,871.96	To charge and condition batteries for use with units
14 Rechargeable batteries	\$8,677.03	Necessary for use of these battery powered units
4 year complete warranties for all units	\$36,890.00	Insures quality equipment in optimal condition for life
Shipping and Handling	\$185.00	Fee for delivery to PCFR
TOTAL:	<b>\$147,498.88</b>	Right click on 0.00 then left click on "Update Field" to calculate Total

SOURCES OF PRICES???

VENDOR QUOTE? BID AWARD?

PREVIOUS PURCHASE?

DETAILED JUSTIFICATION INFORMATION RE-EMPHASIZES YOUR OVERALL NEED FOR THE FUNDING AND ALSO LETS THE REVIEWER KNOW THAT YOU HAVE A WELL THOUGHT OUT PLAN TO IMPLEMENT THE PROJECT....

# CROSS CHECK !

- Did I Provide a complete list of the major activities for my proposed project or generically list the project?
- Did I Provide a “Reasonable” timeline for the project with respect to each activity listed?
- Did I continue to use the activities, timeline, and budget sections of the application to provide additional justification for the project to be funded?
- Do my budget figures listed within the line item section contradict the budget figures within my narrative or summary?
- Did I answer all questions for each section of the budget section?

# Work Activities, Time Lines, and Budgets.....Summary

- The matching grant program is a COMPETITIVE GRANT program....
- Details or Lack of Details = Higher or Lower Score
- Use the Work Activities, Time Lines, and Budget Sections to further justify your project
- Make sure that the narrative portion of the application does not contradict the line item section
- Cite sources of Budget Figures
- Use Realistic Time Frames and Budget Figures