



Maine EMS Stabilization Funding Program Application Guide

Purpose: This document is a guide to support eligible EMS entities applying to the Maine EMS Stabilization Funding Program. This document covers each of the questions within the application. Reviewing this document and preparing your responses before opening the application will allow you to quickly submit your funding application – saving time and avoiding errors.

Application Content

Eligible Maine EMS-licensed services may use this application to apply for stabilization funding that was allocated by the 131st Maine State Legislature. **Additionally, you must email a copy of the required financial documentation as referenced in this application (i.e., income statements and balance sheets for the current fiscal year and the previous fiscal year) to Grants.EMS@Maine.gov for your application to be considered complete.**

Failure to submit all required documentation to Grants.EMS@Maine.gov will result in disqualification.

If you have questions about the application or the Stabilization Funding Program in general, please submit them to the Maine EMS Office using this [online form](#). Questions will be answered as quickly as possible. All questions submitted before noon on Thursday of each week will be answered by the close of business on the next business day.

General Information Regarding the Service

Please note that the chief executive information will be used to draft the contract to award the funds. **Please ensure that the contact information you provide here is of the individual who can sign the contract and be listed as the grant awardee.**

1. Applicant Organization Name
2. Vendor Code
 - a. Every agency must have a functional vendor code to award the funds. Please provide the vendor code your agency uses to receive payments from the State of Maine outside of those received through MaineCare. To look up your vendor code, go to <https://mevss.hostams.com/PRDVSS1X1/AltSelfService> (for detailed instructions on how to look up and/or set up a vendor code, use this User Guide: <https://mevss.hostams.com/LoginExternal/Forms/Vendor%20Self%20Service%20-%20Vendor%20User%20Guide.pdf>). You can also register a new vendor code. We recommend contacting your accountant or town manager if you are unsure



which vendor code is correct. When you attempt to register, you must search existing vendor codes first; please ensure you have the correct one by contacting your financial team. If in doubt, register for a new code for these funds. The code should start with VC or VS. **Vendor codes that start with a "VC2" are for MaineCare payments only and cannot be used for the purposes of this award.**

- b. If you have an existing vendor code, log into the self-service portal and verify the contact information associated with the code is correct. If the information needs to be updated, follow the directions in the vendor self-service guide linked above.
Note: inaccurate information may delay the release of funding.
3. Chief Executive: First Name
 - a. This could be the service director, fire chief, or another individual who is authorized to sign contracts on behalf of the service (e.g., city manager, etc.). This person is legally responsible for the agency and can enter into binding agreements on behalf of the EMS entity.
4. Chief Executive: Last Name
 - a. This could be the service director, fire chief, or another individual who is authorized to sign contracts on behalf of the service (e.g., city manager, etc.). This person is legally responsible for the agency and can enter into binding agreements on behalf of the EMS entity.
5. Chief Executive: Title
 - a. This could be the service director, fire chief, or another individual who is authorized to sign contracts on behalf of the service (e.g., city manager, etc.). This person is legally responsible for the agency and can enter into binding agreements on behalf of the EMS entity.
6. Chief Executive: Telephone Number
 - a. This could be the service director, fire chief, or another individual who is authorized to sign contracts on behalf of the service (e.g., city manager, etc.). This person is legally responsible for the agency and can enter into binding agreements on behalf of the EMS entity.
7. Chief Executive: Email Address
 - a. This could be the service director, fire chief, or another individual who is authorized to sign contracts on behalf of the service (e.g., city manager, etc.). This person is legally responsible for the agency and can enter into binding agreements on behalf of the EMS entity.
8. Are you submitting this application on behalf of the Chief Executive?
 - a. If you're not the Chief Executive of the applying agency, we need to collect information as to who is applying on behalf of the service. You will answer questions about your contact information on the next page if you're not the Chief Executive for the service.



Lead Point of Contact for the Application

9. Lead Point of Contact: First Name
10. Lead Point of Contact: Last Name
11. Lead Point of Contact: Telephone Number
12. Lead Point of Contact: Email Address

Debarment, Performance, and Non-Collusion Certification

Please type your full name as your electronic signature.

13. *Debarment, Performance, and Non-Collusion Certification*

*By providing your **electronic signature (typed full name)**, you're certifying that to the best of your knowledge and belief your organization, its principals, and any subcontractors named in this proposal:*

- Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
- Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:
 - Fraud or a criminal offense concerning obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.
 - Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsifying or destroying records, making false statements, or receiving stolen property.
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with the commission of any offenses enumerated in paragraph (b) of this certification.
- Have not within a three-year (3) period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default.
- Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding violates state and federal law and can result in fines, prison sentences, and civil damage awards.

Failure to provide this certification may result in the disqualification of the Applicant's application at the discretion of the Department.

Proof of Eligibility for Funding

The next few sections are required as part of the enabling statutory language to determine the applicant's eligibility to apply for funding under the stabilization grant. We have done our best to break out each component to make this as easy as possible while complying with the law.



Total Annual Expenses for the Applicant Service

This section will ask you to provide your total annual expenses for the last completed fiscal year. **You must remember your response to Question 18 (Total Annual Expenses) for a subsequent section.** The system cannot pull a previous response forward.

14. Labor Costs (Annually) – **Actual**

- a. Actual costs are the actual labor related expenses incurred by the agency, inclusive of benefits that the agency recognizes as a monetary expense.

15. Labor Costs (Annually) -- **Adjusted -- See the Note Below**

- a. If the service is staffed with volunteers or a combination of volunteer staff persons, labor costs should be estimated based on a rate of \$28.89 for volunteer hours.[1] That cost/amount should also be included as revenue as an in-kind donation of volunteer labor. If the service's average compensation, including benefits, for EMS clinicians is below \$28.89, regardless of licensure level, the actual labor costs should be calculated and disclosed; however, the agency may use the rate of \$28.89 to determine eligibility calculation. For example, if the entity has an average pay of \$26.00 for all clinical staff persons, it should calculate the labor cost for those staff persons at \$26.00 and report that separately; however, it may utilize the rate of \$28.89 if it is more advantageous in determining eligibility for funding associated with this program. The intention is to account for associated recruitment and retention issues, as EMS clinicians have indicated that pay is critical in determining whether to enter and remain in the field.
- b. [1] Based on the 2022 estimated value of volunteer hour in Maine from the Independent Sector, a national network of nonprofits and foundations. This is the same rate that the Maine Emergency Management Agency (MEMA) uses for calculations of volunteer hours and in-kind donations. For more specific guidance, consider using the resource created by MEMA with the updated value:
<https://www.maine.gov/mema/sites/maine.gov.mema/files/inline-files/In-kind%20Guidance%20Revised%208.9.22.pdf>

16. Non-Labor/Equipment Costs (Annually)

- a. This should include supplies and materials (e.g., equipment costs, consumables/disposable equipment, and other associated costs).

17. Purchased Services Costs (Annually)

- a. This should include service-level medical director contracting, quality assurance and improvement, training support, etc.

18. Total Annual Expenses (*Remember this Number*)

- a. Total Annual Expenses = Labor Costs (use Adjusted, if higher) + Non-Labor/Equipment Costs + Purchased Services Costs



Total Revenue for the Applicant Service

This section will ask you to provide your total annual expenses for the last completed fiscal year. **You must remember the responses to Questions 24 and 27 for a subsequent section.** The system cannot pull a previous response forward.

19. Transport Revenue (if applicable)
 - a. If a non-transporting agency, please enter 0. This should be gross revenue.
20. Local Subsidy
 - a. This includes any funds generated from tax revenues received by the applicant service.
21. Hospital Subsidy
 - a. This includes any funds hospitals or other entities provide for services rendered for that facility or health system outside transporting revenue. For example, if a hospital reimburses your service for an interfacility transport and provides a \$100,000 contractual fee, only the \$100,000 would be represented here.
22. Subscription Services (if applicable)
 - a. Some services have opted to develop a subscription service model where residents pay a subscription fee per household that limits additional billing beyond what is collected from the subscriber's primary/secondary medical insurance. If your service does not utilize this model, you do not need to respond.
23. Grant Funding (if applicable)
 - a. This should include all grant funding your service receives related to EMS from non-profit, local, state, and national partners.
24. Donations (if applicable) (*Remember this Number*)
 - a. This should include donated labor from volunteers. Volunteer hours should be \$28.89 per hour, no matter their licensure level. If your service does not receive any donated goods or services, please enter a 0.
25. Any Additional Revenue Streams
 - a. Please provide the amount sourced from additional revenue streams, you will be asked to explain those streams in the next question.
26. If additional revenue streams are present, please describe:
27. Total Annual Revenue (*Remember this Number*)
 - a. Total Annual Revenue = Transport Revenue + Local Subsidy + Hospital Subsidy + Subscription Services + Grant Funding + Donations + Additional Revenue Streams

Financial Viability

28. Operating Margin Calculation
 - a. Using the responses for the following questions, use this calculation and put the solution in the answer box:
 - b. (Question 27: Total Annual Revenue - Question 24: Donations) - Question 18: Total Annual Expenses
 - c. *Subtract the amount provided as Donations from the Total Annual Revenue, then subtract the Total Annual Expenses.*
29. Maximum Operating Margin Calculation
 - a. Calculation: Question 27: Total Annual Revenue * 10%
 - b. *Multiply the Total Annual Revenue by 0.1.*



30. Is the amount in the Operating Margin more than, less than, or equal to the Maximum Operating Margin?
31. By providing your **electronic signature (typed full name)**, you're certifying the financial information is correct to the best of your knowledge and that you understand that you ***must provide copies of your agency's balance sheets and income statements from the most recent fiscal year as well as the current fiscal year to date. This must be submitted as separate PDFs to Grants.EMS@maine.gov.***

Workforce Recruitment and Retention Eligibility

32. Select your agency from this list, the number behind the hyphen is the average number of unique clinicians your agency has documented on patient care reports on average per month.
33. How many response units (ambulance or first response vehicle equipped with medical equipment for response at the entity's licensure level, this does not include supervisor vehicles or other response vehicles) does your agency operate for at least 60 hours per week?
34. What is your agency's staffing model?
 - a. If you have a mixed model, choose the model that most closely aligns with how you deliver services (e.g., if volunteers just fill in gaps between paid staff, then you would be a paid staffing model).

Question 35 changes depending upon your answer in question 34.

35. Recruitment and Retention Calculation (**Volunteer or Augmented Volunteer Staffing**):
 - a. Recruitment and Retention Calculation = Number of unique clinicians divided by the number of EMS vehicles staffed for at least 60 hours per week. The number from the list in question 32 (the number behind the hyphen is the average number of unique clinicians your agency has documented on patient care reports on average per month provided) divided by the number in question 33. *If using a paid staffing model, please enter 999.*
35. Recruitment and Retention Calculation (**Paid Staffing**):
 - a. Number of unique clinicians divided by the number of EMS vehicles staffed for at least 60 hours per week. The number from the list in question 32 (the number behind the hyphen is the average number of unique clinicians your agency has documented on patient care reports on average per month provided) divided by the number provided in question 33. If using a volunteer or augmented volunteer staffing model, please enter 999.

Question 36 changes depending upon your answer in question 34.

36. Is the number from your recruitment and retention calculation more than, less than, or equal to 14? (**Volunteer or Augmented Volunteer Staffing**):



36. Is the number from your recruitment and retention calculation more than, less than, or equal to seven (7)? (**Paid Staffing**):

Attestations

37. Continuation of Service

- a. *By providing your **electronic signature (typed full name)**, you're certifying that the applying service intends to remain operational for the next 12 months and continue to provide services to at least the residents of the jurisdictions that it currently provides service to for the past 12 months.*

38. MaineCare Electronic Funds Transfer Attestation (*If non-transporting service or non-billing service, write N/A*)

- a. *By providing your **electronic signature (typed full name)**, you're certifying that the applying service currently participates in the MaineCare Program and maintains an electronic funds account with the Maine Department of Health and Human Services.*

Scope of Work

Each of the allowable grant expenditure areas has been listed in this section. You're not required to do work in every area; however, in every area where you intend to do work, you must provide information on what you intend to do with the funding. Please keep responses brief. We understand that you may not have all things refined, but we would like to understand what areas you intend to tackle with the money. **Responses should be at least 100 words but no more than 250 unless noted.**

39. Supplementing Wages, Benefits, Stipends, and Incentives for EMS Clinicians

- a. Do you intend to supplement wages, benefits, stipends, and incentives for EMS clinicians? If so, please describe what you intend to do.

40. Supporting Training Directly related to the Provision of Clinical Care, Leadership, or Management of EMS

- a. Do you intend to support training directly related to the provision of clinical care, leadership, or management? If so, please describe what you intend to do.

41. Supplementing Wages, Benefits, Stipends, and Incentives for Administrative Support Staff

- a. Do you intend to supplement wages, benefits, stipends, and incentives for administrative support staff (e.g., service-level medical director, quality assurance and improvement officer, infection control officer, and training officer)? If so, please describe what you intend to do.

42. Implementation of Programming directly related to *Maine EMS Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*

- a. Please provide sufficient information for the reviewers to understand the specific domain of the plan that is being addressed and the specific programming proposed



to advance the service/system toward the Vision as defined in the Vision for 2035 document. *This response is not limited to 250 words.*

43. *Please Select Your Agency Name from the list:*

- a. The associated dollar amount is the maximum amount of funding that your agency is eligible for.

44. How much money is your agency requesting from the Maine EMS Stabilization Funding Program?

- a. Please provide the requested dollar amount up to the maximum amount indicated in the previous question.

45. Budget Narrative

- a. Please provide a brief paragraph explaining how you anticipate spending the funds. Please note that responses should be at least 100 words but do not need to exceed 250 words.

46. Investment in capital expenditures not to exceed \$50,000 in the aggregate.

- a. The Legislature has determined that funds distributed through this program may only be used for up to \$50,000 of capital expenditures. Maine EMS recognizes the U.S. Office of Management and Budget Guidance regarding the definition of capital expenditures and sets the value at \$5,000 or higher. Therefore, program recipients shall not expend more than \$50,000 in aggregate for purchases of items costing \$5,000 or more. For example, if the applicant seeks to purchase a stretcher loading device for \$45,000 and three medication pumps for \$6,000 each, they will not be able to do so. However, if they purchase medication pumps for \$4,000, they could do so because they wouldn't be considered capital expenditures.

47. Attestation that the Applicant Understands the Unauthorized Uses of the Funding

- a. *By providing your **electronic signature (typed full name)**, you're certifying that the applying service understands that the funds must not be used to*
 - i. *Expenses or losses reimbursed from any other source(s) or that other sources are obligated to repay.*
 - ii. *Funds must not be used to pay obligations incurred before the beginning date of the agreement.*
 - iii. *The funds must not supplant existing local subsidies or funding sources except if they replace volunteer labor, donated services/goods, or funds raised through community fundraising efforts (e.g., bake sales, dinners, etc.).*
 - iv. *Pay for existing indebtedness.*
 - v. *Construction, renovation, purchase, or acquisition costs for facilities.*
 - vi. *Expenses related to staffing needs may not exceed an annual salary of \$76,500, as prorated over the applicable period. This limitation is placed on cash compensation and does not include other healthcare or retirement plan compensation.*



Performance/Outcome Metrics

48. Survey Responsibility

- a. *By providing your **electronic signature (typed full name)**, you're signaling that you understand you will be required to provide baseline service performance information based on a survey tool that has been developed in collaboration with a graduate student from the University of Southern Maine.*

Application Certification

49. Application Certification

- a. *By providing your **electronic signature (typed full name)**, you're certifying that to the best of your knowledge:*
 - i. *No attempt has been made or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application.*
 - ii. *The agency listed previously is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.*
 - iii. *The Chief Executive is authorized to enter contractual obligations on behalf of the agency.*
 - iv. *All information provided in this application, both programmatic and financial, is complete and accurate at the time of submission.*