



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



MICHAEL SAUSCHUCK
COMMISSIONER

Application Instructions

WIL O'NEAL
DIRECTOR

Grant Program Overview

Requirements

Communities seeking to obtain program funds shall submit grant applications during the times and in a manner specified by the Board in its announcement of an application cycle and in accordance with the minimum requirements listed below. The evaluation panel may reject as incomplete any application that fails to comply with all of these requirements.

At a minimum, an application must include:

1. The names of all municipalities comprising the applicant community
2. A signed debarment, performance, and non-collusion certification
3. A signed Data
4. A detailed plan that addresses the evaluation criteria
5. A projected timeline on fund expenditures that specifies the estimated dates on which the monies will be used
6. A projected budget
7. Names of any contractors engaged with any associated quotes received with a statement of work
8. Expected deliverables resulting from the use of grant funds (e.g., a written report produced from surveys/studies undertaken)
9. A detailed list of sources and uses of any other monies associated with the project; and
10. An agreement to return any unobligated funds to the State of Maine in accordance with agreements established to facilitate the initial transfer of funds.

Evaluation Criteria

The evaluation panel and Board will examine the following criteria when evaluating a grant application:

- A. The extent to which the applicant performs surveys or studies that enhance understanding of the current level of financial health of a community's existing emergency medical services.
- B. The extent to which the applicant performs surveys or studies that enhance understanding of the structure, delivery, and financing of the community's emergency medical services.
- C. The extent to which the applicant performs surveys or studies that enhance understanding of the issues that challenge or improve the community's provision of emergency medical services.

● Excellence ● Support ● Collaboration ● Integrity ●

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

D. The extent to which the applicant engages with disinterested third-party consultant(s) to identify and stratify a community's options for the level and/or model of emergency medical services to be delivered to a community and/or the financial impact(s) and long-term fiscal stability of those options

Evaluation Process

The Maine EMS Board shall create an adhoc subcommittee to serve as an evaluation panel. The evaluation panel will review applications for completeness and satisfaction of evaluation criteria. Applications will be evaluated in the order they are received, and awards will continue until either one of the following occurs:

- i. All applications received within the application period have received awarded funds; or
- ii. All allocated funds have been awarded.

If a majority of the evaluation panel determines that an application meets the application requirements and satisfactorily addresses the evaluation criteria, the evaluation panel shall forward to the Board the application and all materials compiled during the application review along with a written recommendation for the Board to approve the application and award a grant in a specific sum.

If a majority of the evaluation panel fails to determine that an application should be approved, the evaluation panel may:

- i. Request additional information from the applicant;
- ii. Offer the applicant an opportunity to modify its application within 30 business days to resolve identified concerns or to complete its application; or
- iii. Preliminarily deny the application by issuing a written statement that contains the panel's reasoning in a manner sufficient to inform the applicant and the public of the basis for the panel's decision. An applicant may appeal the preliminary denial of that applicant's application by submitting a written request for a hearing within 30 business days of receipt of the written statement of preliminary denial issued by the evaluation panel. Failure to submit a request for hearing within 30 business days will result in final denial of the application.

The Board shall review all materials forwarded to it by the evaluation panel regarding an application the evaluation panel has recommended the Board approve. The Board shall hold a hearing on any preliminarily denied applications that have been appealed to the Board. If a majority of the Board determines that an application should be approved and a grant in a specific sum should be awarded to the applicant, it shall direct Maine EMS to facilitate the provision of those funds to the community. If a majority of the Board fails to determine that an application should be approved and a grant in a specific sum should be awarded to the applicant, the Board may direct the evaluation panel to request additional information from the applicant or the Board may deny the application.

Award and Contracting

The Board's decision shall be in writing and contain the Board's reasoning in a manner sufficient to inform the applicant and the public of the basis for the Board's decision.

Once a decision to award has been made, the applicant must sign a contract and return to grants.ems@maine.gov, after which Maine EMS will submit a request for payment to Office of State Procurement Services.

Reporting

Any recipient who has been awarded funds must provide:

- A. Quarterly reports to the Board on the expenditure and use of those funds that address the activities within the approved application. These reports shall continue until the activities within the approved application have been completed.
- B. A final report within three (3) calendar months of expenditure of all funds, or all activities within the approved application have been completed, whichever is earlier.

Application Instructions

- 1. Download the application from the Maine EMS web site (<https://www.maine.gov/ems/>)
- 2. Complete and sign the application
- 3. Sign the Community Grant Debarment, Performance, and Non-Collusion Certification
- 4. Sign the Community Grant Data Compliance Attestation
- 5. Use the checklist to ensure that you are providing the necessary information
- 6. Email the completed application and any other supporting files to grants.ems@maine.gov

Note: Application can be completed using Adobe Acrobat, Adobe Acrobat Reader, or by printing, filling in by hand, then scanning into a pdf.

Application Checklist

The items in the checklist below are required components of a grant application.

Complete the Application and sign on page 5

Read and sign the Community Grant Debarment, Performance, and Non-Collusion Certification on page 6

Read and sign the Community Grant Data Compliance Attestation, pages 7-8

Also Include:

The names of all municipalities comprising the applicant community

A signed debarment, performance, and non-collusion certification

A detailed plan that addresses the evaluation criteria

A projected timeline on fund expenditures that specifies the estimated dates on which the monies will be used

A projected budget

Names of any contractors engaged with any associated quotes received with a statement of work

Expected deliverables resulting from the use of grant funds (e.g., a written report produced from surveys/studies undertaken)

A detailed list of sources and uses of any other monies associated with the project; and

An agreement to return any unobligated funds to the State of Maine in accordance with agreements established to facilitate the initial transfer of funds

Email this application and any supporting documents to **grants.ems@maine.gov**

Maine Emergency Medical Services Community Grant Program

Applicant Information

Please note that the applicant 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.

Applicant

Contact

Title

Address

Telephone

E-Mail

The names of all municipalities comprising the applicant community

Fiscal Information

Funding Amount Requested

*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.***

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.

Vendor Code

Remittance

Address

Signature

Date

Printed Name



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



MICHAEL SAUSCHUCK
COMMISSIONER

Community Grant Debarment,
Performance, and Non-Collusion
Certification

WIL O'NEAL
DIRECTOR

*By providing your **signature** you are 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.

Signature

Date Signed

Printed Name

• **Excellence** • **Support** • **Collaboration** • **Integrity** •

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



MICHAEL SAUSCHUCK
COMMISSIONER

Community Grant Data Compliance
Attestation

WIL O'NEAL
DIRECTOR

If your application will be using patient care report data for your study you must sign below indicating that you agree to comply with the following:

- a. A Business Associate Agreement will exist for any organization who will have access to potentially identifiable patient care report data; and
- b. The data shall be used only for the purpose of preparing the deliverables defined in the application of the grant; and
- c. The data may be disclosed only to the EMS leadership of the agency to whom the data belongs; and
- d. You will maintain the confidentiality of the data; and
- e. You will comply with all applicable federal, state, and local statutes, ordinances, roles, and regulations, including, without limitation, Chapter 2-B of Chapter 32 of the Maine Revised Statutes and the rules, regulations, and policies of Maine EMS.
- f. You shall not disclose to any third party the data provided to it; and
- g. The copies of data provided to you are destroyed at the completion of the work funded by the grant; and
- h. The applicant agrees to indemnify and hold harmless Maine EMS and the Board from and against any and all claims, demands, suits, actions, judgments, damages, costs, losses, expenses (including reasonable attorneys' fees and costs), and other liabilities arising from, in connection with, or related in any way to:
 - i. any breach of its data access and protection obligations as a result of EMS data provided to the applicant;
 - ii. any negligent or willful act or omission in the provision of EMS data to the applicant; or
 - iii. any personal injury or property damage suffered by a third party in connection with the EMS data provided to the applicant.

● Excellence ● Support ● Collaboration ● Integrity ●

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

i. Your Presentations, reports, documents etc accessible to the public must comply with Health Insurance Portability and Accountability Act (HIPAA) and the de-identification guidance provided by the Health and Human Services Office for Civil Rights (<https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html>) and also comply with the following:

- i. Data may only be presented in aggregation.
- ii. Data involving dates must be presented with a minimum of three (3) years
- iii. Data involving dates and/or times may only be aggregated by a single data time element (year, month, week, day, hour)
- iv. Data related to an individual must be aggregated into groups of 10, including birth date, EMS activation date, transport date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- v. Data involving geospatial, geography, and geo-political subdivisions may only be aggregated when the data of the aggregations include three (3) or more years of data.
- vi. Data involving geospatial, geography, and geo-political subdivisions must be aggregated across the entirety of the agencies service area except where subdivisions of the entire service are each in excess of a population at least 20,000

Signature

Date

Printed Name