

Helping EMS in Rural Oregon 2025 Grant Application

The Oregon Office of Rural Health is pleased to announce the availability of Helping EMS in Rural Oregon (HERO) training grants for rural and remote Oregon EMS agencies. Six awards of up to \$2,500 each will be funded.

Applications are due by 5:00 pm PT on April 11, 2025. HERO grants are intended to help pay for training classes and exercises sponsored by rural Oregon EMS organizations. Eligible applicants are rural EMS agencies only. Applicants may request up to \$2,500. Matching funds or other resources are required.

Priority will be given to applications from agencies:

- Located in counties designated as rural remote: (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa and Wheeler);
- With a high proportion of volunteer staff;
- That are non-profit or public entities; and
- Include participation from, or collaboration with, neighboring rural EMS agencies.

Awardees have a maximum of one year from the receipt of the grant award, in which to expend funds. Successful applicants are required to submit a report within one month of the completion of the proposed training. The report must include the following:

- Number of people who successfully completed the training; and
- An accounting of how the funds were spent.

For more information about ORH's HERO program, please visit our website.

To be eligible for HERO grant funds, you must be an EMS organization that meets both of the following criteria:

1. Located in a rural community. Rural is defined as all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.
2. Recognized by the Oregon Health Authority EMS & Trauma Systems Program as an organization that participates in Oregon's 9-1-1 response system.

If you do not meet both of the above criteria, please do not proceed with this application. If you meet both criteria, please complete the following grant request form.

Q1 Contact information for grant applicant

- ☐ First Name _____
- ☐ Last Name _____
- ☐ Title _____
- ☐ Organization _____
- ☐ Email address _____
- ☐ Mailing address _____
- ☐ City _____
- ☐ ZIP code _____
- ☐ County _____
- ☐ Agency tax ID number _____
-

Q2 What is the total number of paid EMS staff in your organization?

Q3 How many of your paid staff are:

EMRs : _____

EMTs : _____

AEMTs : _____

EMT-Is : _____

Paramedics : _____

Total : _____

Q4 What is the total number of volunteer EMS staff in your organization?

Q5 How many of your volunteers are:

EMRs : _____

EMTs : _____

AEMTs : _____

EMT-Is : _____

Paramedics : _____

Total : _____

Q6 What type of organization is your agency (select one)?

☐ For-profit

☐ Nonprofit

☐ Public

Q7 How many calls does this agency receive per year?

Q8 How many transports does this agency make per year?

Q9 If this agency does not transport, how many miles away is the nearest transport agency?

Q10 What is the organization's total annual revenue?

Q11 What are the organization's total annual expenses?

Q12 If there is a significant difference between revenue and expenses, please explain:

Q13 What is the organization's total annual training budget?

Q14 Where will the proposed training occur?

Q15 Tell us what you would like to use HERO grant funds for, and why you need this grant to help pay for it.

Q16 How many trainees will participate in this training?

Q17 Will trainees be charged for participation?

☐ Yes (if yes, indicate how much each participant will be charged below)

☐ No

Q18 What is the total amount requested from HERO grant for training activities?

Q19 What is the total amount the agency is contributing to training project.

Q20 **Budget:** HERO grants are to be used in conjunction with a match of resources from the applicant organization. The match can be either cash or in-kind resources for which a dollar

value can be estimated. Please complete the grid below to inform us of the cost of the training, and the breakdown of grant vs. matching funds. Round up to the nearest dollar.

| | Agency Allocation | HERO Grant Allocation |
|---|-------------------|-----------------------|
| Personnel (describe below) | | |
| Fringe (describe below) | | |
| Trainer fees (describe below) | | |
| Trainer travel (describe below) | | |
| Trainee travel (describe below) | | |
| Tuition fees (describe below) | | |
| Supplies (describe below) | | |
| Licensing/certification fees (describe below) | | |
| Other (describe below) | | |

| | | |
|------------------------|--|--|
| Other (describe below) | | |
| Other (describe below) | | |
| Other (describe below) | | |
| Other (describe below) | | |

By clicking the blue arrow, you attest that the information provided on this application is true and accurate.

You also agree to report back to ORH on the results of this training within 30 business days of the training.

Please feel free to reach out to Joan Field | fieldj@ohsu.edu with any questions you have.

Thank you!