



Oregon ORH EMS SUPPLEMENT FLEX GRANT ~ EMS Scholarship Application

EMS SUPPLEMENT FLEX GRANT APPLICATION

The Oregon Office of Rural Health is pleased to announce the availability of funding assistance to rural EMS agencies and individuals through a grant from the Federal Office of Rural Health Policy (i.e., the Medicare Rural Hospital Flexibility EMS Supplement Grant). This funding offers scholarships to those who are or plan to serve in an EMS provider role (i.e., EMT, AEMT, EMI-I or paramedic) in rural Oregon. Scholarship applications are considered when submitted on a rolling basis, and the award cap is \$6,000.

If you are applying for this funding assistance, please confirm the following (select each that apply):

☐

You, or the affiliated EMS agency, are located in a designated rural area, based on the following standardized tool: <https://www.ruralhealthinfo.org/am-i-rural>. (1)

☐

You, or the affiliated EMS agency, have a true and stated need for this funding assistance.

☐

You understand that to become an EMS provider, you will need to pass a criminal background check. At this time, you believe you will be able to pass such a background check.

☐

If you are applying as an individual, you are affiliated with an agency with which you plan to serve. (Please indicate the agency below).

IF YOU DO NOT MEET ALL FOUR OF THE ABOVE CRITERIA, PLEASE DO NOT PROCEED WITH THE APPLICATION. IF YOU DO MEET THE CRITERIA, PLEASE COMPLETE THE FOLLOWING SCHOLARSHIP REQUEST FORM.



Is the applicant an EMS agency or an individual?

- ☐ Agency or organization
- ☐ Individual (If you are applying as an individual, we request that you list the EMS agency you plan to be affiliated and serving with)
-

Are you, or the affiliated EMS agency, associated with one of the following (note the agencies listed receive priority for the scholarship):

- ☐ Adventist Tillamook EMS
- ☐ Lake Health District EMS
- ☐ Harney District Hospital EMS
- ☐ Jefferson County Fire & EMS
- ☐ Pioneer Ambulance, Baker County
- ☐ Pendleton Fire & EMS
- ☐ Wheeler County, Mitchell Ambulance
- ☐ Wheeler County, Fossil Ambulance
- ☐ Wheeler County, Spray Ambulance
- ☐ None of these

If you selected more than one agency, please explain.



Contact information for the scholarship applicant (if you are not associated with an EMS agency yet, you may type "N/A" in the boxes related to agency-specific questions):

- ☐ First Name _____
- ☐ Last Name _____
- ☐ Title _____
- ☐ Sponsoring EMS agency _____
- ☐ Email address _____
- ☐ Mailing address _____
- ☐ City _____
- ☐ State _____
- ☐ ZIP code _____
- ☐ County _____
- ☐ Agency tax ID number (if applicable) _____

Please list any additional contact information, if not captured above:



If you are affiliated with an agency, what is the total number of paid EMS staff in your organization?

If you are affiliated with an agency, how many of your paid staff are:

☐ EMRs _____

☐ EMTs _____

☐ AEMTs _____

☐ EMT-Intermediates _____

☐ Paramedics _____

☐ Total: _____

If you are affiliated with an agency, what is the total number of volunteer EMS staff in your organization?



If you are affiliated with an agency, how many of your volunteer EMS staff are:

- ☐ EMRs _____
 - ☐ EMTs _____
 - ☐ AEMTs _____
 - ☐ EMT-Intermediates _____
 - ☐ Paramedics _____
 - ☐ Total: _____
-

If you are affiliated with an agency, what type of organization is your EMS agency? (select one)

- ☐ For profit
- ☐ Nonprofit
- ☐ Public
- ☐ Other (please list below)



CP - MIH If you are affiliated with an agency, what are your agency's plans related to community paramedicine (CP)/mobile integrated health (MIH) programs? Please select the most appropriate response:

- ☐ We currently have an active CP-MIH program.
 - ☐ We have plans to implement a CP-MIH program in the near future.
 - ☐ Our area needs a CP-MIH program, but there are no plans in our agency to implement it at this time.
 - ☐ Our area needs a CP-MIH program, and we need assistance in order to proceed.
 - ☐ Our area does not need a CP-MIH program at this time.
 - ☐ Not applicable
-

If you are affiliated with an agency, how many calls does your EMS agency receive per year?

- ☐ EMS emergency calls _____
 - ☐ EMS emergency transports _____
 - ☐ If your agency does not transport, how many miles away is the nearest transport agency? _____
 - ☐ CP-MIH visits (if applicable) _____
-



If you are affiliated with an agency, please list the agency's revenue and expenses below:

☐ What is the EMS agency's total annual revenue?

☐ What are the EMS agency's total annual expenses?

Cert level seeking What certification level are you seeking the funding for?

☐ EMT

☐ AEMT

☐ EMT-Intermediate

☐ Paramedic

What is the scholarship dollar amount requested? (Note: there is an award cap of \$6,000)

What, if any, is the total dollar amount being contributed by the following?

☐ Agency? _____

☐ Individual? _____

☐ Other source? _____



Please complete the information below regarding the school or organization at which you plan to or are taking EMS-related classes.

- ☐ School name: _____
- ☐ Phone number of school/contact: _____
- ☐ Email address for contact: _____
- ☐ School website: _____

Have you been accepted into the education program yet?

- ☐ Yes
- ☐ No
- ☐ Other (please describe) _____

Where will the educational classes take place?

- ☐ In-person
 - ☐ Remote
 - ☐ Hybrid of remote and in-person
-



Timing of the class. With the Quarter-dates guide below, please indicate when the class will begin:

- ☐ 2024-25 - Dec 1 through Feb 28 (Q2)
- ☐ 2025 - March 1 through May 31 (Q3)
- ☐ 2025 - June 1 through Aug 31 (Q4)
- ☐ later than Aug 31, 2025. Please indicate when:

- ☐ Class began prior to Dec 1, 2024

When do you anticipate the class concluding, or being completed?

Please briefly describe the class, and why funding assistance is necessary.



Please describe 1) your commitment to becoming an EMS provider; and 2) the impact this funding will have on you, the agency and/or on the community.

If you have supporting documents to upload, you may do so here (this is not required).
Supporting documents can include letters of recommendation, letters of support, etc.
(click to upload your file)

By clicking "Yes" below, you attest that the information provided is true and accurate. You also agree to the following:

To fully apply yourself to the educational opportunity this funding will provide.

To utilize the skills and knowledge gained for the betterment of your affiliate agency and your community.

To participate in follow-up outreach by ORH, to assess the success of this program.

I agree to communicate with ORH if I am unable to complete the course.

☐ Yes

☐ No

Your application responses are shown after you click "Next," (if you would like to save them for your records).

Funding requests are reviewed as they are submitted, on a rolling basis.

You can expect a decision within 10-14 business days.

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

Thank you!
