

West Region Emergency Medical Services & Trauma Care Council, Inc.

Serving Grays Harbor, Lewis, N. Pacific, Pierce and Thurston Counties



West Region EMS Injury Prevention Grant Request for Proposal July 2017 – June 2018

The West Region EMS & Trauma Care Council has funding available for injury prevention programs within the West Region which meet the criteria established by the West Region Prevention Committee and are represented in the questions on page 2 & 3 of these instructions.

Grant projects must address one of the leading causes of injury or death in the West Region
Falls, Motor Vehicle Crash, Suicide, Poisoning, Drowning, Fire

Grant Request for Proposal Requirements

- Grants shall be awarded up to \$3,000.
- If your organization has applied for a grant in the past, please submit a new Request for Proposal with new information.
- Describe your project in a 1-2 page narrative by answering all questions on page 2 & 3 of this Request for Proposal.
- Complete the budget summary on page 3. Request for Proposal will not be accepted without a budget. Note: This is a reimbursement grant; your agency is responsible for all upfront expenses.
- Request for Proposal must be received by the West Region EMS office no later than **5:00 pm, Friday, June 30, 2017.**
- Grant applicants will be notified by Friday, July 14, 2017.
- Projects will be managed through a signed contract developed by the West Region EMS Council.
- Project funds will be distributed when contract deliverables & expenditure documentation is approved by the West Region EMS Council.
- West Region EMS Council will reimburse employee salaries/wages through time & effort documentation & paystubs. Mileage and lodging will be reimbursed at the WA State per diem rate, <http://www.ofm.wa.gov/resources/travel.asp>. Equipment & supplies will be reimbursed through a copy of original invoice & proof of payment.

Request for Proposal may be **submitted by email to lori@wrems.com** or

*West Region EMS & Trauma Care Council
Attn: Lori Clary, Injury & Violence Prevention Coordinator
5911 Black Lake Blvd SW, Olympia, WA 98512
Email: lori@wrems.com Phone: 360-705-9019*

REQUEST FOR PROPOSAL
West Region EMS Injury Prevention Grant
July 2017 – June 2018

Project Title _____

Applicant Agency _____

Project Coordinator Name _____ Title _____

Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Signature _____

Please answer the following questions in no more than two pages following the format below:

1. Problem Being Addressed:

- a) Give a brief overview of the problem and why you think the problem exists in the target area and population.
- b) Is this a leading cause of injury & death in the target area and population? Provide supporting data.
- c) How is this issue currently being addressed in your community?

2. Target Population: Who do you plan to reach?

3. Project Proposal:

- a) Clearly describe the project.
- b) What are the expected outcomes and benefits of the project?
- c) How many people do you plan to reach?
- d) How will the project be promoted (if applicable)? How will the target population know about and access this resource?

4. Evidence-Based: Does the project use evidence-based or promising strategies? Visit <http://www.doh.wa.gov/Portals/1/Documents/2900/InjuryReportFinal.pdf> for more information.

5. Objective(s): Objectives should support the expected outcomes and benefits (refer to 3b above). Objectives must be “SMART”, **Specific, **M**easureable, **A**ttainable, **R**ealistic and **T**ime-Based. Visit <http://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf> for more information.**

**See note on page 3.*

6. Strategies:

- a) Specific tasks that will be done to fulfill each objective.
- b) How are the proposed strategies effective in this specific geographic location and population?

7. Timeline: Note when work on the project will begin, when tasks will be done, and the project completed.

8. Evaluation Plan: How will you measure the efficacy and success of the project?

9. Partners:

- a) Provide a list of partners.
- b) Provide letter(s) of support.
- c) If the success of the project is dependent on a partnership with another organization(s), please include a confirmation letter or email from the partner organization(s) confirming their participation in the project.

10. Sustainability: What are your plans to ensure ongoing funding and resources for the project?

BUDGET SUMMARY

Please be specific regarding what the grant funds, if awarded, will be used for.

	A. West Region Grant	B. Internal Funds	C. External Funds	TOTAL
Salaries & Wages				
Mileage & Lodging				
Equipment (i.e. safety devices)				
Supplies (i.e. postage, printing, ads/media)				
TOTAL				

Please list external funding sources (outside your own agency) below:

***SMART Objectives**

Specific – What is the specific task?

Measureable – What are the standards or parameters?

Achievable – Is the task feasible?

Realistic – Are sufficient resources available?

Time-Based – What are the start and end dates?