

**EMERGENCY MEDICAL SERVICES GRANT APPLICATION  
INSTRUCTIONS FOR COMPLETING APPLICATIONS**

**PURPOSE:**

To explain how to correctly complete the application for EMS Grant-in-Aid assistance. The application will be the formal request for GIA funding. The purpose of funding is for improving and upgrading the ambulance provider service.

**EXPLANATION AND DEFINITION:**

This form will be completed by all licensed ambulance services that wish to apply for EMS Grant-in-Aid assistance. Application must be submitted according to the time schedule as outlined in the EMS Funding Guidelines. Most items are self explanatory. This is a combined county/service application; therefore, both parties must complete certain sections of the application.

**Item by Item Instructions:**

Item 1: County where the ambulance service is located.

Item 2: Date you **fill** out application.

Item 3: This box has been completed for you.

Item 4: Check for one or two year grant project.

Item 5: **This line is calculated automatically, based on the totals in each section (page. 2,3).**  
Amount of state funds requested plus local cash match is amount necessary to complete the project. The cash match must be at least 5.5 percent of the total. Indicate the source of local funds that will be used.

Item 6: **Ambulance Service:** Name, mailing address, post office box or street address, telephone number and **e-mail address** of ambulance service(s) requesting funds.

Item 7: **County Authorization:** County Administrator must initial the appropriate choice for method of funding.

Item 8: **Authorizing Official:** Name of county, name of the administrator or his/her designee, title, street address, **post office box**, telephone number, **email address**, signature and date.

Page 2-3: Complete sections as indicated. Computer will calculate totals.

Page 4: Complete **only** for equipment not listed on the list of eligible items.

### **OFFICE MECHANICS AND FILING:**

**Complete application online, print application.** One signed original copy of the application should be sent to the county in which the service is located. County government will approve and **forward applications along with the consolidated application to the DHEC Division of EMS and Trauma office for approval.**

Sequence and time schedule are listed in the EMS Funding Guidelines. Local ambulance services and county governments should retain copies of the application since the original signed application must be sent to the Division of EMS and Trauma.

### **HELPFUL HINTS**

1. **Obtain price quotes from vendor.** This will insure that your actual expenditures are close to your projected prices. Remember to use state purchasing prices if applicable.
2. Remember to **include sales tax** on equipment items when necessary.
3. You will be reimbursed 94.5 percent of actual expenditures as long as you do not exceed the amount authorized and allocated to your county. See GIA distribution sheet.

