



Howdy,

Thank you for your interest in the **TxDOT Rural Frontier EMS Education Grant**. TEEX in conjunction with the Texas Department of Transportation Traffic Safety Division is committed to improving pre-hospital care and emergency medical response in rural and frontier areas of Texas. The goal of this grant is to improve the availability of training and EMS involvement in local communities across rural parts of Texas. Through this program, TEEX can assist agencies and departments with initial, refresher, instructor and continuing education training.

Applications for the TxDOT Rural Frontier EMS Education Grant can be submitted at any time and will be reviewed in the order that they are received. Please note that the grant cycle runs yearly from October 1 through September 30. In order to ensure a smooth class start, classes cannot begin prior to October 15 and must conclude by September 15. Classes ending after this time might not be considered for reimbursement. To maximize the impact of funding, your agency must invite surrounding jurisdictions to attend your course.

The following items must be included in your initial application:

- **Completed application packet**
- **Letter of Necessity**
- **Course Schedule**
- **Completed list of course instructors with ID numbers**
- **DSHS course approval letter**
- **Copy of current EMS Education License**

Once completed, please submit all required documents to Emily.Peterson@teex.tamu.edu. Please feel free to contact us with any questions you might have. We look forward to working with you!

Regards,



Emily Peterson '21, MPA | *Project Coordinator III*

Texas A&M Engineering Extension Service (TEEX)
Emergency Services Training Institute (ESTI)
EMS Program
P.O. Box 40006 | College Station, TX 77842-4006

Phone 979-321-6218 | www.teex.org/ems-grant

Rural / Frontier EMS Education Grant Application — Request for Funding

NOTE: Classes are not eligible for reimbursement until this application has been submitted and approved by TEEEX-ESTI staff. All classes approved through this grant must be completed by **September 15**.

This application is not considered complete until all questions are answered / completed by applicant.

Section 1: Course, Class, and Contact Information

Available Courses

TxDSSH COURSES	CONTINUING EDUCATION COURSES	
EMR (formerly ECA) <input type="checkbox"/> Initial <input type="checkbox"/> Refresher	<input type="checkbox"/> ACLS Provider	<input type="checkbox"/> ITLS Provider
EMS Basic <input type="checkbox"/> Initial <input type="checkbox"/> Refresher.	<input type="checkbox"/> AMLS Provider	<input type="checkbox"/> ITLS Instructor
Advanced EMT (formerly EMT Inter) <input type="checkbox"/> Initial <input type="checkbox"/> Refresher	<input type="checkbox"/> Advanced Trauma Life Support	<input type="checkbox"/> Pediatric ITLS
EMT Paramedic <input type="checkbox"/> Initial <input type="checkbox"/> Refresher	<input type="checkbox"/> Emergency Pediatric Care (EPC)	<input type="checkbox"/> ITLS Access
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> EPC Instructor	<input type="checkbox"/> PALS Provider
	<input type="checkbox"/> EVOC / CEVO	<input type="checkbox"/> PEPP Provider
	<input type="checkbox"/> EVOC / CEVO Instructor	<input type="checkbox"/> PEPP Course Coordinator
	<input type="checkbox"/> GEMS	<input type="checkbox"/> PHTLS
	<input type="checkbox"/> GEMS Instructor	<input type="checkbox"/> PHTLS Instructor

Class Information

Class Name:	Estimated number of Students:		
Facility Name:	County:		
Facility Address:	City:	State:	Zip:
Other Participating Agencies (list all):			
Proposed Class Dates: Start:	End:	Clinical End:	
Hour Breakout: Lecture:	Skills:	Clinical: Not reimbursable	Total: Lecture + Skills + Clinical

Points of Contact

Primary

Full Name:	Email:		
Phones: Work:	Mobile:	Fax:	
Position/Title:	<input type="checkbox"/> Chief	<input type="checkbox"/> Training Officer	<input type="checkbox"/> Board Member <input type="checkbox"/> Other:

Secondary

Full Name:	Email:		
Phones: Work:	Mobile:	Fax:	
Position/Title:	<input type="checkbox"/> Chief	<input type="checkbox"/> Training Officer	<input type="checkbox"/> Board Member <input type="checkbox"/> Other:

By signing here, I give TEEEX permission to list the points of contact on the TEEEX website for class information.

Instructor / Coordinator Signature

Date

Section 2: Proposed Course Budget

Complete a course budget for each class requested. Rates are for budgeting purposes only.

Course Coordinator Fees (per course)	Fee
Emergency Care Attendant / Emergency Medical Responder	\$500
EMT Basic	\$1,000
EMT Intermediate / Advanced EMT	\$1,200
EMT Paramedic	\$1,750
ECA / EMR Refresher or Recertification	\$100
EMT Basic Refresher or Recertification	\$150
EMT Intermediate / Advanced EMT Refresher or Recertification	\$175
EMT Paramedic Refresher or Recertification	\$225
ACLS Provider	\$350
AMLS Provider	\$350
ATLS Provider	\$350
Cardiopulmonary Resuscitation (CPR)	\$50
EPC Provider	\$350
EVOC / CEVO	\$400

Course Coordinator Fees (per course)	Fee
GEMS Provider	\$350
ITLS (Access, Provider, or Pediatric)	\$350
PALS Provider	\$350
PEPP Provider	\$350
PHTLS Provider	\$350
ACLS Instructor	\$75
AMLS Instructor	\$75
EMS Instructor	\$450
EPC Instructor	\$75
EVOC / CEVO Instructor	\$175
GEMS Course Coordinator	\$75
ITLS Instructor	\$75
PALS Instructor	\$75
PEPP Course Coordinator	\$75
PHTLS Instructor	\$75

Instructor Time	Instructor Rate	Quantity (Hours)	Number of Instructors	TOTAL
Instruction Hours (Lecture only)	\$25.00			
Instruction Hours (Skills only)	\$25.00			

Travel Expenses	Rates/Per Diem	Quantity (Days or Miles)	Number of Instructors	TOTAL
Overnight Lodging (Not to exceed GSA allowance)				
Per Diem (Meals) (Must submit all meal receipts for reimbursement.)				
Mileage (Trip must be over 150 miles round trip. Carpooling strongly recommended.)	\$0.70 per mile			

Authorized Signature _____

Printed Name:

Title:

Phone:

Host Organization:

**Coordinator
Fee**

TOTAL

--

--

Reimbursement Option (select one): **Direct Deposit** **Mailed Check**

Mailing Address (must match W-9):

Has your organization requested funding for this class from any other funding entity? **Yes** **No**

If yes, from whom:

Amount requested: \$

Section 3: Fee Disclosure Information

Please disclose what your customary student enrollment / class fee is for the class for which you are requesting funding. Additionally, we are asking for you to disclose the fee which will be charged to students who will be attending the grant subsidized program.

Customary Student fee for a class without grant funding (per student):

Subsidized Student Fee (per student):

Eligible Expenses:

Fees listed below are all eligible for reimbursement through the use of this grant.

- Instructional Fees based on class hourly rate
- Coordination Time based on class flat rate
- Lodging and per diem for overnight stays at state rates (**only with pre-approval**)
- Mileage in excess of 150 miles round trip at state rates (**only with pre-approval**)

Ineligible Expenses:

Expenses listed below are **not** eligible for reimbursement under the grant and may, at the Coordinator's discretion, become part of the fee structure students pay as a requirement for admission into the class. Please indicate distribution of the fees below on a price per student basis:

Insurance:	Building Use:	Medical Director Fees:
Certificates:	Refreshments:	Workbooks:
Printing:	Course Applications:	Other
Books:		

Other charges or comments:

Please use this box explain any "Other" charges and any other comments you wish to make in regards to course cost and how much students will be charged.

Signature:

By signing this document, you acknowledge that you will not include eligible expenses as a component of student fees. You further understand and acknowledge that violation of the fee structure stated above may be grounds for sanctions to include, but not limited to, revocation of the grant and reimbursement of overcharged fees back to TEEEX.

Authorized Signature

Printed Name: _____

Date: _____

Section 4: Instructor and Staff Information

Coordinator Contact Information

Full Name:

Phones: Work:

Mobile:

Fax:

Email:

DSHS Coordinator License No:

License Expiration Date:

Education Program Name:

Program DSHS Number:

Instructor Information

Include all instructor names and License Numbers.

1. Full Name

DSHS License No:

2. Full Name

DSHS License No:

3. Full Name

DSHS License No:

4. Full Name

DSHS License No:

5. Full Name

DSHS License No:

Section 5: Certification Statements and Signature

Answer the following statements.

• **One or more instructors are employees of a Texas state agency.**

Yes

No

If you answer yes, you may be asked to provide additional information.

• **I understand that all instructors must be approved by TEEEX prior to date of instructing in order to be reimbursed.**

Yes

No

By signing below, you are certifying that all information above is true and accurate.

Instructor / Coordinator Signature

Date

Section 6: Final Step

Checklist of Attached Documents

The following items must be included in your application in order to be considered complete and be eligible for review. Please initial by each item verifying that you have completed this requirement and will attach it with your emailed application.

Please note that any initial education class is required by TxDOT to include Traffic Incident Management (TIMS) as part of their course schedule. If you need assistance scheduling this course, please contact Nicole Tyler at Nicole.Tyler@txdot.gov. If all students have already completed TIMS training and can provide certification, TIMS training will not be required.

- _____ Completed Application Document
- _____ Course Schedule
- _____ DSHS Approval Letter with Course Number
- _____ Letter of Need, written on Letterhead
- _____ Copy of Current EMS Education License
- _____ Acknowledgement that you must include Traffic Incident Management (TIMS)
in your course schedule for all EMR, EMT, AEMT, and Paramedic Courses

By signing below, you are certifying that all information above is included and accurate.

Authorized Signature _____

Printed Name:

Date: