



## TEEX has received approval for funding under the TxDOT EMS Education Grant for fiscal year 2024

Applications can be submitted at any time and will be reviewed in the order in which they are received. In order to ensure a smooth class start, classes cannot begin prior to October 15, 2023 and must have a written award letter from TEEX-TxDOT EMS Education Grant staff to be eligible for reimbursements.

### 1. Letter of Necessity

This letter should be a signed letter on agency letterhead and include the following information:

- Your response coverage area
- The number of staff and volunteers within your agency
- Your EMS training budget
- Your county of operation
- Other jurisdictions/Agencies who will participate in the course
- The percentage of your response done in **non-urban areas** (where urban is within the city limits of an incorporated city with a population of 5,000 or more)

In one or two paragraphs, provide a brief summary explaining your need for funding. **Applications will not be considered without this letter.**

### 2. Enrollment Requirements

In order to maximize impact of funding, your agency must invite surrounding jurisdictions to attend. This will serve as a component of evaluation during the ranking process.

### 3. Eligible Courses

Only courses listed below are eligible for funding under the grant.

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- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• <b>EMR</b> (initial or refresher)</li> <li>• <b>EMT-Basic</b> (initial or refresher)</li> <li>• <b>AEMT / EMT-Intermediate</b> (initial or refresher)</li> <li>• <b>EMT-Paramedic</b> ((initial or refresher)</li> <li>• <b>EMS Instructor</b></li> <li>• <b>CPR</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>ACLS</b> Provider and Instructor</li> <li>• <b>AMLS</b> Provider and Instructor</li> <li>• <b>Advanced Trauma Life Sup.</b> (ATLS)</li> <li>• <b>Emergency Pediatric Care (EPC)</b> Provider and Instructor</li> <li>• <b>EVOC / CEVO</b> Initial and Instructor</li> <li>• <b>GEMS</b> Provider and Course Coor.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>ITLS</b> Provider and Instructor</li> <li>• <b>Pediatric ITLS</b></li> <li>• <b>ITLS</b> Access</li> <li>• <b>PALS</b> Provider and Instructor</li> <li>• <b>PEPP</b> Provider and Instructor</li> <li>• <b>PHTLS</b> Provider and Instructor</li> </ul> |
|--|--|--|
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### 4. Course Completion

Due to limitations of the grant, all courses must be completed by September 15, 2024. All requests for reimbursements must be submitted by that date to be considered for payment.

**Completed applications should be emailed to: [Emily.Peterson@teex.tamu.edu](mailto:Emily.Peterson@teex.tamu.edu)**

Please feel free to contact us with any questions you may have. We are looking forward to working with you.  
[emily.peterson@teex.tamu.edu](mailto:emily.peterson@teex.tamu.edu) | Office **979-321-6218** | Toll Free **866-878-8900**

# 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 15th**.

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

## Section 1: Hosting Organization & Contacts

### Hosting Information:

Organization: \_\_\_\_\_ County: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Organizational Type:  Vol. EMS  Paid EMS  Vol. FD  Paid FD  Other:

### Points of Contact:

#### Primary

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phones: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position/Title:  Chief  Training Officer  Board Member  Other:

#### Secondary

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phones: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position/Title:  Chief  Training Officer  Board Member  Other:

#### Website

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 2: Course Information

### TxDSSH COURSES

#### EMR (formerly ECA)

Initial  Refresher

#### EMS Basic

Initial  Refresher.

#### Advanced EMT (formerly EMT Inter)

Initial  Refresher

#### EMT Paramedic

Initial  Refresher

#### EMS Instructor

### CONTINUING EDUCATION COURSES

#### ACLS Provider

#### AMLS Provider

#### Advanced Trauma Life Support

#### Emergency Pediatric Care (EPC)

#### EPC Instructor

#### EVOC / CEVO

#### EVOC / CEVO Instructor

#### GEMS

#### GEMS Instructor

#### ITLS Provider

#### ITLS Instructor

#### Pediatric ITLS

#### ITLS Access

#### PALS Provider

#### PEPP Provider

#### PEPP Course Coordinator

#### PHTLS

#### PHTLS Instructor

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

If yes, from whom?

Amount requested: \$

### Section 3: Class and Instructor Information

#### Class Information

Class Name: \_\_\_\_\_ Number of Students (min of 10): \_\_\_\_\_  
 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: \_\_\_\_\_ Total: \_\_\_\_\_  
Not reimbursable Lecture + Skills + Clinical

#### Coordinator Information:

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phones: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 4: Proposed Course Budget

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

Select Class  
for rate:

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.)	\$0.655 per mile			

Authorized Signature \_\_\_\_\_

TOTAL:

Printed Name:

Title:

Phone:

Return completed application to:

**Emily.Peterson@teex.tamu.edu**

TEEX-ESTI | Attention: Emily Peterson

TxDOT EMS Education Grant Program

PO Box 40006 | College Station, TX 77842-4006

Host Organization:

Mailing Address:

## Fee Disclosure Form

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 at **\$25 / hour**
- Coordination Time at **\$25 / hour**
- 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:

Refreshments:

Certificates:

Course Applications:

Printing:

Medical Director Fees:

Books:

Workbooks:

Building Use:

Other

### 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 TEEX

### Authorized Signature

Printed Name: \_\_\_\_\_

Date:

# Staff Information Form (Must be completed for each instructor/coordinator)

## Section 1: Instructor/Coordinator Contact Information

Full Name:

Phones: Work:

Mobile:

Fax:

Email:

Mailing Address:

City:

State:

Zip:

## Section 2: Certification Levels

Check all certification levels that apply.

Current copies of ALL certifications must be submitted every year for our files.

### CERTIFICATION LEVELS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency Care Attendant (ECA) | <input type="checkbox"/> ITLS Provider             | <input type="checkbox"/> PHTLS Provider   |
| <input type="checkbox"/> EMT Basic                      | <input type="checkbox"/> ITLS Instructor           | <input type="checkbox"/> PHTLS Instructor |
| <input type="checkbox"/> EMT Intermediate               | <input type="checkbox"/> Pediatric ITLS Provider   | <input type="checkbox"/> EMD Provider     |
| <input type="checkbox"/> EMT Paramedic                  | <input type="checkbox"/> Pediatric ITLS Instructor | <input type="checkbox"/> EMD Instructor   |
| <input type="checkbox"/> EMS Instructor                 | <input type="checkbox"/> ITLS Access Provider      | <input type="checkbox"/> EVOC Provider    |
| <input type="checkbox"/> TxDSHS Basic Coordinator       | <input type="checkbox"/> ITLS Access Instructor    | <input type="checkbox"/> EVOC Instructor  |
| <input type="checkbox"/> TxDSHS Advanced Coordinator    |  |   |

## Section 3: Certification Statements and Signature

Answer the following statements.

- **I am an employee of a Texas state agency.**  Yes  No  
If you answer yes, you may be asked to provide additional information.
- **I am willing to Travel to teach.**  Yes  No
- **I am willing to Stay Overnight to teach when needed.**  Yes  No
  
- **By signing here, I give TEEEX permission to list my name on the TEEEX website as an available instructor / coordinator.**

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*Instructor / Coordinator Signature*

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*Date*