The CREATE program is managed by the Colorado Rural Health Center and funded by the Colorado Department of Public Health and Environment.
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Overview

CREATE is a reimbursement grant program that assists EMS and Trauma entities with training and education to improve the emergency and trauma system in Colorado. Applicants must provide the standard 50 percent cash match, unless they apply for a waiver of this requirement. Applicants must be entities whose purpose is provision of emergency medical or trauma services within Colorado to be eligible for CREATE funding. CREATE cannot accept applications from individuals. CREATE participants within an entity’s application must be a current member of an EMS or trauma agency, or sponsored by an EMS or Trauma entity and meets the standards for employment by the entity.

Detailed application instructions are included in this guidance packet. Please read through the entire document for important information about this grant program before beginning the application process.

How Can I Use CREATE Funds?

Eligible applicants may request up to 50 percent of eligible expenses for initial training and continuing education to maintain skills and certification of current staff, or initial training for new staff. Individual participants must also provide emergency medical or trauma services as an essential part of their job duties to qualify.

Eligible course costs only include the following:

1. Tuition – tuition is defined as the standard charge or fee for instruction per student or participant.
2. Required course fees - CREATE will only reimburse the applicant entity for fees required for an eligible participant to register for the course. The allowable fees may vary based on the training site or education center. Required course fees may include: application fees, high cost course fees, laboratory fees and other documented mandatory fees.
3. Applicants must request prerequisites as a separate course. CREATE will consider funding prerequisites specific to an EMS or trauma course of instruction. General education classes will not be considered.

4. Book(s) required to complete the course. This includes required textbooks, laboratory manuals, student workbooks or other published educational materials listed as required in the course syllabus.

5. EMS and Trauma service provider national certification exam – Approved training centers generally include the cost to sit for the national EMT certification exam in the course fee. CREATE will only provide funding support for the participant’s first attempt to take and pass required exams.

6. The cost of cards to demonstrate successful completion of a standard course of instruction (CPR, ACLS, etc.). CREATE will only provide funding support for the cost of initial or renewal cards not included in the basic course fee. CREATE will not pay to replace cards that are lost, destroyed or otherwise unserviceable.

7. Reasonable travel – reasonable travel expenses are defined as mileage reimbursement based on the current state mileage reimbursement rate (please visit http://www.colorado.gov/dpa/dfp/sco/fiscalrules/mileage.htm to see the current Colorado Office of State Controller reimbursement rate) and lodging at the most economical rate per night. Meals and room upgrades and rentals are not allowable expenses.

Eligible applicants may request up to 50 percent of eligible expenses for initial training and continuing education to maintain skills and certification of current staff, or initial training for new staff. Individual participants must also provide emergency medical or trauma services as an essential part of their job duties to qualify.

Eligible course costs only include the following:
The maximum amount awarded per course is based on a standard 50/50 match of approved courses listed on the CREATE Standard Course List. Selecting a course from the CREATE Standard Course List does not automatically qualify an applicant for a funding award. The applicant agency must also ensure all participant(s) in the course also meet the required criteria for funding. The CREATE Standard Course List is not all-inclusive. Courses other than those listed will be considered if the course content applies specifically to emergency medical and trauma services and reflects appropriate and reasonable costs. Applicants should list the expected actual costs for consideration, in addition to providing detailed information on the non-standard course and how it relates to emergency medical or trauma services.
CREATE does not cover the following course expenses:

1. Vaccinations or personal protective equipment
2. Background checks
3. Meals including per diem allowance
4. Uniforms and shoes
5. Purchase or leasing of training equipment
6. Stethoscopes, sphygmomanometers or other durable medical equipment.

Applications will be accepted for review to attend conferences where the subject matter is directly related to the provision of EMS and trauma care and or development of EMS and trauma leadership.

For in-state conferences, CREATE will only fund registration, lodging (at the most economical conference room rate) and travel at the current state mileage reimbursement rate (please visit http://www.colorado.gov/dpa/dfp/sco/fiscalrules/mileage.htm to see the current Colorado Office of State Controller reimbursement rate). A copy of the conference registration page and offerings must be submitted with the application. Per diem meal allowances, banquets or other food expenses are not covered by CREATE funds. CREATE supports early bird registration rates as the only eligible pre-award purchase acceptable in order to demonstrate cost effective measures being taken.

Out-of-state courses and conferences are not typically supported by the CREATE grant program. However, exceptions may be made if one of the following criteria is met and accompanied by strong and convincing justification of need:

- The requested course or conference is not available in Colorado. In addition to strong and convincing justification of need, the application must clearly demonstrate the conference or course of instruction offers unique educational content and it will not be offered in Colorado in the foreseeable future. In addition, the application must include significant letters of support from the community expected to benefit from the education and local emergency medical and trauma services leadership.

- The requested course or conference is not available in Colorado within the required time frame. In addition to strong and convincing justification of need, the application must demonstrate the conference or course of instruction is required to comply with a regulatory mandate. The application must include a specific citation from a document prepared by a regulatory body requiring that the course of instruction be completed by a specific date.

- It is significantly more cost-effective to attend an out-of-state course or conference. In addition to strong and convincing justification of need, the application must include specific costs comparing the cost to attend the course in-state vs. the cost to attend the course out-of-state.

Meals and banquet costs will not be funded for any courses or conferences. This includes per diem food allowances for instructors.
Expenses for the production of conferences are not allowed. Applications for these types of events may be submitted through the Emergency Medical and Trauma Services (EMTS) Provider Grants Program application in the Conferences/Forums category. Additional information on this grant can be found at: www.coems.info under (update reference to new state web site format).

Entities applying for EMS or Trauma conference scholarships to distribute to qualified participants may only do so if they are the sponsoring conference entity and can document the 50% match for qualified scholarship recipients is from an allowable source.

Salary backfill for staff to attend or to instruct courses is not allowed through CREATE funds but may be requested in the Personnel/Services category of the EMTS Provider Grants Program. More information on EMS Provider Grants may be found at www.coems.info under (update reference to new state web site format).

Colleges, universities and approved training centers must submit at least three years of enrollment history for requested initial training courses to demonstrate the percentage of students who successfully complete the course. In addition, a letter of support from the participant’s sponsoring agency must be included with the application request.

CREATE staff and application review committees reserve the right to request additional documentation and information as necessary to effectively manage the grant program funds and comply with applicable federal, state and local government rules.

All CREATE applicants must demonstrate a “Cash Match” to be considered for a grant approval. A cash match must be local funds or any other source of funding that is not EMS HUTF Funds. If the cash match is less than CREATE’s standard 50% cash match, applicants must successfully complete the Financial Waiver process before the CREATE application. (Please refer to the Financial Waiver Grant Guidelines for more information).
All Initial EMS Provider Training Courses
National Registry Requirement

All student participants in an initial EMS Provider Training course must successfully complete the National Registry certification requirements within 90 days after the course end date and before the final grant report can be submitted. This includes didactic, clinical and field internship sections where a combined passing grade is achieved. **This is a mandatory requirement in order to meet CREATE reimbursement eligibility and is non-negotiable and should be factored into the course decision making.**

An exception to this rule may be allowed in the following circumstances and is only available with prior ERC (Expert Review Committee) approval. All exceptions are reviewed and determined on a case by case basis and the decision of the ERC is final. Please notify Grant Program Manager as soon as the situation arises through written documentation and a thorough explanation between 7-10 days of interference of meeting the requirement.

1. Deployment – The granted applicant must provide official copy of notice as soon as date of departure is determined according to written military orders.
2. An extraordinary event beyond the control of the applicant that prevents the applicant from fulfilling this obligation. (Force majeure).

All entities submitting a CREATE Grant Application for an accelerated or advanced EMS Provider training course must provide documentation that demonstrates their participants meet all the basic requirements of the course before applying for funding. This includes a required letter of support from the training center acknowledging the participant’s acceptance into the accelerated or advanced course as an additional application attachment. **The CRHC reserves the right to contact the training center during an application review to confirm this information.**

Application Tips

- The completed application can be submitted electronically at [www.coruralhealth.org/programs/create](http://www.coruralhealth.org/programs/create) or downloaded and emailed or faxed to Jen Dunn at jd@coruralhealth.org or 303.832.7496.
- Additional application attachments are allowed. There is a maximum of five attachments allowed with each submitted application. PDF documents are preferred but Word documents are also acceptable.
- Courses must have a start date between 45 days and 5 months following the desired ERC review date. The application review dates are posted at the following website [http://coruralhealth.org/programs/create/](http://coruralhealth.org/programs/create/). Please refer to this information when submitting applications. Applicants applying less than 45 days before the course start date do so at their own risk. The scoring process is lengthy and may not be complete before the requested start date which could make your course ineligible for funding. Ensure you allot enough time to receive application results when
planning to apply for CREATE. If you have any questions or concerns about the 45 day and 5 month rule, please contact Colorado Rural Health Center (CRHC) CREATE staff.

- Applications will not be accepted for courses with start dates further out than 5 months. Courses must start after the official approval letter date to be eligible for funding.
- Applicants are encouraged to apply early to take advantage of “early bird” conference registration rates. **Do not assume these costs will be accepted for reimbursement without receiving your CREATE grant approval.**
- An entity can submit multiple applications during the same grant year as their courses become known. **Each application must start with the pre-application process and requires a new application access code.** This process is necessary to ensure applicants use the most up-to-date version.
  - Repeat applicants (transport agencies) within the same grant year (July 1- June 30) need to repeat steps 1, 2 & 3 of the pre-application process to activate a new application.
  - Repeat applicants (non-transport agencies) need to repeat steps 1 and 2 of the pre-application process to activate a new application.
  - There is no need to submit another W-9 or Vendor form unless your agency legal name or EIN changes within the grant year.
- Applicants are allowed to remain in the pre-application stage, as needed, if there is a delay in completing and submitting an application. However, applicants will be notified and purged at the end of the grant fiscal year (June 30th), and will need to start the process from the beginning for the new grant year unless an exemption is requested by the applicant in writing to keep their pre-application status open.
- For additional support with the application forms or process, contact CRHC CREATE staff:

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<table>
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<tbody>
<tr>
<td>Jen Dunn</td>
<td>Liz Kelman</td>
</tr>
<tr>
<td>Director of Programs</td>
<td>Program Assistant</td>
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<tr>
<td>720.248.2742</td>
<td>720.248.2757</td>
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<tr>
<td><a href="mailto:jd@coruralhealth.org">jd@coruralhealth.org</a></td>
<td><a href="mailto:lk@coruralhealth.org">lk@coruralhealth.org</a></td>
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General Application Submission

General Applications (with the standard 50/50 match) must be received NO LATER than the Monday 15 days before the monthly Expert Review Committee (ERC) meeting. These meetings are held every fourth Tuesday of each month. Any applications received after this deadline will not be considered at that month’s review, but rather at the following month’s review. Applications will not be accepted for courses with start dates further out than 5 months. Courses must start on or after official approval letter dates to be eligible for funding. Any Financial Waiver applications that successfully pass the Financial Waiver process at the beginning of the month will be evaluated at the ERC meeting later in the same month. Applicants that apply for a Financial Waiver and receive a denial will not proceed to the General Application Review and must submit a new application.

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<td>May 26, 2015</td>
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<tr>
<td>June 8, 2015</td>
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Starting the CREATE Application Process

Pre-Application Instructions

Once all five pre-application steps have been completed successfully and these items have been verified by CRHC CREATE grant staff, a confirmation e-mail is sent to the applicant within three business days that includes login instructions to access the grant application. If e-mailed instructions are not received please contact CRHC CREATE staff for assistance. Applications are accepted for training and education that have a start date following the ERC meeting only.
STEP 1: Contact Information Form

A. Go to: www.coruralhealth.org/programs/create/apply.htm.
B. Click the “Contact Information Form” link to access a required web form.
C. Please fill out all the applicable fields before clicking “Submit”.
D. An automatic email will be sent immediately to confirm submission, if not received contact CRHC CREATE staff.

If submitting multiple applications during the same grant year, a new Contact Information Form must be completed each time you apply. Additional applications will not be accepted without a new Contact Information Form.

STEP 2: Organizational Profile

The organizational profile is required for all entities completing a CREATE grant and is a prerequisite to accessing the grant application. There is a specific help guide within the CEMESIS system to assist with questions while filling out the organizational profile. Applicants are encouraged to update their profile as often as needed to ensure their agency information is up to date. The profile must be updated at least annually.

Please contact CDPHE at (303) 692-2994 for assistance with the CEMESIS Portal including log-in password assistance.

If an organizational profile is submitted more than once, all information in the previous version will be replaced with the updated information.

A. Access the CEMESIS Web portal at www.cemesis.com.
B. Previous CREATE or Provider Grant applicants submitting data should already have a CEMESIS username and password. Enter the username and password and click the LOG IN button. (If a username and password is needed, click the Need a User ID link.)
C. Once in the CEMESIS Web portal, a menu screen will appear. Click on the Profiles link.
D. If affiliated with more than one entity, select a specific entity for this application from the pull down menu and click the APPLY button.
E. Answer (or update) the questions and click the SUBMIT button when finished.
STEP 3: Statewide Data Submission (Transport Agencies Only)

Licensed ambulance agencies in Colorado must have data from the previous quarter submitted to the statewide data collection system in order to be eligible and to apply for CREATE grant. If data is not submitted it will cause delays in processing your request to receive a CREATE application. Compliance with data submission will be verified each time you apply for CREATE. Also, if more than three months have passed since the CREATE Contact Information Form was initially completed, compliance with the data submission will be re-verified. This could result in a delay of the application being reviewed. If submitting multiple applications during the grant year, the quarterly requirement applies to each individual application. Data can be submitted through the Colorado Department of Public Health and Environment's CEMSIS web portal or uploaded through a third party data vendor. Please verify at your local level or through your third party vendor that your entity is current with data submission.

All other types of EMTS entities are exempt from Step 3 and will not need to complete this section. Please proceed to steps 4 – 5.

STEP 4: W-9 Submission

All agencies applying for a CREATE grant must complete a W-9. If the entity has previously applied for CREATE grant funds and submitted a W-9, a duplicate W-9 is not required unless your agency’s legal name or tax identification number changes. W-9s submitted for the Provider Grant Program do not count for this program.

B. Save it to a local computer.
C. Complete the form and save.
D. E-mail it as an attachment to jd@coruralhealth.org or fax to 303.832.7496.

Typed or electronic signatures are allowed on the W-9.

STEP 5: CRHC Vendor Form

All agencies applying for a CREATE grant must complete a CRHC Vendor Form each fiscal year. If the entity has previously applied for CREATE grant funds within the same grant year and submitted a Vendor Form, a duplicate form is not required unless your agency’s legal name or tax identification number changes. This form is unique to the CRHC and must be on file to receive payment.
A. Access the CRHC form at www.coruralhealth.org/programs/create/apply.htm.
B. Complete the form online and submit.
C. A confirmation email will be automatically sent upon submission. If not received, contact CRHC staff.

**Completing the CREATE Application**

Access the grant application using the login information provided via e-mail from CRHC. Please note that the application is updated periodically so do not use old versions. **Old versions of the application will not be accepted.** Wait for current login information to arrive from CRHC before starting a new application.

Complete and submit the application online promptly. Login information expires after 30 days of issuance. If your login information expires, contact CRHC staff at 720.248.2742 for reactivation. Specific application instructions can be found below.

**Application notes:**

- Applications are a matter of public record.
- Supporting documents are allowed, but are limited to 5 additional documents including supporting financial statements. This also includes pertinent course fliers/information, conference brochures and registration information, if applicable.
- Courses need to have a start date between 45 days and 5 months from the desired ERC review date. The application timeline is posted at the following website http://coruralhealth.org/programs/create/ as well as in this guidance. Please refer to this information when submitting applications. Applicants applying with less than 45 days do so at their own risk. Courses that begin prior to notification of successful CREATE funding will not be eligible for reimbursement. If you have any questions or concerns please contact CRHC CREATE staff.
- Applications will not move forward in the process until all required forms are completed and received at CRHC.
- If applying for multiple courses within one application it is important to note that each course is reviewed separately and funding for each course can be approved or denied.
- Applicants are responsible to ensure all CREATE participants meet eligibility requirements as noted in this guidance packet.
CREATE Participant Eligibility

It is the responsibility of the applicant entity to ensure all CREATE participants are eligible. This may be done before or during the course; but grantees cannot request reimbursement funds for any participants that do not meet eligibility requirements. Please refer all questions regarding eligibility to CRHC CREATE staff.

Applicants will only receive reimbursement for participants that complete the course and student numbers cannot be increased from approved number of students listed on the award letter, regardless of actual course attendance.

CREATE funding may only be used for eligible participants who provide EMS or trauma services as an essential part of their job or volunteerism within Colorado. CREATE participants must prove upon request that they have been domiciled, employed or volunteering in Colorado for a period of one year or more immediately preceding class start date, as well as commit to continued employment or volunteerism in Colorado for a period of one year following class end date.

Non-resident participants that are not employed or established volunteers at an entity in Colorado are not eligible for CREATE funds. Individuals who are employed or volunteer, but live outside of Colorado, are eligible if they have been working with a sponsoring entity for 12 or more continuous months immediately preceding the first day of class and can prove a commitment to employment or volunteerism following the course end date. Non-residents who are not currently employed or volunteering with a Colorado agency are not eligible for funding.

CREATE participants enrolled in a Colorado institution of higher education must have an “In-State Tuition” classification documented at their respective entity in order to qualify for CREATE funding. This information must be noted on the Participant Data Form.

Seasonal employees and volunteers may be eligible only after successful completion of 12 months of voluntary or principle employment with a EMS or trauma entity in Colorado before the start of the course and can prove a commitment to seasonal employment or volunteerism for at least a period of 12 months following the course end date.

It is important to ensure participant eligibility as funds will not be granted otherwise, regardless of successful course completion. For more information on what information is required of participants who successfully complete the course, please see specific information regarding Final Grant Report in this guide.

STEP 5: Grant Application & Attachments

Grant Application – Entity Information

Lines 1 through 10 on the application relate to the basic information required, including the grant contact person, cash match, and the counties the project will impact. (The bulleted numbers listed below correspond with the numbered sections in the application itself.)
3. The e-mail address listed in section 3 is the e-mail address that will be used for all communication. Please ensure that this e-mail address is correct and legible and does not have any typos in it.
4. All contact numbers listed will be used for all communication. Please ensure extensions are included where applicable.
5. Mailing Address must match the entity address listed on the submitted W-9.
6. The application is not considered multi-agency if one entity is hosting a course and opens the course to attendees from other agencies/entities. Multi-agency only needs to be marked with a “yes” if the course is truly a partnership endeavor.¹
7. List all counties that will be impacted if requested grant proposal is approved.
8. If the percentage match is less than 50%, a Financial Waiver application must be submitted PRIOR to the general CREATE application being accepted for review. Please refer to the Financial Waiver application and guidelines found at www.coruralhealth.org/CREATE which can be obtained by logging into your assigned grant account.

**Note: Financial Waiver review dates vary from the ERC review dates. This information can also be found online at www.coruralhealth.org/CREATE.**

9. **Financial Summary for this application:**

<table>
<thead>
<tr>
<th>Total Course &amp; Other Costs:</th>
<th>% Match (in decimals):</th>
<th>Total Match Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand total from all Courses in application</td>
<td>x 50% or amount on the Financial Waiver</td>
<td>Total amount entity proposes funding for this course</td>
</tr>
</tbody>
</table>

10. **Amount Being Requested Summary:**

<table>
<thead>
<tr>
<th>Total Course &amp; Other Costs:</th>
<th>Total Match Amount</th>
<th>Total Request Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total from above</td>
<td>Total from above</td>
<td>Total amount requesting</td>
</tr>
</tbody>
</table>

**Cash Match Information**

Funds used to provide the applicant’s required cash match under the EMTS grant guidelines and regulations may not be state funds appropriated from the EMS/HUTF

¹ If this is a multi-agency application, only the lead agency needs to fill out the entire application. The other agencies need to complete Steps 1-4 (Organizational Profile, statewide data submission (if applicable), and W-9). In addition, the other agencies need to fill out and submit a signed application attestation form.
Ineligible match funding includes other mechanisms supported by the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment; such as RETAC funding and CREATE grants awarded to other agencies. Monies used to provide the cash match must be documented as to their source and demonstrate compliance with this requirement. The value of existing infrastructure or other forms of “in-kind” services are not considered for CREATE grant match purposes.

Grant Application – EMTS Training and Education Request Details

Please complete for each course for which funds are being requested. If additional space is needed, use the Additional Course Form. This form can be accessed on the same webpage as the blank application form. The Additional Course form will be accepted with the application and will not count toward the attachment limit. Please note that multiple entities/agencies may not apply to fund the same participants for the same course.

| A. Course Name: Official name of course or conference |
| B. Start and End Dates: Please enter in format mm/dd/yyyy |
| C. Course Location: City |
| D. Student Qty: Number of participants for which the entity is requesting funding. |
| E. Trainer: Enter trainer/instructor name. If unknown, may use, “Unknown-Training Center Instructor” (this item should be deleted-not useful information) |
| F. Training Center: Enter training center name and number or accreditation |

Non-College Credit Courses: (Leave this section blank if this is a college credit course.)

| G. Course Cost: Dollar Amount |
| H. Travel Cost – Mileage: Dollar amount (Needs to be based on current State rate, which is 90% of current Federal rate. Actual reimbursement should be calculated on current rate during the actual travel date(s).) |
| I. Travel Cost – Lodging: Total dollar amount |
| J. Other Cost: Specify other costs applied for and dollar amount |
| K. Other Cost: Specify other costs applied for and dollar amount (Food is not an eligible cost under this grant) |
| L. Total Cost of Course for Each Participant: Enter per student cost (=H+I+J+K+L) |
| M. Total Cost of Course for All Participants: Enter total cost for all students (=FxM) |
| N. Comments: Please explain other costs and provide explanations for additional items as necessary. |

College Credit Courses: (Leave this section blank if this is a non-college credit course.)

| O. Tuition Cost Per Participant: Tuition dollar amount; do not include other expenses here. |
| P. Fees: Fees dollar amount; Standard institution fees only. Other items need to be included in Other Misc Costs line below. |
Q. Books: Books dollar amount only; if included in P (Tuition) or Q (Fees) please note in comment section.
R. Other Misc Costs: Any other applicable costs: i.e. travel, lodging, etc.
S. Total Cost of Course for Each Participant: Enter per student cost. (=P+Q+R+S)
T. Total Cost of Course: Total cost for all students for this course within this application. (=FxT)
U. Comments: Please explain what is included in Fees and Other Misc. Costs sections. Also include any other information regarding the above data that would be helpful in reviewing the application.

Course Funding Last Year:

V. Received Funds for course last year: Amount
W. Participant qty. last fiscal year: Enter amount of funds received to support this course last year
X. Participant qty. completion: Number of the original participants that completed the course last year.
Y. % completion: Percent of participants who completed course last year
   Comments: Enter comments for any items above that need further explanation.
Grant Application – Narrative Sections

The following sections focus on describing the impact CREATE funds could have on an entity and its surrounding communities. Include enough detail to fully answer the question, while still being concise. At least 3-5 sentences will suffice for each question. The application will be scored based on a weighted scoring tool, with a total of 50 points possible. Please see the point values indicated below to see how each section is weighted.

Service Need Narrative (30 total points possible)

1. **Educational Purpose:** Describe the benefit of the requested training course as it applies to your entity and community in which you serve.
2. **Service Enhancement:** Describe the entity’s method of determining who is eligible for training and how the entity assessed training needs to upgrade or maintain current levels of service.

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**Application Tip – Partial Reimbursement**

When a course involves multiple semesters, an entity may request a partial reimbursement by submitting a report for each semester within 30 days of the semester completion. Partial mileage reimbursement requests are only accepted for Paramedic Courses, and only after mileage has been accrued. **CRHC must be notified that partial reimbursement is the intent of the applicant; approval must be obtained by the (ERC) Expert Review Committee, prior to submitting a reimbursement request.**

CREATE participants in an initial EMS provider courses seeking partial reimbursement, will be required to return all CREATE funds by the established REPORT DUE DATE in the event they are unable to pass the National Registry certification exam as a condition of the approved course.

The full course, even if multi-semester, must be listed as one course on an application. The “Start Date” would be the date the first semester starts. The “End Date” would be the date the last semester ends. Requests for partial reimbursements must be stated in the “Comments” section for each course on the application, including the end date for all semesters that a partial refund will be requested.

- Example 1: An EMT-Intermediate course starts during the summer and ends in the spring (a span of three semesters). The “Start Date” for the course is 6/1/2011 and the End Date” for the course is 5/15/2012. “Comments: This is a multi-semester course. We would like to request a partial reimbursement at the end of each semester. The end dates are 7/15/11, 12/15/2011, and 5/15/2012.”
3. Support and Partnerships: Who is supporting the requested courses and what impact will the said support system have on the completion of training courses.

Priority to Underdeveloped or Aged Systems Narrative (20 total points possible)
1. Underdeveloped or Aged Systems: Describe the current condition of your organization and surrounding communities.
2. Unmet Service Need: Describe how the requested courses address a system deficiency in the community in which it serves.

Cost Effectiveness of Project Budget (15 total points possible)
1. Consideration of Alternative(s): Describe the comparison method used to select courses listed, and also any funding alternatives that were considered.
2. Reason for Requested Courses: Describe the process used to select requested courses.
3. Sustainability: Describe the entity’s financial outlook on future educational and training objectives.

Applicant’s Qualifications (5 points possible)
1. Adequate Resources and Experience: Describe how readily available experience and resources are in the area in which the entity serves.
2. Long Term Sustainability: Explain the organization’s long term education plans and how they will benefit the community in which they serve.
3. Trainer Qualification(s): Does each trainer listed meet all requirements appropriate to teach each course listed.
4. Trainer Participation: Describe the coordination efforts of each listed trainer for each respective course listed.

System Integration (15 total points possible)
1. System Integration: Describe how the proposed education or training integrates with other services in the community or improves system compatibility.
2. Partnerships and Cooperative Efforts: Describe any collaborative efforts in education or training that provides mutual community aid.
3. Duplication: Describe how the training is not a duplication of services already provided in the community in which you serve.

Financial Narrative (15 points possible)
1. Financial Need: Explain anything that will help the evaluators better understand the entity’s financial situation. Be sure to explain the source of the cash match.
2. What If: Explain the effect a “denial” may cause to the entity and participant listed in the application.
3. Entity Financial Outlook: Describe the entity’s current financial state and include detail on supporting financial documents.
4. Cash Match: Clearly describe the required cash match source.
Grant Application - Attachments

Sample items that could be included in the attachments section to support the above narratives would be: letters of support, service area maps, quotes for purchases related to the course, pertinent conference registration forms and brochures, etc.

Required and acceptable financial documents include: current income statement (also called P&L or profit and loss statement), balance sheet, and budget. Department specific details are preferred. Parent agency info may be included if it contributes to the financial picture of the department.

All attachments can be uploaded as part of the application. See application for instructions to upload documents. Attachments may also be received by fax at 303.832.7496, please include a cover page and grant number on faxed documents.

Grant Application – Attestation

When the application is complete, have the authorized agent read, fill out, and sign this section. Electronic signatures are allowed, but typed names are not. If clarification on allowable signature types is needed, please contact CRHC CREATE staff. If hand-signing, print the Authorized Agent page(s), sign and fax to CRHC, Attn: CREATE Staff at 303.832.7496.

Checking for Errors

Check the grant application for errors, especially the math sections. When satisfied with the application, save and proceed to the next appropriate step.

STEP 6: Application Submission

All applications are completed electronically, if unable to complete online download the application, complete and submit as an email attachment to jd@coruralhealth.org or by fax 303.832.7496.

A confirmation e-mail will be sent immediately after the grant application is received at CRHC. If the confirmation e-mail is not received, then the application was not successfully received. In this instance, applicants should contact Jen Dunn at 720.248.2742 to confirm submission.
STEP 7: Review Process and Notification

Acceptance or denial notifications will be sent out within approximately 4-5 days of the application review date. These notifications will be sent to the grant contact name listed on the application. Entities may be contacted during this period for additional information.

STEP 8: Complete Training/Education

Once a grant has been approved for the course(s), complete the training/education.

STEP 9: Submitting Reports for Partial Reimbursements

Use Step 9 only if applying for a partial reimbursement for a multi-semester course.

When a course involves multiple semesters, an entity may request a partial reimbursement by submitting a report for each semester within 30 days of semester completion. Partial mileage reimbursement is only accepted mid-semester for Paramedic courses and must be pre-approved upon application review. If additional time is needed to submit a report, send a written request for an extension to jd@coruralhealth.org.

- Requests for partial reimbursements should have been made in the “Comments” section for each course on the application.
- For entities that did not request a partial reimbursement at the time of application submission, but desire to do so, a written request may be submitted to Jen Dunn at jd@coruralhealth.org. These requests will be handled on a first come first serve basis depending on funds availability.
- Any participants not completing an entire course are not eligible and final course and/or grant reimbursement will be adjusted accordingly.
- CREATE participants in initial EMS provider training courses seeking partial reimbursement, will be required to return all CREATE funds by the established REPORT DUE DATE in the event they are unable to pass the National Registry certification exam as a condition of the approved course.
STEP 10: Submit Final Report

Submit a final report to CRHC for each course along with all items agreed to in the application attestation. A copy of this list and applicable forms are also available in the notice of grant award letter. Checks will be issued after complete final reports are submitted.

Applicants may not submit reimbursement requests for participants who have not completed and passed the course.
National Registry Requirement – All Initial EMS Provider Courses

All participants enrolled in an initial EMS Provider Training course will be given 90-days after the end of the course to successfully complete their National Registry certification requirements prior to submitting a final report for reimbursement. **This is a mandatory requirement in order to meet CREATE reimbursement eligibility.** The 90-day reporting period will begin following the class end date to allow participants time to take and pass the National Registry exam. Reimbursement extensions beyond the 90 days are only available with prior ERC (Expert Review Committee) approval and with specific circumstances. For instance CREATE participants facing military deployment would be allowed to apply for an extension. Those that qualify for an extension must ensure the request is received by CRHC staff at least 30 days prior to 90-day deadline.

A 90 day period will be given for EMT-Intermediate courses, so that students have time to take and pass appropriate testing prior to requesting CREATE reimbursement.

CREATE Participant Data Form

Participants on the course roster must successfully complete all course requirements to be considered eligible. If participant(s) are from an agency/facility or entity other than the applicant entity, a CREATE Participant Attestation from their agency/facility must be included in the final report packet.

Information that must be included on the CREATE Participant Attestation is as follows:

- CREATE Grantee Name
- CREATE Grant Number
- Course Name
- Course Date(s)
- Sponsoring Entity Name
- Sponsoring Entity Address (including city, state, and zip code)
- Participant(s) Name
- Participant Residency Classification
- Participant’s title/position with the entity
- The participant’s title/position once the course is completed
- Printed Name of Authorized Entity Official
- Signature of Authorized Entity Official
- Entity Phone Number
- Public or private Entity

This form will be provided by CRHC. Agencies may use their own form with prior approval from CRHC only. This requirement applies to all training courses, but does not apply to conferences. If applicable, this item needs to be submitted with the other reporting requirement items after course completion. Any additional back-up material regarding eligibility should be retained by the grantee.
STEP 12: Receive Reimbursement Check

Upon receipt of the complete final report from the grantee, funds will be drawn from the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment grant fund by the Colorado Rural Health Center. Checks will be mailed out to grantees from CRHC upon receipt of funds from CDPHE-EMTS. Checks are typically mailed out to grantees within 5 weeks of receipt of final reports.

Contact Information

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