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7/30/13

A completed and signed Cover Page is required for each application.

Cover Page

APPLICANT INFORMATION	
County Board of Supervisors or Board of Health Name	Woodbury County Board of Supervisors
Federal Tax ID Number	42-6005221
Board's Street Address, City, & Zip Code	620 Douglas St. Sioux City, IA 51101
Board Telephone Number	712-279-6525
Board Fax Number	712-279-6577
Board Email Address	kjames@sioux-city.org
Name of Board Chairperson	Larry Clausen

TOTAL DOLLAR AMOUNT REQUESTED	
Amount of grant dollars being requested (whole dollar amount only)	\$7,713.00

KEY PERSONNEL CONTACT INFORMATION	
Program Administrator: Gary Brown	Telephone: 712-876-2212
	Email: wcdes@wiatel.net
Fiscal Director: Dawn Zahnley	Telephone: 712-876-2212
	Email: wcdes217@wiatel.net
County EMS Association Lead: Gary Brown	Telephone: 712-876-2212
	Email: wcdes@wiatel.net
Other Key Personnel: Title: Robert Welte	Telephone: 712-876-2212
	Email: wcdes201@wiatel.net
Other Key Personnel: Title:	Telephone:
	Email:
Other Key Personnel: Title:	Telephone:
	Email:

EMS SERVICES REPRESENTED IN THIS APPLICATION	
EMS Agency	City
Anthon Ambulance	Anthon, IA
Bronson Ambulance	Bronson, IA
Correctionville Ambulance	Correctionville, IA
Cushing Ambulance	Cushing, IA
Danbury Ambulance	Danbury, IA
Hornick First Responders	Hornick, IA
Lawton Ambulance	Lawton, IA
Moville Ambulance	Moville, IA
Oto Ambulance	Oto, IA
Pierson Ambulance	Pierson, IA
Salix Ambulance	Salix, IA
Sergeant Bluff Ambulance	Sergeant Bluff, IA
Sloan Ambulance	Sloan, IA
Smithland First Responders	Smithland, IA

EMS SYSTEM STANDARDS SELF-ASSESSMENT	
Check the status that represents your county:	
	Iowa EMS System Standards Self-Assessment was not completed and posted on Iowa SharePoint prior to July 1, 2013
X	Iowa EMS System Standards Self-Assessment was completed and posted on Iowa SharePoint prior to July 1, 2013


Conditions

I hereby affirm and certify that:

1. The information in this proposal is accurate, to the best of my knowledge.
2. Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant proposal or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no time will be "double-charged."
3. The organization has the resources to meet the goals and objectives included in this proposal for the amount of funds applied for.
4. If a contract is awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions from the Iowa Department of Public Health.
5. I have read and understood the applicable Scope of Work.

Gary Brown

 Name (type or print)



 Signature & date

7/25/13

A completed and signed Minority Impact form is required for each application.

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups. Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

- The proposed grant project programs or policies could have a disproportionate or unique positive impact on minority persons.

Describe the positive impact expected from this project. Indicate which group is impacted:

- Women, Persons with a Disability, Blacks, Latinos, Asians, Pacific Islanders, American Indians, Alaskan Native Americans, Other

- The proposed grant project programs or policies could have a disproportionate or unique negative impact on minority persons.

Describe the negative impact expected from this project. Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted. Indicate which group is impacted:

- Women, Persons with a Disability, Blacks, Latinos, Asians, Pacific Islanders, American Indians, Alaskan Native Americans, Other

- The proposed grant project programs or policies are not expected to have a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name (print or type): Gary Brown Title: Woodbury County EMA, Director

Signature: [Handwritten Signature] Date: 7/25/13

Definitions for Attachment B

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):
b. As used in this subsection:

(1) “Disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“Disability” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

IOWA EMS SYSTEM STANDARDS WORKPLAN and BUDGET FORM

A completed Iowa EMS System Standards Workplan and Budget form is required for each application.

Directions:

- Utilizing the list below select one or more of the Iowa EMS System Standards your county's EMS will address during the EMS System Development Grant contract period of September 1, 2013 through June 30, 2014 by listing one or more specific and measurable steps or activities that will be completed during this contract period in the boxes immediately below the selected standard. If additional boxes are required to list your planned steps or activities and associated estimated budget please copy and paste as many additional boxes as needed.
- For each listed step or activity enter an estimated dollar amount in the box to the right of the documented step or activity.
- Total Dollar Amount of Grant Funding Request amount should not exceed the amount indicated for your county in as listed in Appendix 2: EMS System Development Grants Projected Funding by County of this application packet.

NOTE: For a complete description of each of the EMS System Standards consult the September, 2010 Iowa *EMS System Standards* document, posted on the Bureau of EMS website www.idph.state.ia.us/ems/ems_system_standards.asp.

County Name: Woodbury County

Standard	Estimated Budget
1. System Organization and Management	
1.01 System Administration: EMS System Structure	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.02 System Administration: EMS System Mission	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.03 System Administration: Public Impact	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.04 System Administration: Medical Director/Medical Direction	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.05 System Administration: Development & Review Plan	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.06 System Administration: Advanced Life Support (ALS)	

Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.07 System Administration: Inventory of Resources	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.08 System Administration: System Participants	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.09 System Administration: Policy & Procedures Manual	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
1.10 System Administration: Funding Mechanism	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
2. Staffing and Training	
2.01 Staffing: Assessment of Needs	
Planned Step or Activity: The EMS System Development Grant funds will be used to reimburse rural EMS Services for initial trainings, continuing education (conference fees, class charges), tuition and books.	\$7,713.00
Planned Step or Activity:	\$
2.02 Staffing: Personnel	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
2.03 Staffing: Dispatch Training	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
2.04 Staffing: Non transport	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
2.05 Staffing: Transport	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
2.06 Training: Hospital Communications	
Planned Step	\$

or Activity:	
Planned Step or Activity:	\$
3. Communications	
3.01 Communications: Plan	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
3.02 Communications: Equipment	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
3.03 Communications: Dispatch	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
3.04 Communications: 911 Coordination	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
3.05 Communications: Education	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4. Response & Transportation	
4.01 Response & Transportation: Service Area	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4.02 Response & Transportation: Monitoring	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4.03 Response & Transportation: Contingency Response/Mutual Aid	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4.04 Response & Transportation: Response Time Standards	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4.05 Response & Transportation: Air – Medical Services	
Planned Step	\$

or Activity:	
Planned Step or Activity:	\$
4.06 Response & Transportation: Special Vehicles	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
4.07 Response & Transportation: Multi-casualty Disaster Response	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
5. Facilities/Critical Care	
5.01 Facilities: Assessment of Capabilities	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
5.02 Facilities: Triage, Transport & Transfer Protocols	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
5.03 Facilities: Mass Casualty Management	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
5.04 Facilities: Trauma Care System	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
5.05 Trauma Care Facility Verification	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6. Data Collection/System Evaluation	
6.01 System Evaluation: Continuous Quality Improvement Program	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.02 System Evaluation: Out of Hospital Care Audits	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.03 System Evaluation: Medical Dispatch	
Planned Step	\$

or Activity:	
Planned Step or Activity:	\$
6.04 System Evaluation: System Design Evaluation	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.05 System Evaluation: Provider/Service Participation	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.06 System Evaluation: Reporting	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.07 System Evaluation: Pre-hospital Record	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
6.08 System Evaluation: Data Management System	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
7. Public Information and Education	
7.01 Public Information: Materials	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
7.02 Public Information: Disaster Preparedness	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
7.03 Public Information: First Aid and CPR Training	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8. Disaster Medical Response	
8.01 Disaster Medical Response: Planning	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.02 Disaster Medical Response: Response Plans/Review	
Planned Step	\$

or Activity:	
Planned Step or Activity:	\$
8.03 Disaster Medical Response: Emergency Operation Centers	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.04 Disaster Medical Response: Hazardous Materials Training	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.05 Disaster Medical Response: Plan Participation (ICS)	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.06 Disaster Medical Response: Inventory	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.07 Disaster Medical Response: Continuation of Service	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
8.08 Disaster Medical Response: Hospital Plans	
Planned Step or Activity:	\$
Planned Step or Activity:	\$
Total Dollar Amount of Grant Funding Request	
	\$7,713.00