

Commission on Accreditation of Ambulance Services

2016 Grant Program



Grant Application Packet

INTRODUCTION

This grant program provides licensed ground emergency medical services providers with funds to assist in attaining CAAS accreditation.

To apply for a CAAS grant, an applicant must meet specific eligibility requirements as determined by CAAS. Applicants certify that they meet all requirements in this application when they sign and submit the completed application and supporting documentation to CAAS.

All grant application requests must be fully completed to be eligible for consideration. Any blank or insufficient responses may disqualify an application. CAAS receives a large number of grant requests each year. Complete, detailed and well organized submissions are strongly encouraged.

All applications are reviewed by the CAAS Grant Committee and all decisions made by CAAS regarding grant funding are at the sole discretion of CAAS.

Approved grant applicants will have a maximum of 365 days to submit a complete accreditation application and documentation package to CAAS. Failure to submit within this time frame will void the grant funding for the agency. Only agencies with a plan to accredit within the year should apply for this grant application.

Grant funding only covers the cost of the agency application fees. The agency will still be responsible for reviewer expenses and honorarium.

ELIGIBILITY

To be eligible for funding under the CAAS grant program, an applicant must meet the following criteria:

- A licensed ambulance provider in good standing with state and/or county agencies
- A licensed ambulance provider that can prove a financial need for the grant
- Must attest that the provider can meet the application requirements for CAAS accreditation
- Must attest that the provider intends to submit its application to CAAS within 365 days
- Must be able to demonstrate that the provider has made an ongoing commitment to CAAS accreditation

MANDATORY CRITERIA REVIEW

Applications shall be reviewed by CAAS to determine that the applicant meets the following criteria:

- The application must be completed in its entirety and signed by an authorized representative of the organization.
- If a Not-For-Profit organization, a copy of the IRS 501(c)(3) letter or other legal documentation of this status must be provided.
- The applicant must provide a clear map detailing its full service area.
- The applicant must provide letters from its Board of Directors, County Commissioners/City Government and any other governance or oversight agency, indicating that the agency is in good standing and the accreditation process is endorsed and supported.
- The applicant must provide a letter from its Medical Director attesting to the agency's commitment to clinical quality performance.
- The applicant must provide adequate documentation demonstrating that the agency is unable to secure funding for the CAAS application fee. This shall include at a minimum the last two agency budgets and the most recent copy of externally reviewed financial statements. A narrative shall be included to outline the agency's need and address the ability to fund the other expenses associated with the review not included in the grant fund amount.
- The applicant must provide a comprehensive plan for accreditation submission within the 365 day time frame.
- The applicant must provide a comprehensive plan for how the agency will fund future accreditation cycles, to ensure that the agency will maintain CAAS accreditation once granted. A copy of the agency's strategic plan shall be included.
- The applicant may include any other appropriate documentation, letters or materials necessary to demonstrate need and compliance with the grant requirements.

- CAAS may request additional information, telephone interviews, letters or other means to authenticate the need for CAAS grant funding.
- This application form, a facsimile of it or an electronic copy shall be used. However, the content of the application form shall be identical to the copy provided by CAAS or from its web page. Alterations or omissions will disqualify the applicant. The applicant shall comply with all instructions provided by CAAS.

CAAS GRANT APPLICATION

Organization Name: City of Orlando Fire Department

Other Trade Names/DBA's: _____

Physical Address of Agency Headquarters: 78 W. Central Blvd., Orlando, FL 32801

Grant Signer: (The applicant signatory who has authorization to sign contracts, grants and other legal documents. This individual must also sign this application.)

Name:	Buddy Dyer
Position Title:	Mayor
Office Address:	400 S. Orange Ave.
City:	Orlando
County:	Orange
State:	Florida
Zip Code:	32801
Telephone:	407-246-2221
E-mail address:	buddy.dyer@cityoforlando.net
Fax:	N/A

Contact Person: (The individual with direct knowledge of the CAAS accreditation project on a day-to-day basis and responsibility for the implementation of grant activities. This person may sign reports, request project changes, etc. The signer and the contact person may be the same.)

Name:	April Taylor
Position Title:	Planning and Grants Manager
Office Address:	78 W. Central Blvd.
City:	Orlando
County:	Orange
State:	Florida
Zip Code:	32801
Telephone:	407-234-9061
E-mail address:	april.taylor@cityoforlando.net
Fax:	407-246-2758

Agency Medical Director(s): (The physician(s) contracted or employed by the agency to oversee the clinical and operational aspects of the agency. This is NOT referring to external, base hospital or online medical direction, although the individual(s) may serve both roles.)

Name:	
Position Title:	
Office Address:	
City:	
County:	
State:	
Zip Code:	
Telephone:	
E-mail address:	
Fax:	

If the applicant has multiple medical directors, please provide the above information for each.

Accreditation Status: (Please check one and provide appropriate dates)

☐ Currently Accredited: Expiration Date: _____ Submission Date: _____

☒ Initial Applicant: Target Submission Date: November 15, 2016 _____

Note: Grant applicants have a maximum of one year (365 days) to submit a completed application package to CAAS or grant funding will be forfeited.

Agency Information:

Number of stations in addition to HQ:	17
Distance in miles of furthest station from HQ: (Note: distances greater than 100 miles may require separate accreditations. See CAAS Site Definition policy for details.)	
Number of annual transports:	
Number of licensed ambulances:	
Number of EMS providers:	

Primary Service Area is:

☐ Rural (less than 10,000)

☐ Suburban (10,000 to 100,000)

☒ Urban (over 100,000)

Level of Service Provided: (Check all that apply and indicate percentage of transport volume)

Basic Life Support (BLS)	%
Advanced Life Support (ALS)	%
Specialty Care Transport (SCT)	%
Inter-facility Transport (IFT)	%

Documentation: (Proper and sufficient documentation of the **Mandatory Criteria (pg.2-3)** must be provided to demonstrate need. *Please attach documentation for each item indicated below.*)

A. Letters of Good Standing and endorsement from:

- Applicant Agency Board of Directors
- County Commissioners/City Government
- Any other regulatory or oversight agency (e.g. Medical Advisory Board)
- Letter from agency Medical director attesting to clinical quality

B. Documentation of legal organizational status

C. A clear and detailed map of the agency's full service area

D. Provide adequate documentation demonstrating that the agency is unable to secure funding for the CAAS application fee. This shall include at a minimum:

- The previous two years budgets
- The most recent copy of externally reviewed financial statements.
- A detailed narrative that clearly describes the agency's need and addresses the ability to fund the other expenses associated with the review not included in the grant fund amount.

E. Provide a detailed narrative **and** action plan demonstrating how the agency will be prepared to submit its full CAAS application and documentation package within 365 days, if awarded grant funding.

F. Provide a detailed narrative **and** action plan demonstrating how the agency will budget for and fund future accreditation cycles, to ensure that the agency will maintain CAAS accreditation once granted. Ongoing support from the agency's Board of Directors and or CFO is highly desired by CAAS.

G. Provide a copy of the agency's most recent strategic plan.

H. Provide any other appropriate documentation, letters or materials necessary to demonstrate need and compliance with the grant requirements.

CERTIFICATIONS

Medical Director: If this grant is approved, I agree by signing below that I have fully reviewed the current CAAS standards and my signature affirms my authority and responsibility for the medical oversight of the applicant agency as it pertains to ALL aspects of the CAAS standards.

Medical Director Signature: _____ Date: _____

Print/Type Full Name: _____

Medical License Number: _____

Copies of all medical license(s) must be submitted with the CAAS application

Grant Signer: My Signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this grant application may become a public document when received by CAAS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application.

I accept that CAAS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I accept that our agency has One (1) year after receiving notification of this CAAS Grant to submit a completed application for accreditation or reaccreditation or the funds will be revoked. In addition, the CAAS Grant will be revoked if CAAS Accreditation is not achieved, and the agency will be responsible for all applicable application fees. Obtaining a CAAS Grant does not automatically guarantee further CAAS Grants. All grants will be approved and granted as deemed appropriate by CAAS. Any agency seeking grant funding will be required to fill out a CAAS Grant Application for ALL Grant requests.

I accept that the CAAS Grant CANNOT be used for the on-site CAAS reviewers cost that are required by CAAS to become accredited. These costs will be estimated by CAAS and the agency will be responsible for all actual site review expenses and honoraria. I understand that our agency will not be presented to the CAAS Panel of Commissioners until all expenses have been paid in full.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Signature of Authorized Grant Signer

Date