



2024 REGIONAL SERVICES DESIGNATION GRANT APPLICATION

In January 2024, the South Dakota Department of Health (DOH) implemented planning grant opportunities – with approximately \$7.5 million to distribute - for the development and implementation of long-term sustainable solutions for Emergency Medical Services (EMS). A few examples included regional training or management hubs, supply procurement systems, and billing software solutions.

This is a competitive grant opportunity. Applicants seeking grant funding as part of this initiative must be knowledgeable in the Regional Services Designation (RSD) report findings and incorporate components of the report into their grant application.

Applicants must provide specific, measurable, attainable, realistic, relevant, and time-bound solutions for improving long-term sustainability of EMS in South Dakota. The first grant application period opened January 16th and closed March 15, 2024—total of \$1.6 million has already been awarded. A second grant funding opportunity opens August 1st, 2024.

The Department of Health will be using American Rescue Plan Act (ARPA) funding. Grant recipients must comply with state and federal grant guidance as outlined in this grant document and within the grant award. Grant recipients will be responsible for submitting monthly progress reports and invoices by the first of each month.

SECTION I: Overview

Application Intent

To provide eligible applicants with grant funding to support sustainable solutions for EMS as part of the Regional Service Designation Initiative.

Eligible Applicants

- Licensed ambulance services in South Dakota.
- Licensed healthcare facilities with a vested interest in working with EMS personnel in their communities.
- Private organizations with a vested interest in EMS may also be considered i.e., billing, training, or consulting organizations.

NOTE: *Grant funding will not be made to individuals. Organizations that do not have a tax identification number cannot apply for funding.*

Grant funding may NOT be used for the following activities:

- Physical infrastructure support (i.e., building remodels or vehicle purchases).
- Salary/wages/benefits for EMS providers.
- Technology not related to EMS.
- Purchase of food or beverages.



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No pre-award costs will be eligible for reimbursement.

Supported Activities

Grant applicants must provide detailed EMS related concepts with specific, measurable, attainable, realistic, relevant, and time-bound solutions in specific detail when describing objectives and key activities. Such as the development and implementation of regional hubs, billing software solutions, documentation education, EMS supply procurement systems, workforce recruitment and retention, training programs, or consultation services. Applicants should review and incorporate recommendations from the Regional Service Designation [final report](#).

This second and final grant funding period may extend through November 30th, 2026. Grant recipients must define and show progress towards goals and activities during this funding period. Applicants wishing to apply for multi-year funding (through November 2026) must clearly articulate goals and activities for each respective year along with a budget justification for each year.

Below is an example of goal, objective, and activities the DOH will be looking for.

Goal: Develop a district wide software staffing solution ensuring EMS call coverage.

Objective: Purchase staffing software for district implementation.

Activities: Could include:

- Secure three bids from proposed vendors by (date)
- Conduct two planning meetings with district leadership by (date)
- Identify five ambulance services to pilot the staffing software by (date)

Grant Application Timeline

Important Dates—Second and Final Grant Funding Period	
Application Opens	August 1, 2024
Application Due	October 21, 2024, at 5 p.m. CT
Anticipated Notification of Funding	November 5, 2024
Anticipated Agreement Award	November 5, 2024
Earliest RSD Funding Start Date	Upon agreement execution (signed by all parties)
Initial Funding Period	November 5, 2024, to November 29, 2026



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Application Checklist | Documents that must be Completed

The following documents must be provided to complete this grant application.

- Completed and signed Grant Application
- Completed Budget
- Defined Goals, Objectives, and Activities
- Timeline of Deliverables
- Completed W-9
- 3 Signed Letters of Support from a community group, healthcare facility, and EMS agency within your service area.

Budget Information

Applicants awarded during the first funding period are permitted to submit for the second round.

The purpose of the initial funding period was for applicants to develop a solutions-oriented initiative based on recommendations for the RSD report. Since the initial funding period was relatively short, funding requests matched goals, objectives and activities that could be successfully completed within the specified timeframe. Applicants who successfully meet the proposed goals, objectives and activities during the initial funding period are highly encouraged to submit for additional funding during the second and final funding period.

The second and final funding period will extend between October 14th, 2024, and November 29th, 2026. Awarded funds must be invoiced to the Department of Health no later than November 29th, 2026.

Submit an Application via Email at (DOHEMSGrants@state.sd.us)

Organizations seeking funding must complete all sections below. Applications must be submitted via email by September 30th, 2024, 5pm CT to (DOHEMSGrants@state.sd.us). The subject line must read: "Regional Service Designation Grant Application."

Additional Questions?

Please contact Marty Link, Administrator of the Office of EMS and Trauma, South Dakota Department of Health, at Marty.Link@state.sd.us.

NOTE: Applicants are encouraged to contact Marty Link at the South Dakota Department of Health to discuss their budget and allowable/unallowable expenses as required with the grant application and outlined below. Grant applicants may be required to clarify specific areas of their proposal and budget and may also have to modify proposals to reflect any necessary adjustments prior to any final award decisions.



2024 REGIONAL SERVICES DESIGNATION GRANT APPLICATION

Section II: Applicant Information

Applicant Organization

ORGANIZATION

NAME:

ADDRESS:

PRIMARY CONTACT:

CITY/STATE:

TELEPHONE NO:

ZIP:

E-MAIL:

Authorized Organization Representative

NAME:

TITLE:

E-MAIL:

TELEPHONE NO:

The Authorized Organization Representative must be someone who has authority to sign a contract agreement on behalf of the applicant. If additional individuals should be included on agreement-related correspondence, please provide their contact information below.

Awarded applicants must obtain a Unique Entity Identifier (UEI) from www.sam.gov before funding can be distributed.

Fiscal Agent (if different from above):

ADDRESS:

TELEPHONE NO:

CITY/STATE:

E-MAIL:

CONTACT:



Section III: Organizational Capacity

Briefly describe your organization's current working relationship with local and regional hospitals and EMS agencies as it relates to the services your organization currently provides as well as future service provided upon grant award.

Section IV: Describe a Statement of Need

Briefly describe the problem you are looking to address or briefly identify the key findings outlined in the Regional Services Designation report that you are looking to address.

Section V: List Goals, Objectives, and Activities

Provide detailed EMS related goals, objectives, and activities outlining the specific, measurable, attainable, realistic, relevant, and time-bound solutions.

Section VI: How will you Monitor and Evaluate your project?

Describe how your organization, teams, or district(s) will monitor and evaluate progress identified in the above mentioned goals, objectives, and activities.



Section VII: Terms and Conditions

By signing this application form, applicants understand and will adhere to the following terms:

- The State reserves the right to reject any or all proposals, waive technicalities, and make awards as deemed to be in the best interest of the greater good of the State of South Dakota.
- The State, upon satisfactory review and notice of award to the Applicant, will execute an agreement for services using its standard contract agreement terms and conditions.
- If awarded, the Applicant acknowledges submission for reimbursement of expenses as outlined in the executed agreement monthly and that pre-payment for expenses is not allowable.
- All invoices must be accompanied by a monthly progress report to the South Dakota Department of Health.

Date Application
Submitted: _____

Organization's
Authorizing Official
Signature _____

Required Attachment: Completed Budget

Applicants must include a detailed budget as a separate attachment (.pdf, .xlsx, or .docx) to this application form.

Costs should be itemized in the following categories and calculations/assumptions provided to allow the state full understanding of how requested funds are being calculated. Total costs should not exceed \$500,000.

The Cost Proposal must also include a detailed narrative providing justification for each item requested.

Personnel	Costs included must directly support the implementation plan and will be reimbursable per monthly invoices upon completion of work, based on actual hours invoiced to the project. Personnel rates should be inclusive of any applicable fringe benefits.
Travel	Travel rates must align with your organization's established travel policies and/or align with State of South Dakota travel reimbursement rates.
Materials & Supplies	Eligible expenses may include but are not limited to training materials and education equipment.
Software	Software must support EMS related activities.
Other Direct Expenses	Other as identified by the applicant.



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Appendix A: Sample Invoice

(Company Letterhead)

Name of Ambulance Service:

Name

Address

City, State, Zip Code

Phone number

DATE: January 10, 2024

INVOICE # 100

Contract # 24SC090???

FOR: Regional Designation
Grant

BILL TO:

South Dakota Department of Health
Division of Healthcare Access
Office of EMS & Trauma
600 East Capitol Avenue
Pierre, SD 57501

INVOICE

Date of Service <input type="text"/>	DESCRIPTION <input type="text"/>	Quantity <input type="text"/>	AMOUNT <input type="text"/>
		1	\$ 500.00
		1	\$ -
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
	Any Reports or Documentations are included along with invoice	Done	
Total of Invoice <input type="text"/>			\$ 500.00

Signature: _____

Name Printed: _____

Date: _____



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Appendix B: Sample Budget

Expense Category	Budget	Notes/Comments
A. Personnel		
B. Travel		
C. Materials & Supplies		
D. Software		
E. Other (specify below)		
Total Expenses	\$ -	