

**Virginia Office of Emergency Medical Services
Financial Assistance for Emergency Medical Services (FAEMS)
General Grant Information**

E-Gift User Guide for Licensed EMS Agencies

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E-Gift User Guide for Licensed EMS Agencies

EMS – Grant Information Funding Tool (E-Gift)

Welcome to the E-Gift, the Rescue Squad Assistance Fund (RSAF) online grant application system. The E-Gift has replaced the Consolidated Grant Application System (CGAP), the software program used in the past. E-Gift automates the grant process by using a web-based system. We know you will find this user-friendly tool useful in your grant application writing and submission process.

Eligible Agencies

The Office of EMS recognizes two types of agencies or organizations that are eligible to apply for an RSAF Grant, Licensed EMS Agencies and Non-Licensed EMS Agencies.

- A **Licensed EMS Agency** is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.
- A **Non-Licensed EMS Agency** is an agency that is not authorized by the Office of EMS to provide emergency medical services in the state, for example EMS Regional Council, Community College, Sheriff's Office, 911 Centers, and Volunteer Fire Department.

You have selected the User Guide that identifies your agency as a **Licensed EMS Agency**.

E-Gift Users

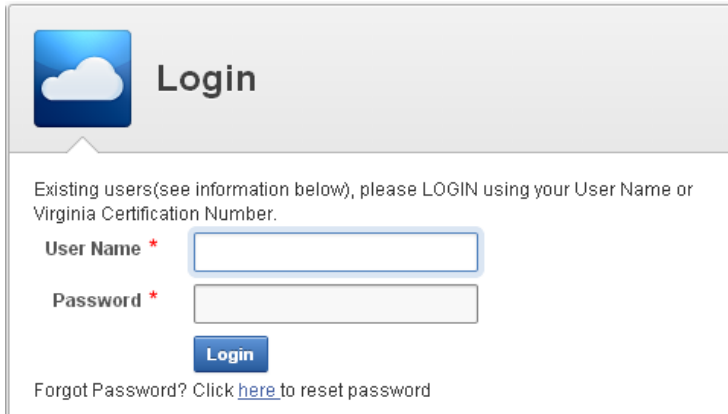
The E-Gift system requires three types of users: an Authorized Agent, a Financial Officer, and an Agency Operational Medical Director.

- The **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The authorized agent can create and make any necessary modifications to the grant.
- The **Financial Officer** is the person responsible for the receipt, care, and disbursement of money of an agency or organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit capabilities.
- The **Agency Operational Medical Director (OMD)** is an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to EMS agency and personnel. The OMD will have the capability to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are required to use their existing account to log into E-Gift.

Account Creation

If you are submitting a grant on behalf of a Licensed EMS Agency, you need to contact your Licensed **Agency Super User** to have your current EMS Portal account set up with E-Gift. The Agency Super User is the person who can access your EMS Agency Portal to update agency information, create user accounts, and handle affiliation requests from providers. If you do not know the super users for your agency, use the search option on the E-Gift Log-in screen.

After your account has been updated with the E-Gift Authorized Agent role you can log into the E-Gift Application at the following URL: <https://vdhems.vdh.virginia.gov/egift/egiftapp.htm>



Enter your Username and Password in the appropriate spaces and click on the **Login** Button. Your username could be your certification number, your first initial and last name, or an email address.

If you have forgotten your password, you can have it reset by following the link and the directions on the screen.

Entering your grant

Once you have successfully logged into E-Gift your home screen will display. The Agency name will appear in the box. If you are submitting grants for multiple agencies, the super user for each agency will need to grant you the E-Gift Authorized Agent role.

To submit for a non-licensed EMS Agency, click the blue button that says, “**New Grant**”. Non-Licensed agencies do not need super user approval.

Click on the START GRANT button to begin your grant.

Your grant will change from Incomplete status to Pending status when you submit the grant and request e-signatures from the Financial Officer and OMD. You can determine the status of the Financial Officer and OMD below. Once all e-signatures have been received your grant will be submitted to the OMD and your status will change to submitted.



Features of E-Gift

1. There are tabs along the top of the page (under your agency name) that allow you to navigate between the pages of the program.
 - Tabs to navigate are MY HOME, ORGANIZATION INFORMATION, FINANCIAL INFORMATION, REQUESTED ITEMS, ADDITIONAL INFORMATION, and SUMMARY.
2. It is more effective to complete every screen as shown and then hit the **SAVE AND CONTINUE** blue button.
3. You can **SAVE** your application to come back later, or you can keep going through the entire application by **SAVE AND CONTINUE**. If you wish to cancel what you've entered, then hit **CANCEL**.
4. All items with **RED****** are REQUIRED INFORMATION and must be completed, if not your application will not allow you to save or go to the next tab.

Organization Information

This tab includes Personnel Information, Call Activity and Demographics. The System will automatically pre-populate your agency data; if any of your agency details information needs updating, this **MUST** be done in the EMS Agency Portal. Contact your agency Super User.

Organization Information

If address and regional council information needs to be updated in this section, please contact your agency Super User to edit the items.

EMS Agency * Yes No

Organization Structure *

Organization Type * Governmental Non-Governmental

Organization Name * VOLUNTEER FIRE DEPARTMENT

Address Line1 *

Address Line2

Zip Code *

City * **State ***

City/County *

Regional Council *

Phone Number

Federal Tax Id # *

Financial Officer *

Operational Medical Director **

- **EMS Agency** – Select no. If you are applying on behalf of a Licensed EMS Agency, contact the agency’s super user to gain access.
- **Organization Structure** - Indicate which best describes your agency structure from the provided drop-down list.
- **Organization Type** – Select Governmental or Non-Governmental.
- **Organization Name** – Enter the name of the applying agency/organization.
- **Address, City, County, State, Zip** – Contact agency Super User to change.
- **Regional Council** – Contact agency Super User to change.
- **Phone Number** – Enter the Agency’s phone number.
- **Federal ID Number (FIN)** - Each agency must have an **individual** Federal Identification Number. **NOTE:** Auditing requirements will not allow payments to be made to any organization that does not have a FIN. The use of your county's or another organization’s FIN is **not** acceptable. The FIN will automatically pre-populate from your agency’s data.
- **Financial Officer:** Select Financial Officer from drop down list.
- **Agency OMD Name:** Please select your agency OMD from the drop-down list.

Personnel Information

Number of Certified Personnel is automatically pre-populated from what OEMS has in the EMS Portal. You can edit this information under **Certification** by entering your agency information. You will also need to enter **Personnel** for **Career** and **Volunteer**; the **Total** will automatically calculate.

Personnel Information									
Number Of Certified Personnel									
First Responder:	0	EMT:	38	Paramedic:	11	Advanced EMT	0		
Enhanced:	4	Intermediate:	8	Advanced Life Support Coordinator:	0	Education Coordinator:	0		
Certification									
First Responder **	<input type="text"/>	EMT **	<input type="text"/>	Paramedic **	<input type="text"/>	Advanced EMT **	<input type="text"/>		
Enhanced **	<input type="text"/>	Intermediate **	<input type="text"/>	Advanced Life Support Coordinator **	<input type="text"/>	Education Coordinator **	<input type="text"/>		
Driver Only	<input type="text"/>	Other	<input type="text"/>	Total	0				
Personnel									
Career **	<input type="text"/>	Volunteer **	<input type="text"/>	Total	0				

- **Certification** – Input agency staff number of First Responders, EMT’s, Paramedics, Drivers, and Other Staff.
 - **First Responder** - Those providers holding the certification of first responder.
 - **EMT (Emergency Medical Technician)** - Those providers holding the certification of EMT.
 - **Paramedic** - Those providers holding the certification of Emergency Medical Technician.
 - **Advanced EMT/Enhanced** – Those providers holding the certification of EMT-Enhanced.
 - **Advanced EMT/Intermediate** – Those providers holding the certification of EMT-Intermediate.
 - **Advanced Life Support Coordinator** – Those providers holding certification of ALS Coordinator.
 - **Education Coordinator** – Those holding certification for Education Coordinator.
 - **Driver Only** - Those members that function in a driver only capacity.
 - **Other (support staff, junior member, etc.)** - Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
 - **Total Number of Certification** – This amount will be automatically calculated.
- **Personnel** – Input number of Career members and Volunteer members.
 - **Career** - The number of personnel that are considered career (paid personnel).
 - **Volunteer** - The number of personnel that are volunteers. (Receive no compensation for service.)
 - **Total Personnel** – This amount will be automatically calculated. **Total number of Certification must equal the Total number of Personnel, or the system will not allow you to continue.**

Call Activity and Demographics

This section will need to be entered based on your agency statistics.

Call Activity and Demographics

Call Activity

BLS Calls ** ALS Calls ** Calls Unable To Respond **

Calls Outside Primary Service Area ** Average Call Time(minutes) ** Average Round Trip Mileage per Call **

Average Mileage To Nearest Hospital **

Demographics

Square Miles of Service Area ** Population of Service Area ** Total Number Of Stations **

Comments

Save Save and Continue Cancel

* = Required Fields
** = Non-Certified EMS Agencies fields are not required. Certified EMS Agencies fields are required.

- **BLS Calls (including stand-bys)** - Total number of calls recorded as Basic Life Support call.
- **ALS Calls** - Total number of calls recorded as Advanced Life Support call.
- **Calls your agency was UNABLE to respond to, for any reason** - This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- **Calls Outside Primary Service Area** – This total should include calls for mutual aid, etc.
- **Average Call Time** - Calculate average call time for calls in number of minutes.
- **Average Round Trip Mileage per Call** - Calculate average round trip mileage per call for calls run over a period.
- **Average mileage to nearest hospital** - Mileage to the nearest hospital.
- **Square Miles of Service Area** - Total square miles of service area covered by your agency.
- **Population of Service Area** - Total population of service area covered by your agency.
- **Total Number of Stations** - Total number of stations operated by your agency including sub-stations.
- **Comments** - Use this section to briefly describe any information that the reviewer should know about this information.

Click [SAVE AND CONTINUE](#) to next section.

Agency Vehicle Information

The list of vehicles is what the OEMS currently has on file for your agency. You can update, add, and delete vehicles from this listing. You can also SORT the headings in the **RED BOX** by clicking on the heading.

NOTE: This will NOT update the records on file with the OEMS. This will only update for the purpose of this grant application.

Agency Vehicle Information

This organization has additional vehicles not listed below but are on order.

Are any vehicles used by other agencies?

Unit Number	Vin	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage	Engine Hours	Edit	Delete
5-1	1FDKE30F58HA64776		FORD	E-350	TYPE II AMBULANCE	Ground Ambulance	N				
5-2	1FDXE45P66DA24790		FORD	E-450	TYPE II AMBULANCE	Ground Ambulance	Y				

Save Save and Continue Cancel

- **This organization has additional vehicles not listed below but are on order** – Check this box, if applicable, a comments box will appear, and you can enter the details of the vehicle(s) that has been ordered.
- **Are any vehicles used by other agencies?** – Check this box, if applicable, a comments box will appear and you can enter the details of the other agencies that use your vehicles, for what purpose and why.

Vehicle Information

- **Unit #** - Verify the Unit # for each vehicle.
- **VIN** – Verify the Vehicle Identification number for every vehicle.
- **Chassis/Box Yr.** – Verify or indicate the year for the make of the chassis and the box.
- **Make/Model** – Verify the vehicle make and model. Example: Ford/F-450.
- **Vehicle Type** – Verify the type for each vehicle.
- **Class Permit** – Verify the class permit designation for each vehicle.
- **4-Wheel Drive** – Verify Yes or No if vehicle has 4-Wheel Drive.
- **Mileage** – Enter the current mileage for each vehicle listed.
- **Vehicle Hours** – Enter the vehicle hours if applicable for each vehicle.

Add Vehicle

If you have a vehicle that's permitted by OEMS, but not listed on the Vehicle Information, you can add the vehicle, by clicking on the Add Vehicle button and add the vehicle information.

Edit Delete

You can also delete a vehicle from the listing if you no longer have the vehicle in your fleet or edit a vehicle if the listed information is incorrect by using the Edit and Delete Buttons.



SAVE AND CONTINUE to next section.


Financial Information

This section has been simplified to only require the attachment of one of three items:

- Form 990 – Return of Organization Exempt from Income Tax
- Most recent Independent Financial Audit
- Most recent Profit/Loss statement
- Commonwealth of Virginia Substitute W-9 - required

Financial Information - Budget

Please upload a budget attachment and write a narrative explaining the attachment.

Upload Budget No file chosen 

Budget Narrative

***Make sure budget information matches other financial information**

SAVE AND CONTINUE to next section.

Requested Items

NOTE: Select **ADD ITEM** for each item you will be requesting under the RSAF grant application.

My Home Organization Information Vehicle Information Financial Information Requested Items Additional Information Summary

Item Listing

no requested items found.

Add Item Cancel Continue

Add Item Cancel Continue

My Home Organization Information Vehicle Information Financial Information Requested Items Additional Information Summary

Item Details

Item Type * Select

Item Name *

Funding Level * Select

Total Price *

Comments *

Action * Add Replace

Requested Quantity *

Current Quantity *

Matching Funds State Funds

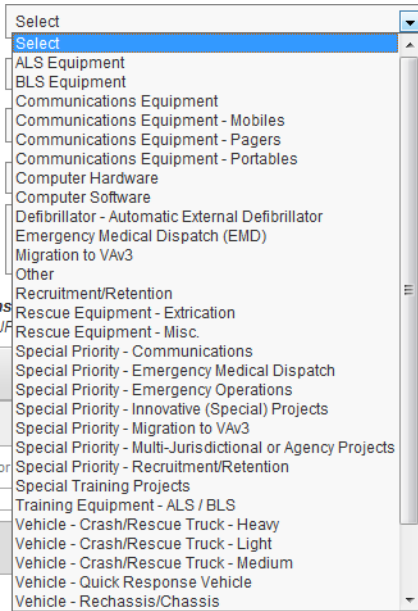
Note: A quote is required for all items requested. Please upload a quote and any other supporting documentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.

Supporting Documents

Name	Type **	Description	Size	Delete
No supporting documents are available for this item.				

Add Document

Save Close



- **Item Type** – Select your item being requested from the drop-down list.
- **Item Name** - Provide a *brief* description of the item being requested.
- **Requested Quantity** – How many items are you requesting for this Item Type
- **Funding Level** - Indicate at what level your agency is seeking funding from the state from the drop-down list. Regular request is for 50/50.
 - **80% Funding Requests** – 80% funding is hardship and justification must be included in the Comments section.
 - **100% Funding Requests** – 100% funding is an extreme hardship and must be adequately justified in the Comments section. This is only considered in exceptional circumstances.
- **Action** – Are you adding or replacing the item(s) being requested? Select Add/Replace
- **Current Quantity** – Indicate how many quantities of this item you currently have on hand.
- **Add/Replace** - Indicate if the item that is being requested is a replacement, or additional equipment from the drop-down list.
- **Total Price** - Indicate the total amount of the item being requested, make sure and include the total price if there are multiple quantities you are requesting. Example: Total price would be for all 10 Defibrillators being requested not the pricing on each individual one.
- **The Matching Funds and State Funds** will automatically calculate depending on your funding level.
- **Comments** - The comments section provides the agency with the opportunity to explain their agency's need for the item(s) requested if greater than 50% and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Supporting Documents

Note: A quote is required for all items requested. Please upload a quote and any other supporting documentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.

Name	Type**	Description	Size	Delete
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="text"/>		

The image shows a screenshot of a web application interface for uploading supporting documents. At the top, there is a note stating that a quote is required for all items and that accepted file types are JPG, GIF, PNG, TIF, and PDF. Below this is a form titled 'Supporting Documents' with columns for Name, Type, Description, Size, and Delete. A 'Browse...' button is next to the Name field. A dropdown menu for 'Type' is open, showing options: Select, Quote, Agreement, VPHIB, and Other. A red square highlights the 'Add Document' button in the top right corner. At the bottom right of the form are 'Save' and 'Close' buttons.

This section is required for submitting information that is needed to support your grant request. Items can be uploaded by selecting the **ADD DOCUMENT** button in the **RED SQUARE**. Select the **BROWSE** button to select the file you wish to submit with your grant. Certain documents should be uploaded depending on the item (s) you have requested.

- **QUOTES** must be selected and uploaded for each item that is requested.
- **AGREEMENT** must be selected and uploaded for a Multi-Jurisdictional/Agency Project.
- **VPHIB** questionnaire must be selected and uploaded if requesting a Special Priority – Migration to VAv3 or the Migration to VAv3 item types.
 - The VPHIB Questionnaire is the only technical questionnaire that will need to be uploaded separately from the application. **All other technical questionnaires will be automatically generated from the item you select.**
- **OTHER** – any other documentation you want to upload to attach to your application.

Accepted file types are JPG, GIF, PNG, TIF and PDF.

Technical Information Page

Depending on what item you request, specific questions may appear on the **Technical Information** Page, this would appear if you selected any of the following for **ITEM TYPE** from the drop-down list:

- Any item with SPECIAL PRIORITY before the item name (Special Priority Questions will be displayed)
- Any item with RECRUITMENT/RETENTION (Questionnaire questions will be displayed)
- Any item with CRASH TRUCK or EXTRICATION EQUIPMENT (Questionnaire questions will be displayed)
- Any COMMUNICATIONS items (Communications Questions will be displayed)

Communications Technical Page

- **Name of Communications Center** - Name of PRIMARY Public Safety Answering Point/Dispatch Center from which dispatch/page/notification are received by the agency.
- **Receiver Frequency Used to Receive Alerts/Pages** - The paging/alert frequency programmed in the unit.
- **Second Frequency for Alerting Monitoring** - The secondary alerting or monitoring frequency programmed in the unit IF applicable.
- **Purpose or Use of Second Frequency** - If the secondary frequency programmed in the unit is from a non-primary dispatch center or agency radio system.
- **Members will be alerted with these receivers:**
 - **As a Group** - Sent to all units of a jurisdiction or agency
 - **By Duty Squads** - Sent to only on-duty resources or specific agencies within a jurisdiction
 - **Individually** - Can be sent to individual unit or resource.

Name of Communications Center (Agency) Activating Alerts/Pages

Receiver Frequency Used to Receive Alerts/Pages MHz Alerting Monitoring

Second Frequency for Alerting or Monitoring (if any) MHz Alerting Monitoring

Purpose or Use of Second Frequency

Members will be alerted with these receivers (check all that apply) as a group by duty squads individually

Frequency Plan

Frequency Plan ✕

Channel Number *

Transmit * MHz

Receive * MHz

CTCSS(Hz) / DPL(Code) *

FCC Call Sign *

Name or Use of Channel *

Frequency Purpose *

- **Channel Number** - Designates the channel on the radio unit being requested.
- **Transmit** - The transmit frequency programmed on the radio.
- **Receive** - The receive frequency programmed on the radio.
- **CTCSS (Hz)/DPL (Code)** - If there is Continuous Tone-Coded Squelch System (CTCSS) or Digital Private Line (DPL) code programmed, and if so, what the code is.
- **FCC Call Sign** - Radio Station call sign given to license holder by FCC.
- **Name or Use of Channel** - Nomenclature given to that channel (i.e. "EMS Statewide" or "Dispatch")
- **Frequency Purpose** Primary
 Dispatch/Tactical/Talk- Around/Other

Communications Equipment

Communications Equipment ✕

Category of Equipment *

Band *

Present Inventory *

Plan to Purchase *

Plan to Reassign / Dispose *

Inventory Total 0

[Save](#)

- **Category of Equipment** - Choose from the drop-down list (Base/Mobile/Portable/Pager)
- **Band** - VHF/UHF/700-800-900Mhz.
- **Present Inventory** - Number of units your agency current has on hand.
- **Plan to Purchase** - Number of units your agency is requesting.
- **Plan to Reassign/Dispose** - Number of units your agency plans to reassign or dispose of.

Additional Information

My Items Organization Information Vehicle Information Financial Information Requested Items **Additional Information** Summary

[Save](#) [Save and Continue](#) [Cancel](#)

Additional Information

Brief Project Description *

Project Equipment Sustainability *

Supporting Documents [Add Document](#)

Name	Type	Description	Size	Delete
No supporting documents are available for this grant application.				

Note: Please upload the necessary documentation for grant application. Accepted file types are JPG, GIF, PNG, TIF and PDF.

[Save](#) [Save and Continue](#) [Cancel](#)

- **Brief Project Description** – Describe the item/project you are requesting through RSAF, please include the item(s) you are requesting, why they are needed and if any other funding source has been sought out.
- **Project Equipment Sustainability** – Describe how your agency will maintain/sustain the project or items once the grant cycle has ended. Please state whether there is a maintenance schedule for vehicles or equipment, or if a project, how it will be sustained once the grant cycle has ended.

[SAVE AND CONTINUE](#) to next section.

E-Signatures

Once all data has been entered into the grant and you are ready to obtain your signatures click on the **SUMMARY TAB**. This tab displays all information entered; the data cannot be edited from this screen. At the bottom of the screen the information for the OMD and Financial Officer are displayed. This information was chosen at the first tab, Organization Information. Please verify this information, the email notification will be sent to the email address displayed for each. You must check the disclaimer and type your legal name in the signature field and click on the Submit Application Button at the bottom of the screen.

The screenshot shows a web interface for grant submission. At the top, there is a section titled "Comments by Financial officer, OMD, OEMS" with a "Comments History" box that says "No comments found". Below this is a large text area containing a disclaimer. A red box highlights the first line of the disclaimer: "I AM THE AUTHORIZED AGENT WHO IS SUBMITTING THIS GRANT ON BEHALF OF THE SELECTED AGENCY: By submitting your electronic signature, the Authorized Agent and Financial Officer have been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent and Financial Officer attest to the agency's or organization's ability to provide the matching funds (if required) to complete the purchase of the requested item(s), should they be awarded state funds. The Authorized Agent and Financial Officer are aware that vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent and Financial Officer attest to the fact that the Agency(s) that are affected by the possible outcome of this grant request, have been notified and agree to its submission. The Authorized Agent and Financial Officer attest that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. The OMD electronic signature is required for all grants. This electronic signature must be received by the grant deadline date with the electronic signatures from the Authorized Agent, Fiscal Officer and Agency Operational Medical Director (OMD)." Below the disclaimer is a "Signature" field with a red asterisk and a red box around it. At the bottom right, there are two buttons: "Submit Application" and "Print Application", both highlighted with a red box.

Once the Submit Application button is clicked the OMD and Financial Officer identified will be notified via email. At this time the status of the Grant will change from Incomplete to Pending on your home screen. You can monitor the status of the signatures for the Financial Officer and OMD from you home screen.

The Financial Officer and the OMD can approve and sign the grant. Once this is done, the status will change to Approved respectively. The Grant application will not be officially submitted to the Office of EMS until BOTH the OMD and the Financial Officer have signed the grant. At this time a grant number will be assigned.

The Financial Officer and OMD also can deny the grant. If the grant is denied, they must provide feedback in the comments section. If the grant is denied by one of the signers, the status is changed to Incomplete, and the Authorized Agent needs make necessary changes. If the grant is denied by either the financial officer or OMD both must sign the grant, even if the signature was obtained prior to the modification. Once all modifications are accepted by the financial officer and OMD the grant will be submitted to the Office of EMS and a grant number will be assigned.

Please review the [RSAF General Grant Information](#) document for general grant guidelines.

For any questions, please contact the Grants Unit at:

Michael D. Berg, MPA, NRP
michael.berg@vdh.virginia.gov

Linwood Pulling, Grants Specialist
linwood.pulling@vdh.virginia.gov

For technical questions contact OEMS-AppSupport@vdh.virginia.gov.