

Foothills RETAC

**FY-17 Mini-Grant Application**

(Applications due by November 10, 2016)

(Boxes will expand as you type if you use this electronic copy)

**Please be advised:**

* **The Foothills RETAC Mini-Grant is now a REIMBUSEMENT grant. You MUST spend the funds first, and send invoices/receipts to the RETAC office in order to receive these funds**
* **Funds must be spent/used between December 2016 through May 2017 and invoices received by the RETAC by June 1st, 2017**
* **No match is required as usual for this grant**
* **A full project budget MUST be submitted with grant**
* **Please see the Foothills RETAC Mini-Grant Guidelines for the NEW grant requirements and specifics**

1. **Which Agency will be the “Lead Agency” that administers this Grant? (fiscal agent)**

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1. **Contact Name at “Lead Agency”:**

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1. **Lead Agency Contact Phone Numbers:**

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| #1  #2 |

1. **Lead Agency Contact E-Mail: This is important. It will be used for all further contact/information**

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### **Is this a multi-agency request? If so, please list all agencies working together on this grant request:**

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1. **Counties and Agencies that will benefit from this grant (Please list):**

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1. **Transporting Agencies: Have you completed or updated your “Agency Profile” on the CDPHE Website, and are you currently downloading patient data to the state’s data system?**

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| **Have you submitted a current Agency Profile?**  **&**  **Are you submitting data to CDPHE:** |

1. **Amount you are Requesting from the RETAC:**

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1. **Amount you are Contributing: (Not required, but please list if applicable)**

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1. **Total Cost of Project/Equipment:**

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1. **If funded, what will the grant money be used for?** 
   1. **Please list items and their associated costs under A below. For multiple requests, List all equipment/projects separately. (Evaluators may score and fund your projects or equipment individually.)**
   2. **In B. below, please explain in narrative form what will be accomplished with this funding, and if this request coincides with the RETAC’s current goals and objectives for the region. A complete budget for the proposed project/equipment must be sent with grant, and can be included here or sent as an attachmment**

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| **A.** |
| **B.** |

1. **Please explain in narrative form how your agency/facility is funded:**

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1. **Please explain in narrative form the overall condition of your finances at this point. IE: Is your agency budget in the black or red? Does EMS bill separately? Are you billing for services? How do you obtain or disburse funds? Are your employees paid or volunteer? Do you owe any large debt? (The RETAC is looking at the big picture for this section.)**

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1. **In order to be considered for our RETAC Mini-Grants, agencies must complete an agency-specific MCI Plan and send that plan to the RETAC office.**

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| Do you currently have an agency-specific MCI plan?  Yes/No: |

* **If yes, and it has NOT been sent to the RETAC, please include a copy of your agency’s MCI Plan with this application. The MCI Plan should be sent electronically if at all possible. If it is in hard copy only, please send with copy of your grant request.**

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| Have you sent your plan to the RETAC office? (No changes since last submission):  Yes/No: |

1. If your agency does NOT have a current MCI Plan, we ask you to please sign below as a “Statement of Intent” to complete an agency MCI Plan within the next year in order to be eligible for funding.

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| **Agreement: Please sign electronically:**  Our agency does NOT currently have an MCI Plan. In receiving these funds, we agree to write an Agency MCI Plan in the next year and to provide a copy of our MCI Plan to the RETAC office. We understand that the RETAC BODs will provide assistance with this if needed or requested.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Agreement: Please sign electronically**  **By signing this section, you are agreeing to:**   * Submit an Agency Profile to CDPHE * Send all invoices/POs incurred related to this request to the RETAC office by June 1st, 2017 so that we can reimburse your agency before our next CDPHE grant cycle.   **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |