

Equipment and Mobile Training Units RFA EMS Agency Funding Application Form

I. General Information

This is the application for the Equipment and Mobile Request for Applications (RFA). All sections of this application must be completed in full to be considered for funding and this application form shall not exceed twenty-five (25) pages (excluding attachments or supporting documents). Applicants should refer to the RFA for information regarding application evaluation criteria and refer to the RFA Narrative for detailed information on eligibility, program requirements, and allowable use of funds.

Applicants with questions are encouraged to participate in the biweekly RFA office hours, which provide an opportunity to receive technical assistance and clarification related to the application and program requirements. Details on office hours, including dates, are provided in the RFA Narrative.

Completed applications should be submitted no later than June 12th, 2026, to the Crisis to Care (CTC) Workforce Development Specialist, Jimmie Hampton at jimmie.hampton@ky.gov

Late or incomplete applications will not be considered for funding.

II. Agency Information

EMS Agency Name:

Agency License Number (KBEMS):

Address:

Service Area:

Agency Type (i.e. government, private, hospital-based, etc.):

Number of Trainers/Providers and Service Mix

- TEI Certified Trainers:

- Paramedics:
- AEMTs:
- EMTs:
- EMRs:
- Administrative Staff:

III. Applicant Information

Name:

Title/Position:

Email Address:

Phone Number:

Date of Application Submission:

IV. Contact Information

If there are specific staff members or other critical agency stakeholders you would like to receive communications about this project, please provide their contact information. This will help ensure everyone stays informed and up-to-date on project progress and key updates. Copy and paste the table for additional staff or other critical stakeholders, as needed.

Name:

Title/Position:

Email Address:

Phone Number:

V. TEI Program Status

What is your agency's current TEI status? (check off or highlight)

- No TEI program
- Yes, we do have an established TEI program (< 2 years)
- Yes, we do have an established TEI program (≥ 2 years)
- Yes, we do have an established Mobile Training Unit

VI. Selection of Funding Pathway (check off or highlight choice)

- Pathway #1: Enhance a Hands-On Skills Training Program (inclusive of equipment and TEI certification upgrade costs)
- Pathway #2: Establish or Expand a Mobile Training Unit (inclusive of equipment and mobile units)

VII. Agencies with an Established TEI Program

For agencies with an established TEI program or an established mobile training unit, please fill out the following information. Agencies without an established TEI program may skip this section.

Current Number of Certified Trainer Providers: _____

Current Annual Number of Students Trained: _____

List of existing cooperation with didactic training programs or continuing education agencies:

VIII. Education & Training Program Overview

Program Overview

- 1) Describe the problem(s) or unmet need(s) your proposed program seeks to address. Include relevant community context and explain how the requested funding to improve your TEI program will address the problem(s) or unmet need(s)

- 2) Please identify and describe the target population(s) of your program will serve and your agencies plan to increase reach outside of your immediate jurisdiction. Include key characteristics, needs, and any prioritization criteria, is applicable.

- 3) If applying for a **Mobile Training Unit**: Please describe the geographic area(s) in which the proposed program will operate, including service area boundaries and any rationale for selecting these locations.

Scope of Services

- 4) Describe the training programs that will be provided through the proposed program expansion. Include a brief explanation of how the training services will be impacted by training equipment expansion.

- 5) **For Stationary TEI Programs:** Describe how the program will receive referrals and how students will be able to sign up for the program to receive hands-on skills training.
For Mobile Training Units: Describe how the program will coordinate with agencies and programs to provide education services to rural underserved areas.

- 6) Please list the key didactic programs or community partners your agency currently works with or plans to engage with to provide hands-on skills training education.

Timeline

- 7) **For Stationary TEI Programs:** Provide a detailed timeline outlining key activities and milestones for equipment purchase and TEI program expansion and operation for the period of August 2026 through July 2027. Timelines should reflect planning, purchases, and program outreach plan

- 8) **For Mobile Training Units:** Provide a detailed timeline outlining key activities and milestones for expanding or establishing a mobile training unit between the period of August 2026 through July 2027. Timelines should reflect planning, purchases, program outreach plan, partnership establishment, and identification of a sustainable financial model.

Deliverables

- 9) **TEI Provider Roster:** This roster is applicable to agencies with an established TEI or Mobile Training Unit

10) **TEI Training Program Schedule:** Please submit a current or proposed schedule for the training courses offered by your agency or mobile training unit

11) **Memoranda of Understanding (MOUs):** Include a draft of an MOU to be sent to didactic training program partners or agency partners for mobile training units.

12) **Data Reporting:** Include the type of data to be reported throughout this federal budget period. This may include, but is not limited to:

- a. Amount of equipment purchased through the RFA
- b. Number of students enrolled in hands-on skills services
- c. Number of students reached through mobile training unit
- d. Number of students trained specific to TEI level
- e. Number of training courses provided to students
- f. Number of EMS educators on staff

IX. Application Narrative

13) Please describe how you will utilize the purchasing of additional and advanced hands-on skills training equipment to impact on your regional needs and provide education services to those in underserved areas?

14) Please identify potential barriers and describe planned strategies or resolutions to mitigate those barriers.

15) Please describe your evaluation plan, outcomes to be measured, data collection measures, and how results (i.e. number of students enrolled from rural areas) will be used to assess success.

16) **For Stationary TEI Programs:** Please describe your sustainability plan for how the program will continue to operate after start-up funding ends, including demonstrated pipeline of students from didactic training programs and plan for fees charged to students.

17) **For Mobile Training Units:** Please describe your sustainability plan for how the program will continue to operate after start-up funding ends, including demonstrated agreements with agencies / counties to provide continuing education or training through the mobile training units, and plan for fees to be charged to sites hosting the mobile training unit.

18) **For Mobile Training Units:** Please describe your sustainability plan for how the program will continue to serve rural communities when the start-up funding ends, including established agreements with agencies / counties to host the mobile training unit outside of the grant period.

X. Application Attachments

(1) Have you attached documentation from agency leadership and/or medical director demonstrating organizational commitment to expanding the TEI hands-on skills training program or establishing / expanding a mobile training unit? (check off or highlight choice)

YES

NO

(2) Have you attached a budget for federal FY27 using the provided budget template ("Attachment A")?

YES

NO

XI. Attestations

You affirm that your agency will comply with all applicable federal, state, and local laws, regulations, and program requirements related to this funding, including EMS agency licensure and scope of service standards.

AGENCY AFFIRMS

You affirm that all awarded funds will be used solely for allowable purposes as defined in the RFA and associated grant guidance.

AGENCY AFFIRMS

You affirm that all trainers and staff under this program will meet required credentialing, training, and certification standards and will operate within their authorized scope of practice.

AGENCY AFFIRMS

You affirm that your agency will cooperate with monitoring and evaluation activities related to this funding, including providing documentation upon request.

AGENCY AFFIRMS

XII. Authorized Agency Representative Signature & Sign Off

Full Name: _____

Position / Title: _____

Signature: _____

Date: _____