

**Ohio Department of Public Safety  
Division of Emergency Medical Services**



**EMS Grants Management System  
User Guide**



*Updated January 2019*

## **Overview**

The Ohio Department of Public Safety, Division of Emergency Medical Services is implementing a new online EMS grants application and management system. Use of the new system will be required to apply for, receive, and process training and equipment grants applications, as well as to submit invoices for purchase reimbursement. This user guide has been developed to assist EMS Grantees in navigating the new online grants application and management system.

## **System Requirements and Limitations:**

- The new system performs best when the latest version of [Google Chrome](#) or [Internet Explorer version 9 +](#) is used.

To download Google Chrome, please use this link:

<https://www.google.com/chrome/browser>

To download Internet Explorer, please use this link:

<https://www.microsoft.com/en-us/download/internet-explorer.aspx>

- The system will support use from a cell phone or tablet, but functions best when used on a computer.
- All system users must have a valid email address, and Driver's License or State ID, in order to register for access to the system.

## **Establishing an Account (Identity Manager):**

- If you already have an account to access the Ohio Department of Public Safety, Division of Emergency Medical Services data system, e.g. an education account, you will not need to establish another account. Use the previously established email and password. However, you will still need to validate your identity.
- If you have not previously established an account with the Ohio Department of Public Safety, Division of Emergency Medical Services:
  - The first time a user enters the grants system, you will be required to register an account and validate identity.
  - If you are requesting access to the grants management you will only need to validate your identity once.
  - After an account has been registered, users must request, and receive access, to at least one agency in order to use the grants management system.

- An application is not complete until the user clicks on “Submit” at the end of the application. The user will receive an email confirming the application submission.

**PLEASE, do not wait until the last day of the grant submission date to register for access to the grants management system.**

Questions should be directed to [emsgrants@dps.ohio.gov](mailto:emsgrants@dps.ohio.gov), or by calling 800-233-0785 during normal business hours.

The remainder of this user guide is designed to walk EMS grantees, step-by-step, through establishing an account in Identity Manager, user identity validation, requesting agency access, reimbursement requests, accessing agency grant details, and invoice submission.

## Getting Started-ODPS Identity Manager Registration

This section is applicable to “New” external users only. If you have already established a username and password with Identity Manager, *please skip to page 6, to learn about how to validate your identity.*

### Step 1: Navigate to EMS Grants Management link:

Open your browser and Go to <https://services.dps.ohio.gov/EMSAgencies/>. This is the landing page where an external user navigates from [www.ems.ohio.gov](http://www.ems.ohio.gov) under the EMS Grants page.

### Step 2: Get Started as a New User (First Time ODPS Identity Manager)

- I. This section will be applicable to the “New” External users only. If you have already established a username and password with Identity Manager, *please go to page 8, to validate your identity.*
- II. Click on “Register” at the bottom of the box to start the process of setting up your account. (In the future, you will simply enter your email address and password as your account will already be set up.)

ODPS Identity Manager  
Single sign-on for the Ohio Department of Public Safety

Sign In

Sign in to continue to EMS Agencies [Cancel](#)

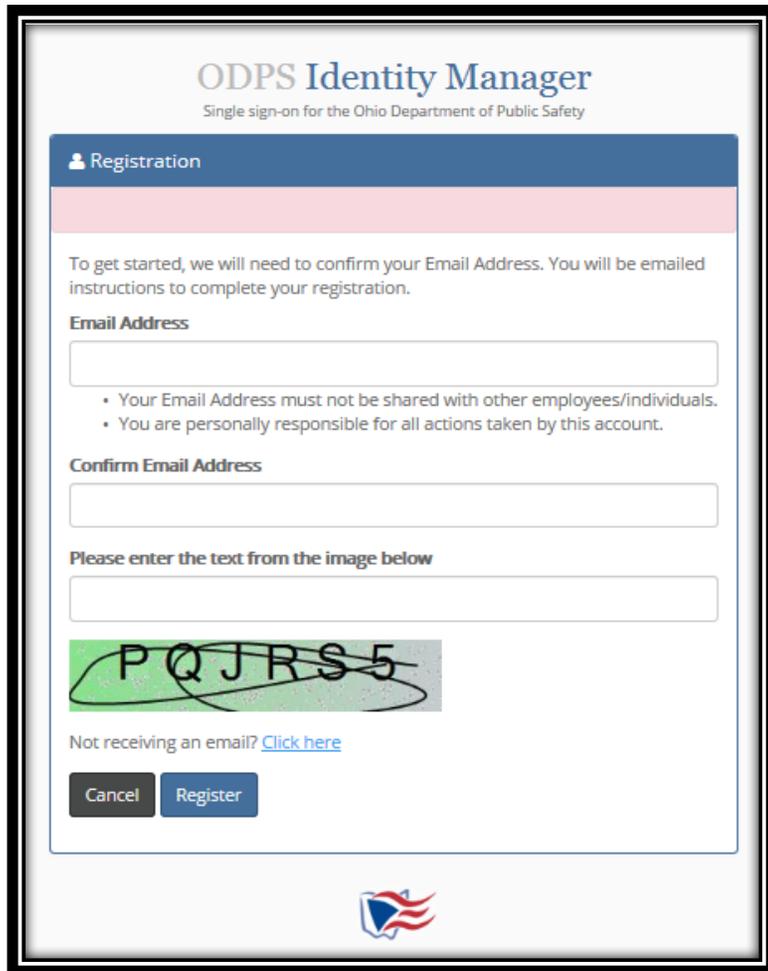
Log in

Having trouble logging in? [Get Help!](#)  
Don't have an account yet? [Register!](#)

## Register with Identity Manager

### Step 3: Registering an Identity Manager account:

- I. All users must register with Identity Manager to access the EMS Grants Management System.
- II. Complete the registration form and select “**Register**”. A screen will appear that verifies an email has been sent with instruction to complete the registration.



The screenshot shows the registration form for ODPS Identity Manager. The page title is "ODPS Identity Manager" with the subtitle "Single sign-on for the Ohio Department of Public Safety". The form is titled "Registration" and contains the following elements:

- A blue header bar with a person icon and the text "Registration".
- A pink horizontal bar.
- Text: "To get started, we will need to confirm your Email Address. You will be emailed instructions to complete your registration."
- Section: "Email Address" with a text input field.
- List of requirements:
  - Your Email Address must not be shared with other employees/individuals.
  - You are personally responsible for all actions taken by this account.
- Section: "Confirm Email Address" with a text input field.
- Text: "Please enter the text from the image below" with a text input field.
- Image: A CAPTCHA image showing the text "PQJRS5" with a scribble over it.
- Text: "Not receiving an email? [Click here](#)"
- Buttons: "Cancel" and "Register".
- Logo: The ODPS logo (a shield with a red and white striped pattern) is located at the bottom right of the page.



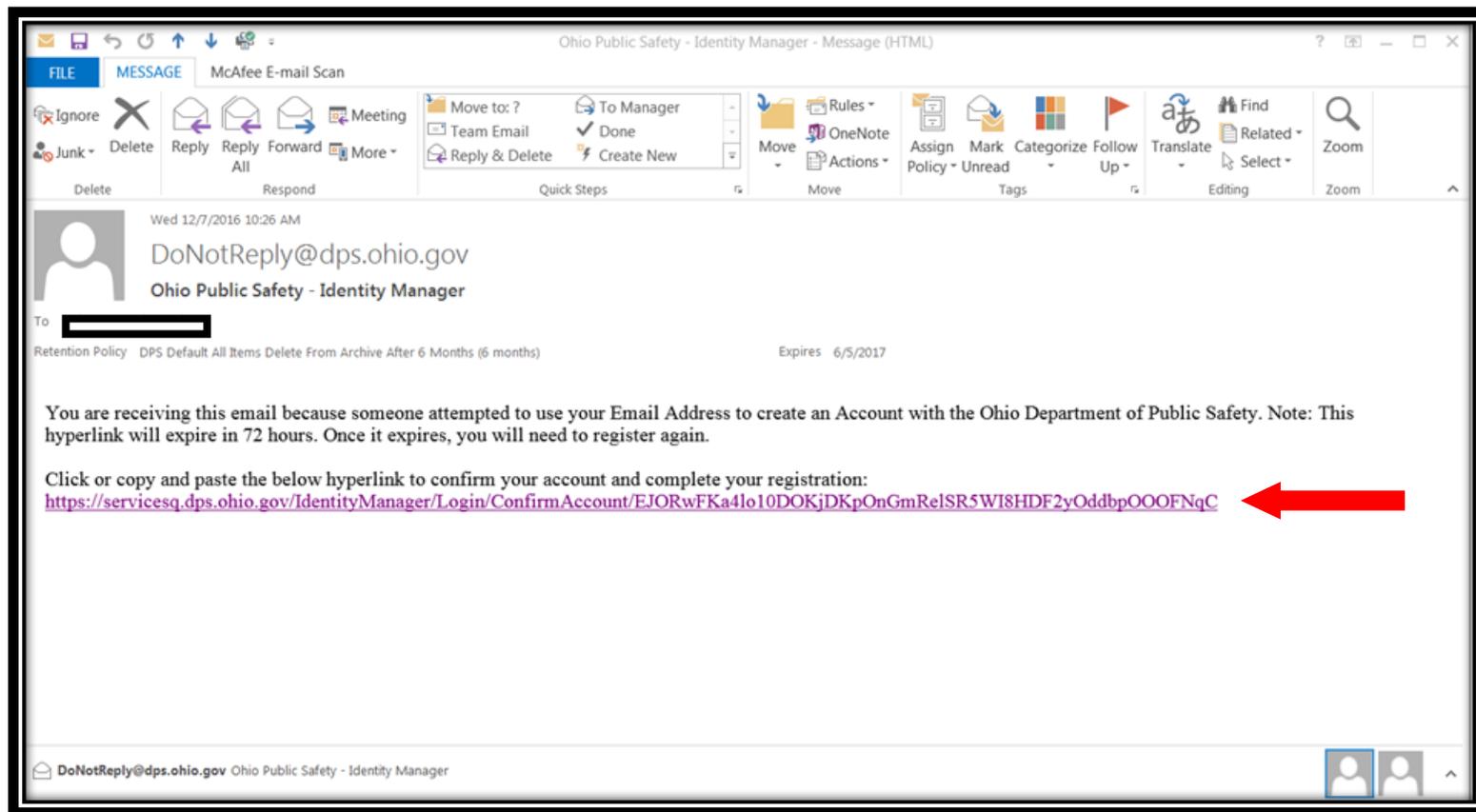
The screenshot shows the "Registration Successful" screen for ODPS Identity Manager. The page title is "ODPS Identity Manager" with the subtitle "Single sign-on for the Ohio Department of Public Safety". The screen contains the following elements:

- A blue header bar with a person icon and the text "Registration Successful".
- A pink horizontal bar.
- Text: "You have been sent an email with instructions to complete your registration."
- Button: "Return to Login".
- Logo: The ODPS logo (a shield with a red and white striped pattern) is located at the bottom center of the page.

## Identity Manager Registration Email

### Step 4: Account Registration Email

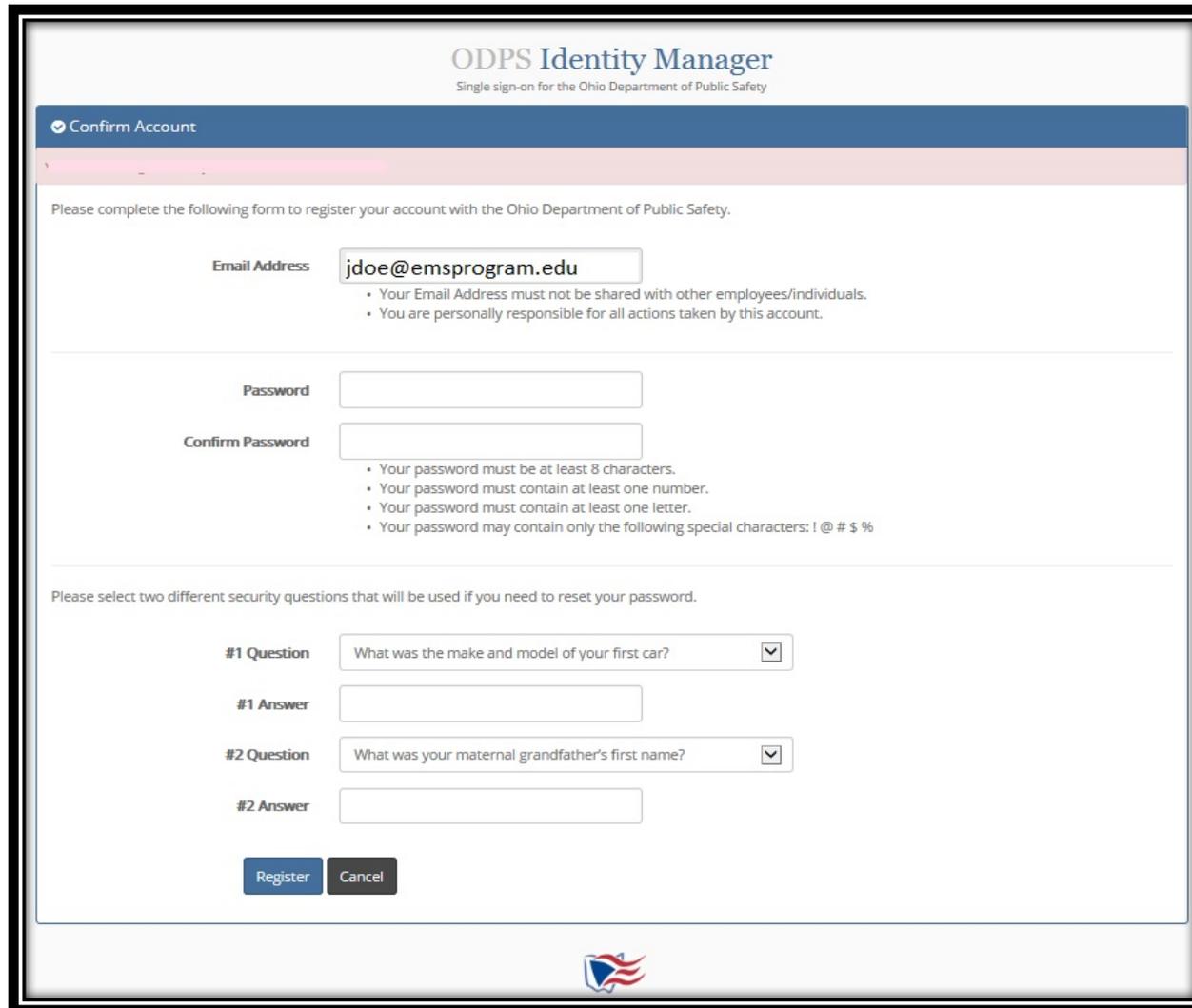
Once you receive the Identity Manager email select the hyperlink to verify registration request and return to complete the registration process. **\*The hyperlink will expire in 72 hours.** \*Open your email when you receive this message so that you may retrieve the link to continue. **In most cases, the email will appear immediately, but sometimes it could take 10-15 minutes and your email may direct it to the Junk Mail or Spam.** Check the Junk Mail and/or Spam boxes if you do not see the email in your Inbox. If you do not receive an email, call our Help Desk (614-752-6487), which is staffed 24/7. Advise the Help Desk you need assistance with the EMS Agencies System, as the Help Desk assists users with several applications.



## Complete Identity Manager Registration

### Step 5: Completing your Identity Manager Account

Complete the registration form and select “Register”.



The screenshot shows the 'Confirm Account' page of the ODPS Identity Manager. The page title is 'ODPS Identity Manager' with the subtitle 'Single sign-on for the Ohio Department of Public Safety'. The main heading is 'Confirm Account'. Below this, there is a pink banner with the text 'Please complete the following form to register your account with the Ohio Department of Public Safety.' The form consists of several sections: 1. Email Address: A text input field containing 'jdoe@emsprogram.edu'. Below it are two bullet points: 'Your Email Address must not be shared with other employees/individuals.' and 'You are personally responsible for all actions taken by this account.' 2. Password: A text input field. 3. Confirm Password: A text input field. Below it are four bullet points: 'Your password must be at least 8 characters.', 'Your password must contain at least one number.', 'Your password must contain at least one letter.', and 'Your password may contain only the following special characters: ! @ # \$ %'. 4. Security Questions: A heading 'Please select two different security questions that will be used if you need to reset your password.' followed by two dropdown menus. The first dropdown is labeled '#1 Question' and contains 'What was the make and model of your first car?'. Below it is a text input field labeled '#1 Answer'. The second dropdown is labeled '#2 Question' and contains 'What was your maternal grandfather's first name?'. Below it is a text input field labeled '#2 Answer'. At the bottom of the form are two buttons: 'Register' (blue) and 'Cancel' (grey). At the very bottom of the page is a small logo of the Ohio state flag.

## ODPS Identity Manager Login

### Step 1: Logging into Identity Manager

Once you've completed the account registration, you will be directed to the EMS Grants Management login. **This will be your EMS Grants Management login page. Users may want to bookmark this page for their convenience.**

ODPS Identity Manager  
Single sign-on for the Ohio Department of Public Safety

Sign In

Sign in to continue to EMS Agencies [Cancel](#)

Log in

Having trouble logging in? [Get Help!](#)  
Don't have an account yet? [Register!](#)



## Grants Management User Validation

### Step 1: Validating your grants management access

After registering with Identity Manager, you must validate your identity. To validate your identity, you will need to log in to Identity Manager with your new account information. Once you've logged in, you will be taken to the Validation Page. To validate your account, you will need your Ohio Driver's License or State ID#, and the last 4 digits of your Social Security Number. After you have entered the requested information, click on "Next".

**If you do not have a State of Ohio Driver's License, or State ID, follow the instructions on page 9, otherwise skip to page 10.** If you have questions regarding account validation, contact the Help Desk (24/7) at 614-752-6487, and advise the representative you are using the EMS Grants Management System

wowowowowow123@mailinator.com is not a recognized user account in the EMS Agencies system. To request access, please complete the form below. For questions or assistance, please contact the Grants Administration staff at 1-800-233-0785.

Step 1 of 2: Access Request (Personal Information)

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>
<b>Date of Birth</b> <input type="text" value="mm/dd/yyyy"/>	<b>SSN (Last 4 digits)</b> <input type="text"/> <small>Enter "0000" if you do not have a Social Security Number.</small>
<b>Select Driver's License / Identification Card State</b> <input type="radio"/> Ohio <input checked="" type="radio"/> Non-Ohio	<b>Please upload a copy of your out of DL/State ID.</b> <input type="button" value="Choose File"/> No file chosen <input type="checkbox"/> I will email my documentation. <small>Please email to <a href="mailto:EMSData@dps.ohio.gov">EMSData@dps.ohio.gov</a> and to your agency chief.</small>
<b>Please enter the text from the image below</b> <input type="text"/>	
	

For questions or assistance, please contact Division of EMS at 1-800-233-0785 or email [EMSData@dps.ohio.gov](mailto:EMSData@dps.ohio.gov)

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## Non-Ohio Driver's License/State ID Validation

### Step 2: Validating without an Ohio Driver's License/State ID

If you do not have a State of Ohio Driver's License, or State ID #, you will need to submit a copy of your out of state Driver's License, or State ID. Copies can be uploaded, faxed, or emailed. Your account will not be created until the validation process occurs. If you have questions regarding account validation, contact the Help Desk (24/7) at 614-752-6487, and advise the representative you are using the EMS Grants Management System.

wowowowowow123@mailinator.com is not a recognized user account in the EMS Agencies system. To request access, please complete the form below. For questions or assistance, please contact the Grants Administration staff at 1-800-233-0785.

Step 1 of 2: Access Request (Personal Information)

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>
<b>Date of Birth</b> <input type="text" value="mm/dd/yyyy"/>	<b>SSN (Last 4 digits)</b> <input type="text"/> <small>Enter "0000" if you do not have a Social Security Number.</small>
<b>Select Driver's License / Identification Card State</b> <input type="radio"/> Ohio <input checked="" type="radio"/> Non-Ohio	<b>Please upload a copy of your out of DL/State ID.</b> <input type="button" value="Choose File"/> No file chosen <input type="checkbox"/> I will email my documentation. <small>Please email to <a href="mailto:EMSData@dps.ohio.gov">EMSData@dps.ohio.gov</a> and to your agency chief.</small>
<b>Please enter the text from the image below</b> <input type="text"/>	
	

For questions or assistance, please contact Division of EMS at 1-800-233-0785 or email [EMSData@dps.ohio.gov](mailto:EMSData@dps.ohio.gov)

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## Requesting Access to an EMS Agency

### Step 1: Agency Access

- I. To request access to an agency please select the EMS Agency using the drop down menu.
- II. Select “Request.”

**The Division of EMS will take action on your access request within 72 hours of receipt.**

 EMS Agencies 👤

[Home](#) / [Account Management](#) / [Request Agency Access](#)

#### User Information

Last Name:

First Name:

Email:

Status:

In Process

⚠️ Access request is pending.

[Log out](#)

#### Request Agency Access

Agency Code

(OR)

Agency Name

[Search](#) [Clear](#)

#### Result(s)

21 Result(s) are displayed.

Agency Code	Agency Name	Address	
54-E180	Coldwater EMS	500 W. Main St. Coldwater OH	<a href="#">Select</a> ▼
Select Role: <input checked="" type="radio"/> Grants Administrator <span style="float: right;">Required</span>			
<a href="#">Request</a> <a href="#">Cancel</a>			
54-009	Coldwater Fire Dept	303 W Main St Coldwater OH	<a href="#">Select</a> ▼
31-103	Colerain Twp Fire Dept	4160 Springdale Rd. Cincinnati OH	<a href="#">Select</a> ▼

## Requesting Access to Multiple Agencies

Please note: Users will only be able to request access to one agency at a time. If you need access to multiple agencies, a new request may be submitted once the pending request has been approved.

The screenshot shows the 'Request Agency Access' page. The breadcrumb trail is 'Home / Account Management / Request Agency Access'. The 'User Information' section displays: Last Name: last, First Name: name, Email: (blank), and Status: Inprocess. A yellow warning box states 'Access request is pending.' The 'Agency Access' section shows '1 Pending Request(s)' with a note: 'A request for access to an additional agency may be submitted after the current request has been approved.' Below this is a table with columns 'Agency' and 'Status':

Agency	Status
1st Advanced EMS	Pending

At the bottom, there is a 'Log out' button and footer text: 'Disclaimer | Privacy Policy | Grants Information | Contact Ohio Department of Public Safety © - 2016'.

The screenshot shows the 'Account Information' page. The breadcrumb trail is 'Home / Account Information'. The 'User Information' section displays: Last Name: OLTEST, First Name: ABSTRACT, and Email: (blank). A 'Log out' button is visible. The 'Agency Access' section features a '+ Request Agency Access' button and a table with columns 'Agency' and 'Status':

Agency	Status
American Trans LLC	Approved

At the bottom, there is a 'Log out' button and footer text: 'Disclaimer | Privacy Policy | Grants Information | Contact Ohio Department of Public Safety © - 2016'.

## Request Access Emails

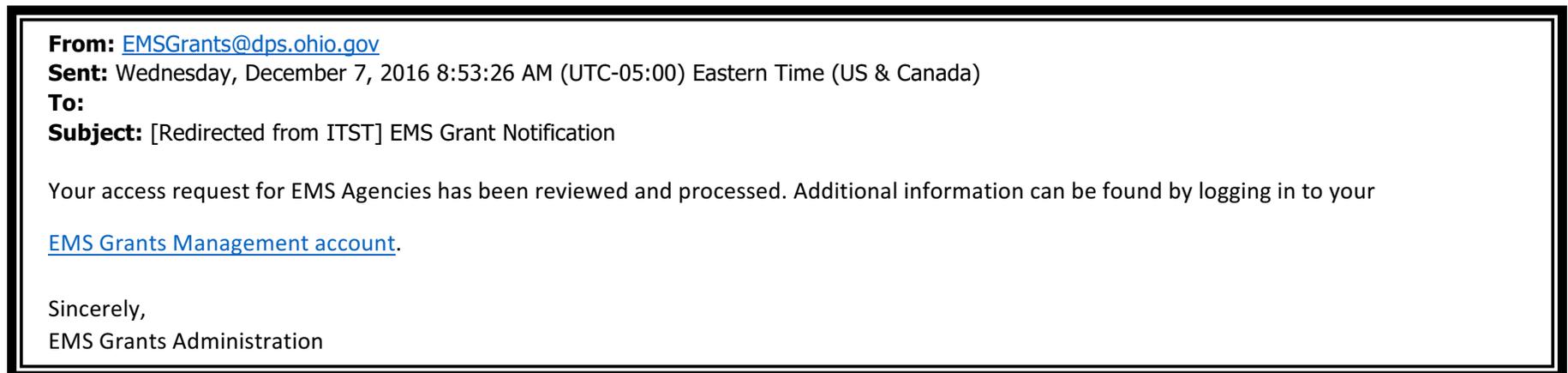
### Step 2: Access request confirmation email

After a request for agency access has been submitted, users will receive a confirmation email



### Step 2: Access approved confirmation email

Users will receive a confirmation email, once the submitted agency access request has been approved.



## Accessing an Agency Account

Users will only need to validate, and submit an agency request for their account one time. After validating, and receiving agency access, users will log in to Identity Manager and be directed to their Agency Account.

The screenshot shows the EMS Agencies web application interface. At the top left is the EMS logo and the text "EMS Agencies". To the right is a user profile icon and a search bar. Below the navigation bar is a breadcrumb trail: "Home /". The main content area has a blue header with the text "How may we help you?". Below this is a light blue box containing "Selected Agency Information" and "Your Agency's Name". A blue callout box with a white border points to the "Grants Management" button, containing the text: "Clicking this button will bring you to the Existing Grants system". Below the callout are two buttons: "Grants Management" and "Account Management". The "Grants Management" button has a description: "To submit grant application, check status, submit invoices related to existing grants and view past grant application and invoices." The "Account Management" button has a description: "To view current access and to request access for another agency."

For questions or assistance, please contact Division of EMS at 1-800-233-0785 or email [EMSData@dps.ohio.gov](mailto:EMSData@dps.ohio.gov)

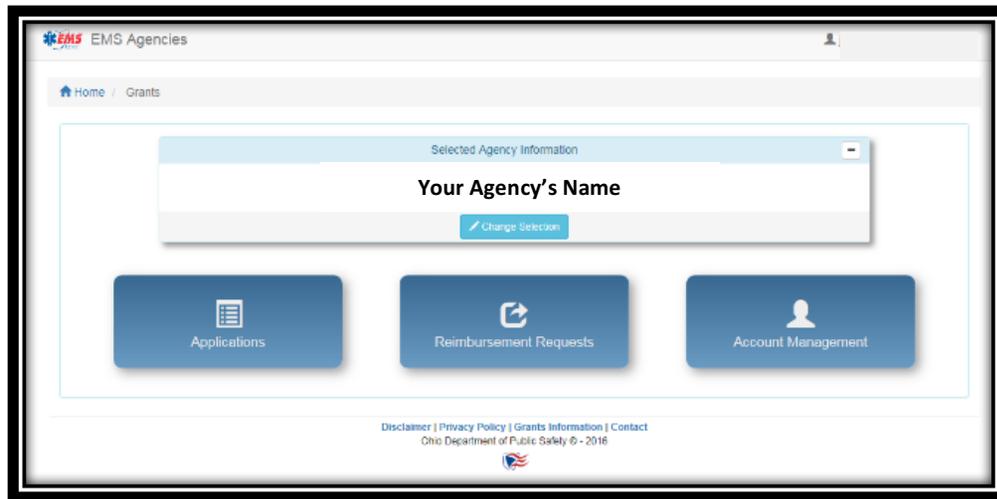
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## Navigating an Agency Account

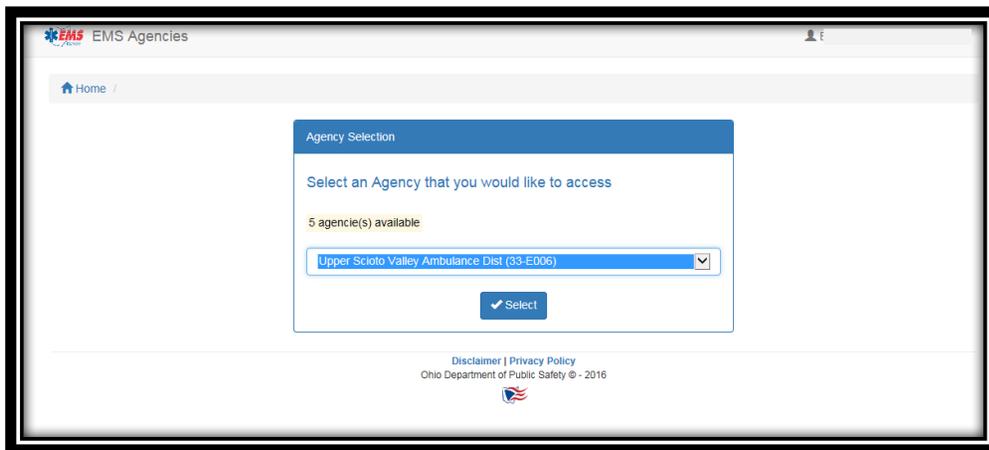
### Step 1: Navigating your EMS Agency's Account

- I. To access new and submitted grant applications, select “**Applications**”.
- II. To submit and review your agency's reimbursement requests, select “**Reimbursement Request**”.
- III. To request access to another agency, select “**Account Management**”.
- IV. If a user has access to multiple agencies, they can navigate between the agencies by selecting “**Change Selection**”.



#### Single Agency Access:

If you only have access to one agency, once you log in your screen will take you to your agency's front page.



#### Multiple Agency Access:

If you have access to multiple agencies, select the agency account you want to view.

## Applying for a Grant

### Step 1: Applying for an EMS Priority One or Supplemental Grant

- I. Select the grant you are applying for from the list of **“Available Grant Applications”**. (please note: you must apply, and submit a Priority One Application **before** you can apply for the Board Priority, or Economic Hardship grants.
- II. Submitted applications can be reviewed by select the grant application you would like to view under the “Submitted Grant Application(s)”

The screenshot displays the EMS Agencies web application interface. At the top, the logo for EMS Agencies is visible. Below the logo, there is a breadcrumb trail: Home / Grant(s) / Available and Submitted Grant Applications. A modal window titled "Selected Agency Information" is open, showing "Your Agency's Name" and a "Change Selection" button. Below this, the main content area is titled "Grant Application(s)". It includes a "Back to Home" button and a "Fiscal Year" dropdown menu set to "2017 - 2018". The "Available Grant Application(s)" section lists four grants with their respective availability dates and "Start" buttons:

Grant Name	Availability	Action
2018 Jan BP_1	Available until 6/10/2017 11:00 AM	Start
2018 Jan EH_1	Available until 1/6/2018 7:00 AM	Start
2018 Jan EH_2	Available until 3/11/2017 7:00 PM	Start
SFY 2017-2018 Priority One Grant	Available until 4/1/2017 5:00 PM	Start

The "Submitted Grant Application(s)" section shows a message: "No Submitted Grant applications are found." At the bottom of the page, there are buttons for "View Reimbursements" and "Print".

## Reviewing the Grant Guidance and Agreement

### Step 1: Opening the Grant Guidance and Agreement Document

- I. Before starting your application, agencies can review the Grant Guidance, as well as agree to the terms of the EMS Grants Agreement.
- II. Select the “EMS Grants Agreement” to review the Guidance, and Agreement, select the “EMS Grants Agreement” button and the document will open in a new window.

The screenshot displays the EMS Grants Management System interface. On the left, a document preview for the "EMS Priority One and Supplemental Grant Guidance and Agreement" is visible. The document header includes the logos for EMS and EMFTS BOARD, and the text: "OHIO DEPARTMENT OF PUBLIC SAFETY, DIVISION OF EMERGENCY MEDICAL SERVICES, EMERGENCY MEDICAL, FIRE, & TRANSPORTATION SERVICES BOARD". The document content includes a notice of availability, a deadline of 5:00 P.M. on April 1st, and instructions for application submission. Below the document preview, there is a checkbox for attestation: "I ATTEST THAT I AM THE DULY AUTHORIZED OFFICER FOR THE EMS ORGANIZATION LISTED ABOVE, AND THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND AGREEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT I AM BOUND BY THE TERMS AND CONDITIONS OF THIS GRANT APPLICATION AND AGREEMENT IF FUNDING IS AWARDED." A "Continue" button is located below the attestation.

On the right, the main application form is shown. It features a blue header with a user profile icon. A prominent blue box contains the text "Your Agency's Name" and a "Change Selection" button. Below this, there is a section for the "EMS Grants Agreement" document, with a blue button labeled "EMS Grants Agreement".

## Printing the Grant Guidance and Agreement

### Step 2: Printing

Once the Guidance and Agreement document opens, grantees may print or save by select the options at the botton of the document page.

OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES  
EMERGENCY MEDICAL, FIRE, & TRANSPORTATION SERVICES BOARD

**EMS** **EMTSS BOARD**

**EMS Priority One and Supplemental Grant Guidance and Agreement**

ADMINISTERED BY THE DIVISION OF EMERGENCY MEDICAL SERVICES

This notice announces the availability of the Priority One Emergency Medical, Fire, & Transportation Services Board grant for the training of personnel and purchase of equipment, which has been established pursuant to section 4765.07 of the Ohio Revised Code (R.C.).

This guidance document includes program information, guidelines, and instructions. Please follow all directions carefully to avoid delays in consideration. Applications will be available through the EMS Grants Management System beginning February 1<sup>st</sup> at the Ohio Division of EMS Web site, [www.ems.ohio.gov](http://www.ems.ohio.gov) (click on the "Grants" page and select EMS Grants System Login).

The deadline for applications is **5:00 P.M. on April 1<sup>st</sup>**. Supporting documentation must be postmarked or hand delivered to the Ohio Division of EMS office by the date and time indicated to be considered for funding. Supporting documentation may be submitted electronically, postmarked, or hand delivered to the Division of EMS office, by April 1<sup>st</sup> at 5:00 p.m., in order to be considered for funding and should be sent to: Ohio Department of Public Safety, Division of Emergency Medical Services, 1970 West Broad Street, P.O. Box 182073, Columbus, Ohio 43218-2073. All information and updates regarding the Ohio EMS Grant Program will be sent via GovDelivery.

Applicants must provide a personal address or an alternate address and a federal tax ID. Do not provide a personal address or an alternate address if the information is incorrect, please make the correction by overwriting the incorrect information in the respective questions and complete an EMS Agency Change of Information Form.

I ATTEST THAT I AM THE DULY AUTHORIZED OFFICER FOR THE EMS ORGANIZATION LISTED ABOVE, AND THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND AGREEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT I AM BOUND BY THE TERMS AND CONDITIONS OF THIS GRANT APPLICATION AND AGREEMENT IF FUNDING IS AWARDED.

Continue >

## Attesting to the Terms of the EMS Grants Agreement

### Step 3: Attestation

Once you have reviewed the Agreement, you must agree to the terms and conditions of the EMS Grants Agreement, by checking the Attestation box at the bottom of the page. After agreeing to the terms and conditions, you can select “**Continue**” to proceed to application. (Applicants will only be required to agree to the EMS Grant Agreement terms and conditions at the start of the Priority One application, however, the terms and conditions apply to EMS Priority One, and Supplemental grants.)

EMS Agencies

Home / Grant(s) / Grant Application(s) / Grant Agreement

Selected Agency Information

Your Agency's Name

Change Selection

Grant Application agreement for SFY 2017-2018 Priority One Grant

Please read and agree to **EMS Grants Agreement** document before proceeding.

EMS Grants Agreement

I ATTEST THAT I AM THE DULY AUTHORIZED OFFICER FOR THE EMS ORGANIZATION LISTED ABOVE, AND THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND AGREEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY ACKNOWLEDGE THAT I AM BOUND BY THE TERMS AND CONDITIONS OF THIS GRANT APPLICATION AND AGREEMENT IF FUNDING IS AWARDED.

Continue >

## Priority One Application

### Step 1: Selecting the Type of Service Provided by your Agency

Applicants will select the type of service that is provided by their agency.

**Your Agency's Name**  
[Change Selection](#)

**Grant Application for SFY 2017-2018 Priority One Grant**

**Your EMS organization must meet the following definition in order to apply:**  
Your agency must be an Emergency Medical Services organization whose main responsibility is to provide continuous emergency medical services to the community pursuant to requests and / or calls from the public for emergency medical service response. Such EMS organizations must also meet one of the following. Please select which response best describes your agency

This agency provides emergency medical services, and is established or operated by a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

This agency provides emergency medical services, pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

This agency does not provide emergency medical services under the operation of a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state OR pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

[Upload Documents](#)

No documents uploaded.

---

<p><b>Does your agency provide patient treatment services?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Is your agency in compliance with the submission of data to the Division of EMS as defined in O.A.C <a href="#">4765-4-08</a>, and required under section <a href="#">4765.06</a> of the ORC?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
--	---

---

**Is your agency the Primary provider of EMS services for a political subdivision?**

Yes  No

## Uploading Supporting Documentation to your Application

### Step 1: Uploading Supporting Documentation

If your agency provides service pursuant to a contract or letter, you must submit a copy of the letter or contract with the application. Select the **“Upload Documents”** tab to add a copy of your contract of letter to your grant application. A new window will open with the upload option.

Grant Application for SFY 2017-2018 Priority One Grant

Your EMS organization must meet the following definition in order to apply:  
Your agency must be an Emergency Medical Services organization whose main responsibility is to provide continuous emergency medical services to the community pursuant to requests and / or calls from the public for emergency medical service response. Such EMS organizations must also meet one of the following. Please select which response best describes your agency

This agency provides emergency medical services, and is established or operated by a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

This agency provides emergency medical services, pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

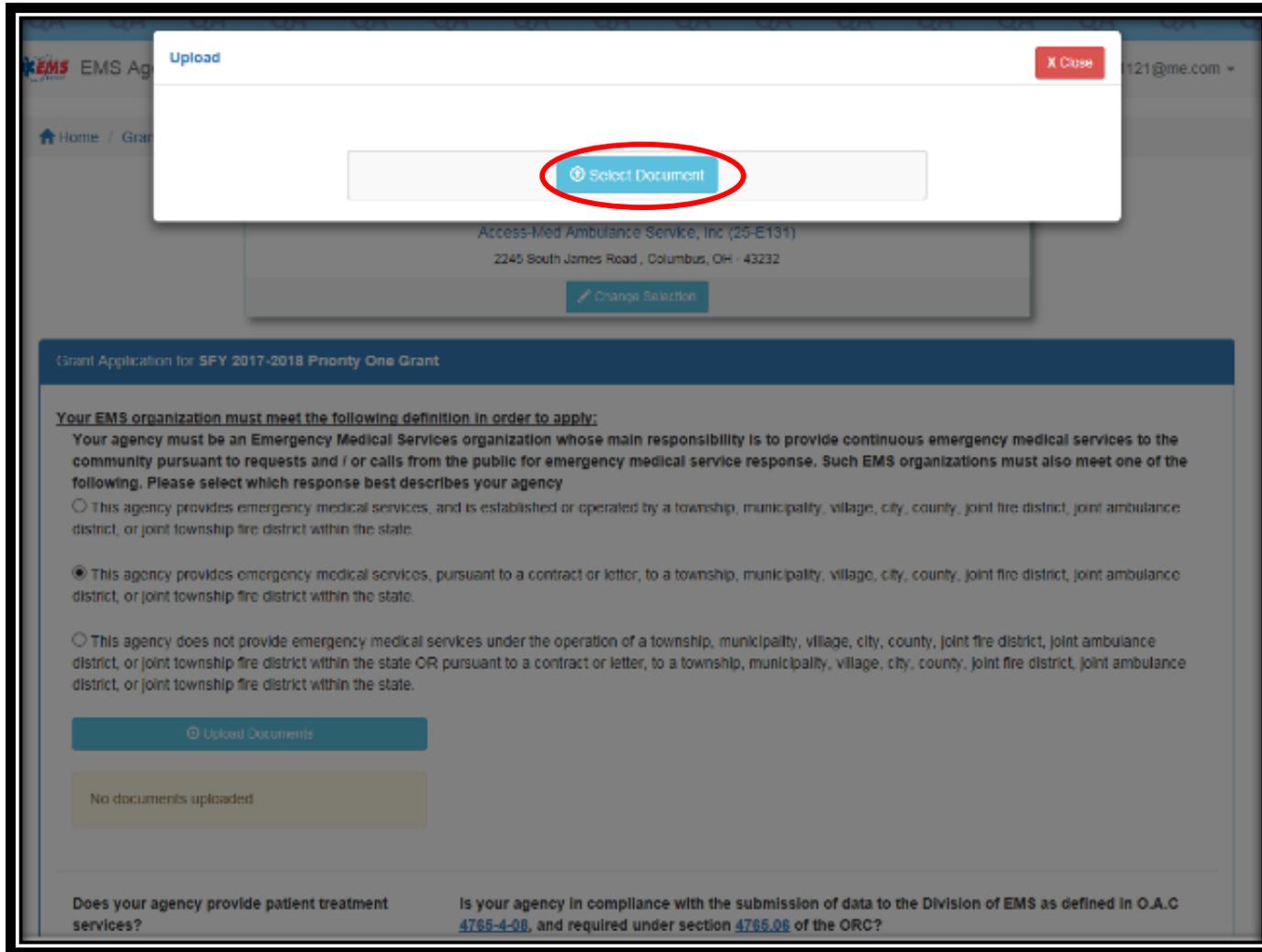
This agency does not provide emergency medical services under the operation of a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state OR pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

No documents uploaded

Does your agency provide patient treatment services?      Is your agency in compliance with the submission of data to the Division of EMS as defined in O.A.C 4765-4-08, and required under section 4765.06 of the ORC?

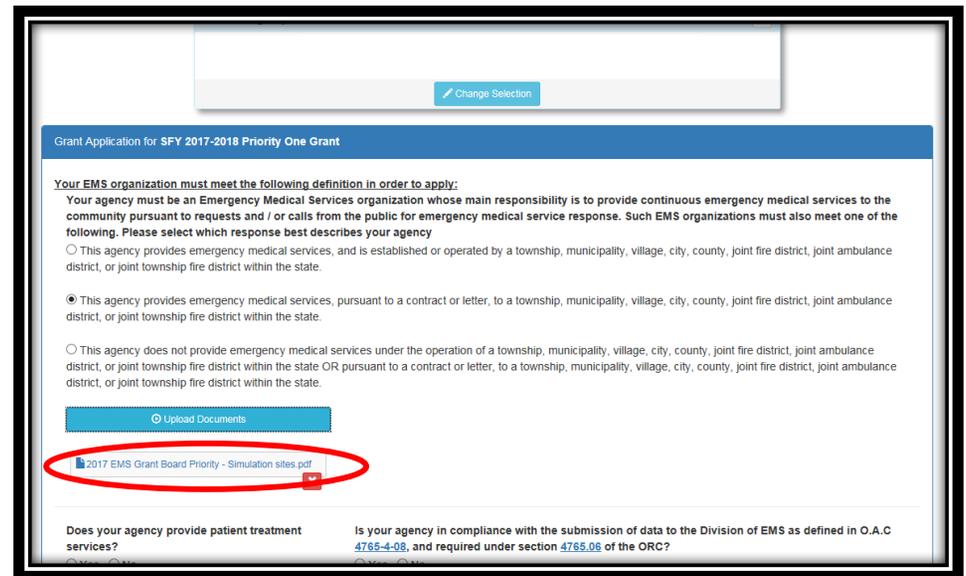
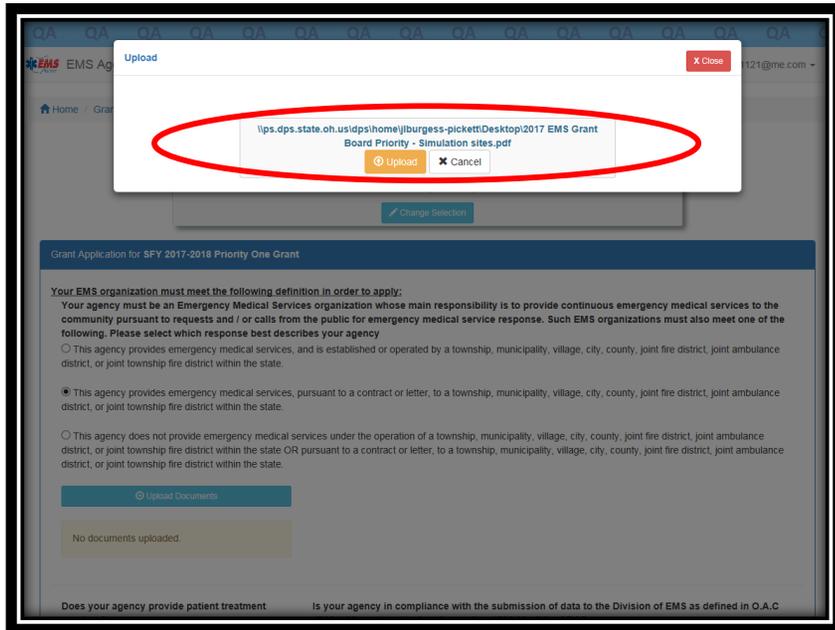
## Step 2: Selecting your Document to Upload

To upload your document, select the “**Select Document**” tab. A window with our computer’s documents and files will open, find and select your document.



### Step 3: Saving your Document

Once you find and select your document, the upload window will appear with the name of the document you've selected. Select **“Upload”** to save the document to your grant application. You will be able to review and delete your document once your document is saved to your application.



## Completing your Application

### Step 1: Completing the Priority One Application Questions

- I. Complete the Priority One questions.
- II. You may review the O.A.C and O.R.C. to confirm whether or not your agency is compliant with data reporting by selecting the blue highlighted codes.
- III. Review your organization's information, if the information is incorrect, select "No".

Does your agency provide patient treatment services?  
 Yes  No

Is your agency in compliance with the submission of data to the Division of EMS as defined in O.A.C. [4765-4-08](#), and required under section [4765.06](#) of the ORC?  
 Yes  No

Is your agency the Primary provider of EMS services for a political subdivision?  
 Yes  No

**EMS ORGANIZATION**

EMS Organization Name

FEDERAL TAX I.D. #

Are the following Organization details correct?  
 Yes  No

**Mailing Address**  
Columbus OH 43232  
Phone : 614  
Fax : 614

**AUTHORIZING OFFICIAL**

Last Name	First Name	Telephone #	Email
<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text"/>

**CONTACT PERSON**

Full Name	Title	Telephone #	Email
<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text"/>

**MEDICAL DIRECTOR**

Last Name	First Name	Ohio Physician License #	Physician Telephone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>

Does your Medical Director meet the requirements as defined in section [4765-3-06](#) of the O.A.C.?

## Step 2: Changing your Organizations Information

If you answered “No” that your agency information was incorrect, the address fields will open so you can edit your information.

EMS ORGANIZATION			
<b>EMS Organization Name</b>		<b>FEDERAL TAX I.D. #</b>	
<input type="text"/>		<input type="text" value="XXXXXXXXXX"/>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>
<input type="text" value="2245 South James Road"/>		<input type="text" value="Columbus"/>	<input type="text" value="Ohio"/>
<b>Zip</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>
<input type="text" value="43232"/>	<input type="text" value="Franklin"/>	<input type="text" value="6143371100"/>	<input type="text" value="6142391351"/>
<b>AUTHORIZING OFFICIAL</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Telephone #</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text"/>
<b>CONTACT PERSON</b>			
<b>Full Name</b>	<b>Title</b>	<b>Telephone #</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>	<input type="text"/>
<b>MEDICAL DIRECTOR</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Ohio Physician License #</b>	<b>Physician Telephone #</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>
Does your Medical Director meet the requirements as defined in section <a href="#">4765-3-05</a> of the O.A.C.?			
<input type="radio"/> Yes <input type="radio"/> No			
<b>Which funding sources does your agency receive? (select all that apply)</b>		<b>Operating Budget</b>	
<input type="checkbox"/> Billing	<input type="checkbox"/> Tax Levy - Property	<input type="text" value="\$"/>	
<input type="checkbox"/> Fundraisers/Donations	<input type="checkbox"/> Tax Levy - Income	<b>Square miles covered</b> ⓘ	
<input type="checkbox"/> Grants	<input type="checkbox"/> Tax Levy - Sales	<input type="text"/>	
<input type="checkbox"/> Other		<b>Population covered</b> ⓘ	
		<input type="text"/>	

## Entering your Agency's Medical Director Information

### Step 1: Medical Director Details

- I. Complete all of the requested information for your agency's Medical Director. Please note, Ohio Physician License numbers should begin with a 34. or 35., and consist of 8 numbers. Please be sure to include the period with the number.
- II. You must confirm that your Medical Director meets the requirements as defined in the O.A.C. code. If you are unsure of requirements of the O.A.C. code, you may select the highlighted blue codes to review them.

**MEDICAL DIRECTOR**

Last Name	First Name	Ohio Physician License #	Physician Telephone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="XXX-XXX-XXXX"/>

Does your Medical Director meet the requirements as defined in section [4765-3-05](#) of the O.A.C.?

Yes  No

Which funding sources does your agency receive? (select all that apply)

<input type="checkbox"/> Billing	<input type="checkbox"/> Tax Levy - Property
<input type="checkbox"/> Fundraisers/Donations	<input type="checkbox"/> Tax Levy - Income
<input type="checkbox"/> Grants	<input type="checkbox"/> Tax Levy - Sales
<input type="checkbox"/> Other	

Operating Budget

\$

Square miles covered [?](#)

Population covered [?](#)

If your agency provides services to an area that experiences an increase in population during certain times of the year, please provide the amount by which the population increases [?](#)

Number of Stations

Number of EMS Runs

Does your agency provide emergency medical transport services?

Yes  No

Highest level of service provided

Describe your staffing (check all that apply)

<input type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time
<input type="checkbox"/> Volunteer

Agency member certification levels [?](#)

EMR <input type="text"/>	EMT <input type="text"/>
AEMT <input type="text"/>	Paramedic <input type="text"/>

Please provide a brief description of your primary response area [?](#)

## Submitting your Agency's Priority One Application

### Step 1: Submitting your Agency's Priority One Application

Once your application is complete, select the "Submit" button. Please note, you will not be able to make changes to your application once it is submitted.

The screenshot shows a web form for submitting an agency's Priority One application. The form is enclosed in a black border. At the top left, there is a checkbox labeled "Other". To the right, there are two text input fields: "Population covered" and "If your agency provides services to an area that experiences an increase in population during certain times of the year, please provide the amount by which the population increases". Below these are three input fields: "Number of Stations", "Number of EMS Runs", and "Does your agency provide emergency medical transport services?" with radio buttons for "Yes" and "No". Further down, there is a dropdown menu for "Highest level of service provided" and a section for "Describe your staffing (check all that apply)" with checkboxes for "Full-Time", "Part-Time", and "Volunteer". To the right of this is a section for "Agency member certification levels" with input fields for "EMR", "EMT", "AEMT", and "Paramedic". At the bottom, there is a large text area for "Please provide a brief description of your primary response area". At the very bottom, there are two buttons: a green "Submit" button with a checkmark icon and an orange "Cancel" button with an 'X' icon. The "Submit" button is circled in red.

## Applying for a Board Priority or Economic Hardship Supplemental Grant

### Step 1: Supplemental Grant Applications

Both Board Priority and Economic Hardship applicants must submit information regarding the agency's vehicle detail, non-profit and private agency status and cardiac arrest information before starting their applications.

\*If your agency is non-profit, and does not operate under a government entity, you must submit a copy of your most recent I-990 in order to be considered for the supplemental grants.

\*If you are a private agency, you must submit a copy of your agency's most recent Schedule C in order to be considered for the supplemental grants.

You may upload a copy of your documentation in the system, by selecting the "Upload Documents" button.

Change Selection

Grant Application for 2018 Jan BP\_1

Provide the information for your agency's 5 [Newest](#) frontline EMS transport ambulances.

(Add Up to 5 newest vehicles) [+ Add a vehicle](#)

Vehicle #1	Year: 1998	Cardiac/Heart Monitor: No
Type: II	Mileage: 52214	Waveform Capnography: No
Manufacturer / Chassis: ford	Hours: 2565	CPR Assisting Device: No
Converter / Manufacturer: ford	Condition: Fair	<a href="#">Delete</a>

Are you a federally tax-exempt organization?  
 Yes  No

Are you a private agency?  
 Yes  No

How many cardiac arrest runs were made by your agency in the last calendar year?  
20

[Upload Documents](#)

No documents uploaded.

[Next](#) [Cancel](#)

## Applying for Board Priority Funds

### Step 1: Board Priority Application

Select whether your agency is seeking funding for Training or Equipment, or Both.

The screenshot shows a web application interface for a grant application. At the top, there is a light blue box titled "Selected Agency Information" with a minus sign in the top right corner and a "Change Selection" button with a pencil icon at the bottom. Below this is a blue header bar with the text "Grant Application for 2018 Jan BP\_1". The main content area is divided into two columns. The left column is titled "Select the funds that you would like to apply" with a red link "Make a selection". It contains three radio button options: "Training **ONLY**", "Equipment **ONLY**", and "Training **AND** Equipment". The right column is titled "Funding Request Amount" and contains the instruction "Enter the total dollar amount your agency is requesting. Please remember, the maximum award amount for the Board Priority funds an agency may be eligible to receive is \$30,000." Below this is a text input field with a dollar sign and the value "0.00". At the bottom of the form is a large text area with the instruction "The Board Priority funds are needs-based. Please describe your agency's need for the requested equipment/training." and a red link "Describe". At the very bottom are two buttons: a green "Submit" button with a checkmark and an orange "Cancel" button with an 'X'.

## Applying for Board Priority Funding

### Step 1: Applying for the Board Priority Grant

- I. Select “Add” to add the equipment or training item you intend to purchase if awarded funds.

Select the funds that you would like to apply

Training **ONLY**

Equipment **ONLY**

Training **AND** Equipment

**Funding Request Amount** Enter the total dollar amount your agency is requesting. Please remember, the maximum award amount for the Board Priority funds an agency may be eligible to receive is \$30,000.

\$ 5444.00

#### Training

Training List.

Training Title	Training Location	Participant Count	Cost Per Person	Total Cost	+ Add
h	h	4	\$1,111.00	\$4444.00	Delete
<b>Total Cost:</b>				\$4444.00	

Training Request Amount

\$ 4444

#### Equipment

Please provide the details of the Board Priority equipment (Waveform Capnography / 12-Lead ECG) and associated costs that your agency intends to purchase with these funds (please include shipping and tax, when applicable, in total cost).

Equipment	Brand	Quantity	Cost Per Unit	Total Cost	+ Add
Waveform Capnography	zoll	1	\$1,000.00	\$1000.00	Delete
<b>Total Cost:</b>				\$1000.00	

Equipment Request Amount Equipment Request Amt

\$ 1000

What percentage of advanced life support (ALS) calls for service included a paramedic response?

%

## Applying for Board Priority Training

### Step 2: Board Priority Training

If your agency is applying for Board Priority Training, you must enter the requested details, and add them to the application. A list of some of the training providers, and courses has been provided for grantees who may not be aware of training opportunities. Select “**Available Training Opportunities**” to review those training opportunities.

The screenshot shows a web form titled "Add Training Item". The form contains the following fields and sections:

- Training Title**: A text input field.
- Training Location**: A text input field with a blue link labeled "Available Training Opportunities" to its right.
- Training Instructor Name**: A text input field.
- Training Instructor Title**: A text input field.
- Participant Count**: A text input field.
- Training Cost (Per Person)**: A text input field with a "\$" symbol on the left.
- Total Cost**: A text input field with a "\$" symbol on the left and the value "0.00" displayed.
- Agency Contact Name**: A text input field.
- Agency Contact Phone**: A text input field.
- Agency Contact Email**: A text input field.
- Will any other agencies be participating in this training with you?**: A question with two radio button options: "Yes" and "No".
- Please provide the number of participants based on certification levels for all participants:**: A section with four text input fields labeled "EMR", "EMT", "AEMT", and "Paramedic".
- Please indicate how many of the participants have received the following training:**: A section with three text input fields labeled "PALS", "PEPP", and "APLS".
- Buttons**: At the bottom, there are two buttons: a green "Add" button with a plus icon and a "Cancel" button with an 'x' icon.

## Applying for Board Priority Training

### Step 3: Board Priority Equipment

If your agency is applying for Board Priority Training, you must enter the requested details, and add them to the application.

The screenshot displays a web application interface for adding equipment items. A modal window titled "Add Equipment Item" is open, featuring a "Select Item" dropdown menu, a "Brand" text input field, and three input fields for "Quantity", "Cost Per Unit" (with a dollar sign prefix), and "Total Cost" (with a dollar sign prefix and a value of "0.00"). Below these fields are "Add" and "Cancel" buttons. The background shows a table with columns for "Equipment", "Brand", "Quantity", "Cost Per Unit", and "Total Cost", and a "Total Cost" summary. Below the table, there are several text input fields for "Equipment Request Amount", "What percentage of advanced life support (ALS) calls for service included a paramedic response?", "Answering for your entire EMS agency, what is the maximum number of primary response vehicles (nonfirst responder ambulances) required at any one time within your normal 24-hour operational / staffing configuration to provide coverage and respond to all EMS scenes (911-based emergencies)?", "How many of these vehicles are currently equipped with 12-Lead ECG Cardiac/Heart Monitor or higher devices?", and "How many of these vehicles are currently equipped with Waveform Capnography?".

## Completing the Board Priority Application

### Step 4: Completing your Board Priority Application

Once you have entered the details of your equipment and/or training request, you will enter the amount you are requesting for funding.

Select the funds that you would like to apply

Training **ONLY**

Equipment **ONLY**

Training **AND** Equipment

**Funding Request Amount** Enter the total dollar amount your agency is requesting. Please remember, the maximum award amount for the Board Priority funds an agency may be eligible to receive is \$30,000.

\$ 5444.00

#### Training

Training List.

Training Title	Training Location	Participant Count	Cost Per Person	Total Cost	+ Add
h	h	4	\$1,111.00	\$4444.00	Delete
<b>Total Cost:</b>				\$4444.00	

**Training Request Amount**

\$ 4444

#### Equipment

Please provide the details of the Board Priority equipment (Waveform Capnography / 12-Lead ECG) and associated costs that your agency intends to purchase with these funds (please include shipping and tax, when applicable, in total cost).

Equipment	Brand	Quantity	Cost Per Unit	Total Cost	+ Add
Waveform Capnography	zoll	1	\$1,000.00	\$1000.00	Delete
<b>Total Cost:</b>				\$1000.00	

**Equipment Request Amount** Equipment Request Amt

\$ 1000

What percentage of advanced life support (ALS) calls for service included a paramedic response?

%

## Submitting your Board Priority Application

### Step 5: Submitting your Board Priority Application

Once you have completed all of the Board Priority questions, you are ready to submit your application. Select the “Submit” button to submit your application to the Division for review. Please note, you will not be able to make changes to your application once it has been submitted.

The screenshot shows a web form for submitting a Board Priority Application. At the top, there is a text input field containing "\$ 1000" and a percentage input field labeled "a paramedic response?" with a red border and a placeholder "Enter Percentage". Below these are several questions:

- "Answering for your entire EMS agency, what is the maximum number of primary response vehicles (nonfirst responder ambulances) required at any one time within your normal 24-hour operational / staffing configuration to provide coverage and respond to all EMS scenes (911-based emergencies)?" with a red-bordered input field and "Enter Number" below it.
- "How many of these vehicles are currently equipped with 12-Lead ECG Cardiac/Heart Monitor or higher devices?" with a red-bordered input field and "Enter Number" below it.
- "How many of these vehicles are currently equipped with Waveform Capnography?" with a red-bordered input field and "Enter Number" below it.
- "Will any of the requested devices replace aging equipment?" with radio buttons for "Yes" and "No Make a selection".
- "Does your agency need the Waveform Capnography equipment to integrate with an existing monitor?" with radio buttons for "Yes" and "No Make a selection".
- "Please describe how the acquisition of the requested equipment will improve EMS in your community. Describe" with a large text area.
- "The Board Priority funds are needs-based. Please describe your agency's need for the requested equipment/training. Describe" with a large text area.

At the bottom of the form, there are two buttons: a green "Submit" button with a checkmark icon and an orange "Cancel" button with an 'X' icon. The "Submit" button is circled in red.

## Applying for Economic Hardship Funds

### Step 1: Applying for Economic Hardship Funds

- I. Enter the amount your agency is requesting for Equipment.
- II. Enter the amount your agency is requesting for Training.
- III. Select **“Add New Item”** to add the equipment or training item you intend to purchase if awarded funds.

Selected Agency Information

Change Selection

Grant Application for 2018 Jan EH\_1

**Funding Request Amount:** Enter the total dollar amount your agency is requesting. Please remember, the maximum award amount for the Priority 1- Economic Hardship funds an agency may be eligible to receive is \$30,000.

Requested Amount For Equipment	Requested Amount For Training	Total Requested Amount
\$ <input type="text"/>	\$ <input type="text"/>	\$ 0

Please provide an itemized list of [Equipment And Training](#) items and associated costs that your agency intends to purchase with these funds (please include shipping and tax, when applicable, in total cost).

Item Name	Quantity	Cost Per Unit	Total Cost	<a href="#">+ Add New Item</a>
No Items have been added				

Please describe how the acquisition of the requested equipment will improve EMS in your community.

The Priority 1- Economic Hardship funds are needs-based. Please describe your agency's need for the requested equipment.

Submit Cancel

## Adding Equipment and Training Items to your Economic Hardship Application

### Step 2: Adding Items to your Economic Hardship Application

Select the equipment and/or training item(s) your agency is requesting funding for from the drop down menu, include the quantity, and cost per unit, and add them to your Economic Hardship application.

The screenshot shows a web application interface for adding items to an economic hardship application. A modal window titled "Add Item" is open, allowing users to select an item type and name, and enter the quantity and cost per unit. The background shows a form with a table for item details and two text areas for descriptions.

**Add Item**

Select Type

Select Item

Quantity

Cost Per Unit

Total Cost

+\$ 0.00

+ Add

✕ Cancel

Item Name	Quantity	Cost Per Unit	Total Cost	+ Add New Item
No Items have been added				

Please describe how the acquisition of the requested equipment will improve EMS in your community.

The Priority 1- Economic Hardship funds are needs-based. Please describe your agency's need for the requested equipment.

✓ Submit

✕ Cancel

## Submitting your Economic Hardship Application

### Step 3: Submitting your Economic Hardship Application

Once you have completed all of the Economic Hardship questions, you are ready to submit your application. Select the “Submit” button to submit your application to the Division for review. Please note, you will not be able to make changes to your application once it has been submitted.

Selected Agency Information

Change Selection

Grant Application for 2018 Jan EH\_1

**Funding Request Amount:** Enter the total dollar amount your agency is requesting. Please remember, the maximum award amount for the Priority 1- Economic Hardship funds an agency may be eligible to receive is \$30,000.

Requested Amount For Equipment	Requested Amount For Training	Total Requested Amount
\$ <input type="text"/>	\$ <input type="text"/>	\$ 0

Please provide an itemized list of [Equipment And Training](#) items and associated costs that your agency intends to purchase with these funds (please include shipping and tax, when applicable, in total cost).

Item Name	Quantity	Cost Per Unit	Total Cost	+ Add New Item
No Items have been added				

Please describe how the acquisition of the requested equipment will improve EMS in your community.

The Priority 1- Economic Hardship funds are needs-based. Please describe your agency's need for the requested equipment.

Submit Cancel

## Submitting a Request for Reimbursement

### Step 1: Starting a Reimbursement Request

To start a request for reimbursement, select **“Reimbursement Request”** on the Selected Agency Information page. The agency’s awarded grants, including any reductions or increases, can be seen by selecting the award amount of any “open” grant. Users will also be able to see the reimbursement detail and the remaining award balance, as well as the details of all submitted requests.

### Step 2: Creating a Reimbursement Request

To submit a request for reimbursement, select **“Create a Reimbursement Request”**.

The screenshot displays the EMS Agencies web application interface. At the top, the logo for EMS Agencies is visible, along with the user email address EMSGrants@dps.ohio.gov. The breadcrumb navigation shows Home / Grant(s) / Expenditures. The main content area is divided into several sections:

- Selected Agency Information:** A dropdown menu with an "Update Agency Information" button and a "Change selection" button.
- Grant Awards for FY 2016 - 2017:** A table with columns: Grant, Award, Reimbursed, and Remaining. The table shows one row: "Open" (Grant), "Priority 1" (Award), "\$4,750.00" (Award), "\$0.00" (Reimbursed), and "\$4,750.00" (Remaining).
- Expenditures:** A section with a "Back To Home" button and a "+ Create a Reimbursement Request" button.
- Submitted Request(s) For FY 2016 - 2017:** A table with columns: Invoice#, Request Date, Request Amount, and Approved Amount. The table is currently empty, displaying "No Submitted Request(s) Found".
- Award Details for Priority 1:** A pop-up window showing: Original: \$4,750.00, Increase: +\$0.00, Reduction: -\$0.00, and Final: \$4,750.00.
- Buttons:** "View Applications" and "Print" buttons are located at the bottom of the main content area.

At the bottom of the page, there is a disclaimer and privacy policy link, and the text "Ohio Department of Public Safety © - 2016" with a small American flag icon.

### Step 3: Selecting a grant for reimbursement

- I. If the agency has received more than one EMS grant award, select the grant award that will be used to submit the reimbursement request.

II. Once the correct grant has been selected, users will see the details of the award, including original award amount, amount reimbursed to date, remaining award amount, and final purchase date.

The screenshot displays the 'Select Expenditure Item' interface within the EMS Agencies system. At the top, the breadcrumb trail reads 'Home / Grant(s) / Expenditures / Select Expenditure Item'. The page is divided into several sections:

- Selected Agency Information:** Includes buttons for 'Update Agency Information' and 'Change selection'.
- Grant Awards for FY 2016 - 2017:** A table showing the following data:

Grant	Award	Reimbursed	Remaining
Open Priority 1	\$4,750.00	\$0.00	\$4,750.00
- Select Expenditure Item:** A blue header bar.
- Select Grant:** A dropdown menu with 'Priority 1' selected. A red arrow points to this dropdown.
- Award Summary:** A yellow bar displaying 'Award: \$4,750.00', 'Reimbursed: \$0.00', 'Remaining: \$4,750.00', and 'Final Purchase Date: 6/30/2017'.
- Select an item:** A dropdown menu with 'Select an Item' as the placeholder.
- Enter Quantity:** An input field.
- Cost Per Unit:** An input field showing '\$ 0.00'.
- Total Amount:** A label showing '\$ 0.00'.
- Grant Amount to Apply:** Three radio button options: 'Apply Total Cost Amount', 'Apply Full Remaining Balance (\$4,750.00)', and 'Apply Partial Amount'.
- Buttons:** 'Add' and 'Cancel' buttons at the bottom.

## Step 4: Adding Expenditures

- I. To add an expenditure item, select “Add an Expenditure Item”, and choose the equipment or training item that’s being submitting for reimbursement from the drop down list.
- II. Enter quantity.
- III. Enter the cost per unit. **Do not include Tax and Shipping. This should be added separately.**
- IV. Select whether the reimbursement is for the full amount, partial amount, or the remainder of the award.
- V. To add additional items to the reimbursement request, Repeat I.-III.

Selected Agency Information: Inner Scioto Valley Ambulance Dist (33-F006)

Grant Awards for FY 2016 - 2017

Grant	Award	Reimbursed	Remaining
Open Priority 1	\$4,750.00	\$0.00	\$4,750.00

Select Expenditure Item

Select Grant: Priority 1

Award: \$4,750.00 Reimbursed: \$0.00 Remaining: \$4,750.00 Final Purchase Date: 6/30/2017

Select an item:

- AIRWAY SUPPLIES AND EQUIPMENT
  - B5 - Bipap Equipment
  - E10 - CPAP Equipment
  - E15 - Laryngoscope Blades & Handles
  - E8 - Percutaneous Cricothyrotomy Devices & Supplies
  - E5 - BIPAP Equipment
  - E9 - Impedance Threshold Devices
  - E300 - Forceps
  - E7 - Supraglottic Airway Device
  - E14 - Airway Supplies
  - E17 - Laryngoscope, Video Portable
  - B115 - test expenditure
  - B225 - test expenditure
  - E5 - Test
- DATA REPORTING
  - B51 - Test Item
  - E500 - Responding Software
- DIAGNOSTICS & MONITORING
  - E48 - CO Monitoring
  - E47 - Waveform Capnograph
  - E44 - CO 2 Detector
  - E21 - AED upgrades
  - E43 - Heart Monitor/Defibrillator/Batteries/Upgrades
  - E11 - Exhaled Carbon Dioxide Detection Equipment
  - E41 - EKG Electrodes/Defib Pads Combination
  - E66 - Twelve Lead EKG Electrode Patches
  - E20 - AED/AED batteries
  - E25 - Aneroid Calibration Kit
  - E30 - Automated BPD Monitor

Selected Agency Information: Inner Scioto Valley Ambulance Dist (33-F006)

Grant Awards for FY 2016 - 2017

Grant	Award	Reimbursed	Remaining
Open Priority 1	\$4,750.00	\$0.00	\$4,750.00

Select Expenditure Item

Select Grant: Priority 1

Award: \$4,750.00 Reimbursed: \$0.00 Remaining: \$4,750.00 Final Purchase Date: 6/30/2017

Select an item: B115 - test expenditure

Description: test expenditure  
Clarification: test expenditure

Enter Quantity: 10 Cost Per Unit: \$ 25 Total Amount: \$ 250

Grant Amount to Apply:
  Apply Total Cost Amount (\$250)
  Apply Full Remaining Balance (\$4,750.00)
  Apply Partial Amount

Buttons: Add, Cancel

Disclaimer | Privacy Policy  
Ohio Department of Public Safety © - 2016

## Deleting an Expenditure Item

### Step 4a: Deleting items from an expenditure request

- I. If a user needs to delete an item from the expenditure request, select “Delete”.
- II. If a user needs edit an item from the expenditure request, they must select “Delete”, and add the expenditure again.

The screenshot shows the 'Add New Expenditure' interface. At the top, there is a blue header with the text 'Add New Expenditure'. Below the header is a button labeled 'Back To Expenditure List'. The main content area is divided into two sections. The first section is titled 'Grant Amounts for this Expenditure Request' and contains a table with two columns: 'Grant' and 'Amount'. The second section is titled 'Expenditure Items' and contains a table with six columns: 'Grant Applied', 'Item Description', 'Quantity', 'Unit Cost', 'Total Cost', and 'Invoice Amount'. The first row in this table shows '2018\_Dec14\_BP\_1' for Grant Applied, 'AED batteries' for Item Description, '1' for Quantity, '\$1,200.00' for Unit Cost, '\$1,200.00' for Total Cost, and '\$600.00' for Invoice Amount. To the right of this row is a red button with a trash icon and the text 'Delete', which is circled in red. Below the table is a button labeled '+ Add an Expenditure Item'. At the bottom of the form, there is a section for 'Uploaded Document(s)' with a file named 'award letter.docx' and a 'Select Document' button. There is also a 'Note(s)' section with an 'Add' button.

Grant	Amount
2018_Dec14_BP_1	\$600.00

Grant Applied	Item Description	Quantity	Unit Cost	Total Cost	Invoice Amount	
2018_Dec14_BP_1	AED batteries	1	\$1,200.00	\$1,200.00	\$600.00	Delete

## Adding Supporting Documentation

### Step 5: Adding Supporting Documentation

- I. Once all of the expenditure items to be reimbursed have been entered, users can upload the supporting invoice documents. To add a document, select the **"Select Document"**.
- II. When the file upload window pops up, find and select the file, and select **"open"**; this will add the document to the system.

The screenshot displays the 'Add New Expenditure' form in the EMS Grants Management System. The form includes sections for 'Selected Agency Information', 'Grant Awards for FY 2016 - 2017', 'Grant Amounts for this Expenditure Request', 'Expenditure Items', and 'Uploaded Document(s)'. The 'Uploaded Document(s)' section shows 'No Documents uploaded.' and a 'Select Document' button, which is circled in red. A 'Choose File to Upload' dialog box is open over the form, showing the 'Documents library' with various folders and files. The 'File name' field is empty, and the file type is set to 'All Files (\*.\*)'. The 'Open' and 'Cancel' buttons are visible at the bottom of the dialog box.

**Selected Agency Information**  
Upper Scioto Valley Ambulance Dist (33-E006)  
207 E. Wagner St., Alger, OH - 45812

**Grant Awards for FY 2016 - 2017**

Grant	Award	Reimbursed	Remaining	
Open	Priority 1	\$4,750.00	\$100.00	\$4,650.00

**Grant Amounts for this Expenditure Request**

Grant	Amount
Priority 1	\$100.00

**Expenditure Items**

Grant Applied	Item Description	Quantity
Priority 1	Supraglottic Airway Device	1

**Uploaded Document(s)**  
No Documents uploaded.

**Note(s)** Add

Submit Request Delete Request

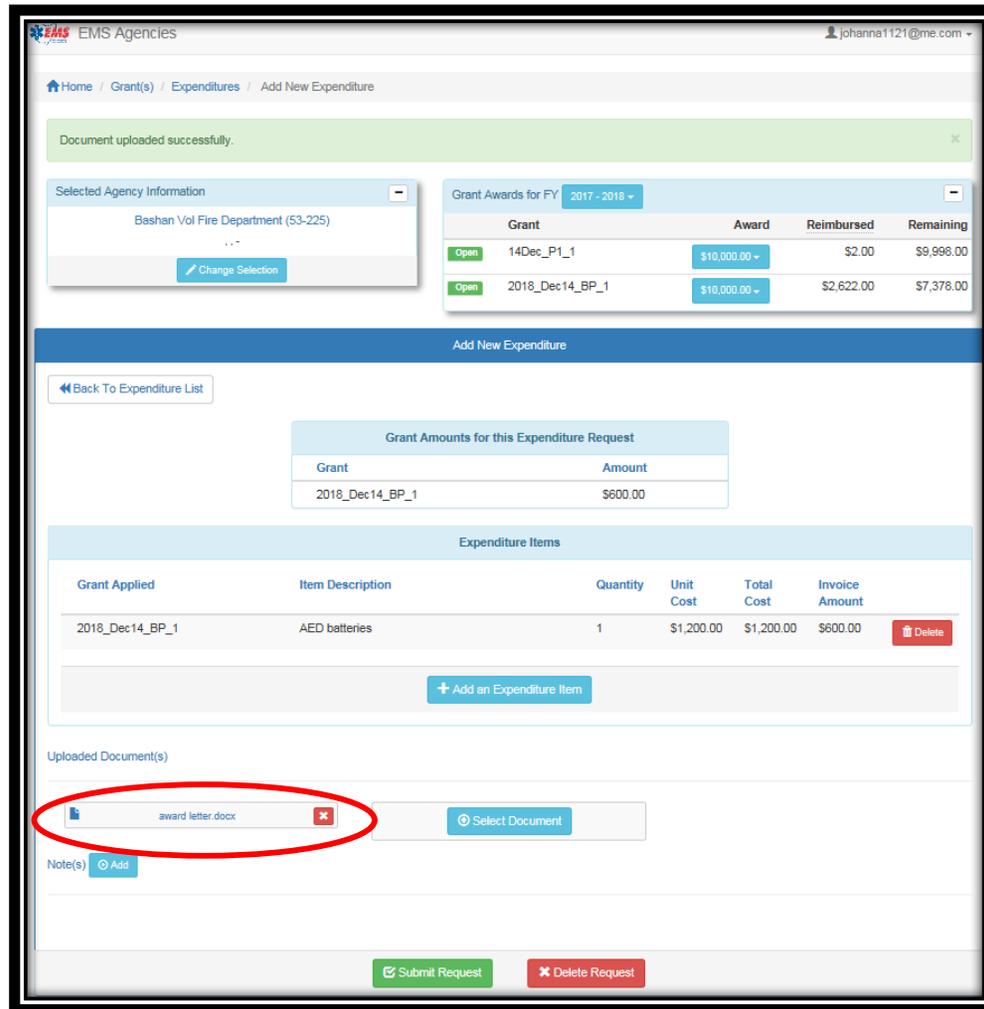
**Step 5a: Saving your supporting document to the system**

- I. Once a supporting document has been added to the system, select "Upload" to save it to the system.
- II. To add another supporting document, repeat Steps 5 – 5a

The screenshot displays the 'Expenditure Request' management interface. At the top left is a 'Back To Expenditure List' link. Below it is a table titled 'Grant Amounts for this Expenditure Request' with columns for 'Grant' and 'Amount'. The table contains one entry: '14Dec\_P1\_1' with an amount of '\$100.00'. Below this is the 'Expenditure Items' section, which contains a table with columns: 'Grant Applied', 'Item Description', 'Quantity', 'Unit Cost', 'Total Cost', and 'Invoice Amount'. One item is listed: '14Dec\_P1\_1' for 'Forceps' with a quantity of 1, unit cost of \$100.00, total cost of \$100.00, and invoice amount of \$100.00. A 'Delete' button is next to this item. Below the table is a '+ Add an Expenditure Item' button. The 'Uploaded Document(s)' section shows a message 'No documents uploaded.' and a file path: '\\ps.dps.state.oh.us\dps\home\jburgess-pickett\Desktop\award letter.docx'. Below the file path are 'Upload' and 'Cancel' buttons. The 'Upload' button is circled in red. At the bottom left, there is a 'Note(s)' section with an 'Add' button.

### Step 5b: Reviewing/Replacing your supporting documents

Once a supporting document has been saved to the system, a “Document uploaded successfully” will appear at the top of the screen. Users can view and remove the uploaded document.



## Adding notes

**Step 6:** Users will have the option to add a note to their request

The screenshot shows the 'Add New Expenditure' form. At the top, there is a 'Back To Expenditure List' button. Below that is the 'Expenditure Items' section, which is currently empty with a message 'No expenditure items are added.' and an 'Add an Expenditure Item' button. The 'Uploaded Document(s)' section also shows 'No documents uploaded.' with a 'Select Document' button. At the bottom left, the 'Note(s)' field is highlighted with a red circle, and it contains an 'Add' button. At the bottom right, there are 'Submit Request' and 'Delete Request' buttons.

**Step 6a:** Adding a note to your request  
To add a note, select "Add"

The screenshot shows the 'Add New Expenditure' form with a 'Notes' pop-up window open. The pop-up window has a text area for entering the note and a 'Save' button highlighted with a red circle. The background form is dimmed. The 'Expenditure Items' table is visible, showing one item: 'Supraglottic Airway Device' with a quantity of 1, unit cost of \$200.00, total cost of \$200.00, and invoice amount of \$100.00. The 'Note(s)' field in the background form is also visible, with an 'Add' button.

**Step 6b:** Entering and saving your note

- I. Once the notes pop-up window opens, type the note in the space provided.
- II. Select "Save" when you're finished.

## Submitting a Request

### Step 7: Submitting/Deleting your request

- I. Once the reimbursement request is ready for submission, users will select the **"Submit Request"** button.
- II. Users will select **"Delete Request"**, if they no longer want to submit the request

If a user exits the system prior to submitting or deleting the request, the request will remain in **"Pending"** status, and no additional requests can be created, until the status is changed to either submitted, or deleted.

Grant Amounts for this Expenditure Request	
Grant	Amount
2018_Dec14_BP_1	\$600.00

Expenditure Items						
Grant Applied	Item Description	Quantity	Unit Cost	Total Cost	Invoice Amount	
2018_Dec14_BP_1	AED batteries	1	\$1,200.00	\$1,200.00	\$600.00	Delete

+ Add an Expenditure Item

Uploaded Document(s)

award letter.docx [X] [Select Document]

Note(s) [Add]

[Submit Request] [Delete Request]

## Reimbursement Request Confirmation Emails

### Step 8a: Access request confirmation email

After a request for reimbursement has been submitted, users will receive a confirmation email

**From:** [EMSGrants@dps.ohio.gov](mailto:EMSGrants@dps.ohio.gov)

**Sent:** Wednesday, December 7, 2016 10:08:59 AM (UTC-05:00) Eastern Time (US & Canada)

**To:**

**Subject:** [Redirected from QA] EMS Grant Notification

Invoice Id: 17853

Invoice Date:12/7/2016

Your FY 2017-2018 Request for Reimbursement has been submitted to the Division of EMS. Your request will be reviewed by the EMS Grants Administration staff, and if found to be acceptable, will be processed for payment. Once your request has been approved, you will receive an email notification.

If you have any questions regarding this process, please feel free to contact the EMS Grants staff at [1-800-233-0785](tel:1-800-233-0785), or you may email [EMSGrants@dps.ohio.gov](mailto:EMSGrants@dps.ohio.gov).

### Step 8b: Access approved confirmation email

Users will receive a confirmation email, once the submitted reimbursement request has been processed.

**From:** [EMSGrants@dps.ohio.gov](mailto:EMSGrants@dps.ohio.gov)

**Sent:** Wednesday, December 7, 2016 10:09:16 AM (UTC-05:00) Eastern Time (US & Canada)

**To:**

**Subject:** [Redirected from ITST] EMS Grant Notification

Invoice # 17853

Your Request for Reimbursement has been reviewed and processed. Additional information can be found by logging in to your [EMS Grants Management account](#).

If you have any questions regarding this process, please feel free to contact the EMS Grants staff at [1-800-233-0785](tel:1-800-233-0785), or you may email [EMSGrants@dps.ohio.gov](mailto:EMSGrants@dps.ohio.gov).

**\*Agencies will no longer receive paper reimbursement confirmations**

## Reviewing Requests

### Step 9: Review your agency's submitted request status and details

- I. Agencies will only be able to submit one request at a time. Requests must be in a **“Completed”** status before new requests can be submitted.
- II. Once a user has submitted a request, they will be able to review the status and details of the request when you login to the invoice page. To view the details of a submitted request select **“Details”**.

The screenshot displays the EMS Agencies interface. At the top, the user is logged in as johanna1121@me.com. The breadcrumb trail shows Home / Grant(s) / Expenditures. The 'Selected Agency Information' section shows 'Bashan Vol Fire Department (53-225)'. The 'Grant Awards for FY 2017 - 2018' table lists two grants: '14Dec\_P1\_1' with an award of \$10,000.00 and '2018\_Dec14\_BP\_1' with an award of \$10,000.00. The main 'Expenditures' section features a '+ Create a Reimbursement Request' button and a table of 'Submitted Request(s) for FY 2017 - 2018'. A red arrow points to the 'Submitted' status of the first row (Invoice # 18158), and a red circle highlights the 'Details' button for that row. At the bottom, there are 'View Applications' and 'Print' buttons.

Invoice #	Request Date	Request Amount	Approved Amount	Status	Action
18158	12/15/2016	\$600.00	\$0.00	Submitted	Details
18157	12/15/2016	\$100.00	\$0.00	Completed	Details
18154	12/14/2016	\$20.00	\$20.00	Completed	Details
18153	12/14/2016	\$30.00	\$20.00	Completed	Details
18152	12/14/2016	\$1,525.00	\$1,500.00	Completed	Details
18151	12/14/2016	\$500.00	\$484.00	Completed	Details

### Step 9a: Viewing the details of a reimbursement request

Once the “Expenditure Details” page opens, users will be able to view the status of the request, and the reimbursement details.

The screenshot displays the 'Expenditure Details' page for the Bashan Vol Fire Department (53-225). At the top, there is a summary table with columns for Grant, Award, Reimbursed, and Remaining. Below this is the 'Expenditure Details' section, which includes a 'Request Details' table circled in red. The 'Request Details' table contains the following information:

Invoice#	18157
Grant Fiscal Year	2017 - 2018
Request Date	12/15/2016
Request Amount	\$100.00
Approved Amount	\$0.00
Status	Completed

Below the 'Request Details' is the 'Expenditure List' table, which has one row circled in red:

Grant Applied	Item Description	Quantity	Unit Cost	Total Cost	Invoice Amount	Status
14Dec_P1_1	E300 - Forceps	1	\$100.00	\$100.00	\$100.00	Rejected

The page also includes sections for 'Document(s)' (showing 'award letter.docx'), 'Notes' (with a message 'No Note(s) found'), and 'Comments' (with the text 'Rejected'). A 'Print' button is located at the bottom of the page.

## Printing a Request

### Step 10: Printing a reimbursement request for your records

- I. Select the "Print" button at the bottom of the page.
- II. Once the Printing window opens, select "Print" again.

The screenshot displays the EMS Agencies portal interface. At the top, there are navigation links for ODPS Intranet Portal, State of Ohio EMS, Lawriter - ORC, and GovDelivery Admin. The main content area shows a reimbursement request summary with the following details:

Invoice#	17838
Grant Fiscal Year	2016 - 2017
Request Date	11/18/2016
Request Amount	\$100.00
Approved Amount	\$0.00
Status	Submitted

Below the summary is a table with columns: Item Description, Quantity, Unit Cost, Total Cost, Invoice Amount, and Status. The table contains one entry:

Item Description	Quantity	Unit Cost	Total Cost	Invoice Amount	Status
Priority 1 E7 - Supraglottic Airway Device	1	\$200.00	\$200.00	\$100.00	Pending

Underneath the table are sections for Document(s), Notes, and Comments, each with a "No Document(s) found", "No Note(s) found", and "No Comment(s) found" message respectively. At the bottom of the page, a "Print" button is circled in red.

Overlaid on the left side of the screenshot is a Windows "Print" dialog box. The "Print" button at the bottom of this dialog is also circled in red. The dialog shows printer selection options, including Canon iR3235/iR3245 PCL6 (10.20.40.106) and Canon iR-ADV C5250/5255 PCL6 (10.20.42.100). It also shows page range settings (All, Selection, Pages) and a "Number of copies" field set to 1.