

**Iowa Department of Public Health  
Bureau of EMS Iowa System Standards  
Request for Proposal #58808030  
Cover Page – Attachment A**

**Applicant:** \_\_\_\_\_

**IRS #:** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
 \_\_\_\_\_ **Fax** \_\_\_\_\_  
 \_\_\_\_\_

**Population service area:**     less than 20,000  
 (check one)                     more than 50,000  
     20,000 to 50,000

**Executive Director Name:** \_\_\_\_\_

**Executive Director Email:** \_\_\_\_\_

**Program Director Name:** \_\_\_\_\_

**Program Director Email:** \_\_\_\_\_

**Program Director Telephone:** \_\_\_\_\_

<b>Total Funds Requested</b>	<b>\$</b> _____
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- Condition**    I hereby affirm and certify that:
- s**
1. The information in this proposal is accurate, to the best of my knowledge.
  2. Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant proposal or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no time will be “double-charged.”
  3. The organization has the resources to meet the goals and objectives included in this proposal for the amount of funds applied for.
  4. If a contract is awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions from the Iowa Department of Public Health.
  5. I have read and understood the applicable Scope of Work.

\_\_\_\_\_  
**Executive Director’s signature and date**

\_\_\_\_\_  
**Executive Director’s name (print or type)**

Name of County/Regional EMS Association \_\_\_\_\_

**BUDGET DETAIL/TIMELINE FORM (ATTACHMENT B – page 1)**

<b>Step 1: Iowa System Standards Evaluation Phase – briefly describe the activities to be undertaken, timeline for completion and estimated cost for each activity for the first 6 month evaluation phase of the project</b>		
<b>Activity</b>	<b>Timeline</b>	<b>Cost</b>
<p><b>Contracted Providers</b> – describe the activity(s) of all contracted providers or other personnel who are directly funded, wholly or partially, by this application. Include salaries of personnel who are providing services for the completion of this project.</p> <p><b>Employee Salary and Fringe</b> – describe the activity(s) of all agency staff (non-contract) that are directly funded, wholly or partially, by this application. Include salaries and fringe of these personnel (not to exceed 0.30 FTE).</p> <p><b>Other</b> – include and itemize all other expenses using proposal funds. This includes office management, travel budgets, meeting expenses and all other costs associated with the project.</p> <p><b>Indirect or Administrative Costs</b> – Applicants may charge either indirect or administrative costs, but not both (see section 3.04 of the RFP for details).</p>		
<b>Budget Total for Evaluation Phase (Step 1)</b>		<b>\$</b>

<b>Step 2: Iowa System Standards Implementation Phase – briefly describe the activities to be undertaken, timeline for completion and estimated cost for each activity for the remaining 18 month implementation phase of the project</b>		
<b>Activity</b>	<b>Timeline</b>	<b>Cost</b>
<p><b>Contracted Providers</b> – describe the activity(s) of all contracted providers or other personnel who are directly funded, wholly or partially, by this application. Include salaries of personnel who are providing services for the completion of this project.</p>		
<p><b>Employee Salary and Fringe</b> – describe the activity(s) of all agency staff (non-contract) that are directly funded, wholly or partially, by this application. Include salaries and fringe of these personnel (not to exceed 0.30 FTE).</p>		
<p><b>Other</b> – include and itemize all other expenses using proposal funds. This includes office management, travel budgets, meeting expenses and all other costs associated with the project.</p>		
<p><b>Indirect or Administrative Costs</b> – Applicants may charge either indirect or administrative costs, but not both (see section 3.04 of the RFP for details).</p>		
<b>Budget Total for Implementation Phase (Step 2)</b>		<b>\$</b>
<b>Project Budget Total (total Step 1 from previous page and Step 2 above) – total may not exceed \$30,000</b>		<b>\$</b>