

Grant Title/Project Name:	EMS Workforce Recruitment and Retention
Department:	EMS
Requestor:	Mike Knipstein
Contact Email:	mknipstein@wilco.org
Contact Phone Number:	512-943-1224
Start Date:	10/3/2023
End Date:	12/31/2024
Please select request category:	Scholarship for current employees to attend paramedic school
Describe the purpose of the grant in detail to include all requirements.	The grant is intended to provide funding to current WilCo EMS employees to attend Advanced EMT or Paramedic school through awarding scholarships to eligible employees. The department will sponsor the employee and in exchange the employee receives up to \$8,000 in scholarship to attend an AEMT or paramedic class. Upon completion of the course the employee must pass the required testing within 90 days. Once certified the employee must work for WilCo EMS for 2 years or they may be required to pay the funds back. Funds are provided by the State of Texas. There is no match for the employer. In the event the employee does not complete the program or required time the county must make a good faith effort to recoup the funds. If unsuccessful it will be referred to CATRAC and the state. The EMS department is responsible for completing the application, sending payment to the school of choice and reporting to CATRAC once the employee has completed their work requirement.
Select the type of grant your department is applying for:	State
What is the amount of the grant?	\$8,000.00
Please provide a breakdown of the total cost above.	CATRAC would provide \$8,000 per sponsored employee. Any cost greater than the \$8,000 would be covered by the employee.
Is there a match requirement?	No
What is the source of the match?	
Does the grant cover the cost of the request 100%?	Yes
If not, how much is left unpaid?	
What is the plan to obtain grants/funds for the remaining amount?	
List other similar assets in the County and/or region and if they are available for use?	
How is this asset request different from any similar assets currently in the County and/or region?	
What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset?	
How often do these events occur?	
Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel?	

Where will the asset be stored?	
What is the useful life of the asset?	
Will a replacement be requested from general funds when useful life has been exhausted?	
Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this asset require insurance coverage?	
If yes, what is the estimate of asset insurance coverage?	
Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs.	
How will this asset be funded when the grant ends?	
What is the impact if the grant is not received?	
New Personnel position is:	
Where will this position office?	
Who will this position report to?	
What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function.	
Will this position take over tasks from current County employee?	
If yes, please explain the impact to current employee.	
How will this position be funded when the grant ends?	
Does this position or a similar position currently exist within the department?	
If "yes" how many of these similar positions exist	
Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice).	
Describe how workload will be accomplished/re-allocated should grant not be approved.	
List other similar items in the County and/or region and if they available for use?	NA
How is this item request different from any similar assets currently in the County and/or region?	NA
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?	This would allow further education advancement for current EMT's or AEMT's.
Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	NA

Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	NA
Where will the item be stored?	NA
What is the useful life of the item?	NA
Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this item require insurance coverage?	No
Will this item require any form of licensing?	No
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	NA
How will this item be funded when the grant ends?	NA
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	No budgetary impact.
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	NA
What is the cost and frequency to maintain/update the additional equipment?	NA
What is the impact of this grant application on other internal/county departments?	NA
If yes, what is the estimate of that license fee?	
If yes, what is the estimate of insurance coverage?	
Will a replacement be requested from general funds when useful life has been exhausted? (OR)	No
If yes, how much is the match amount?	
ID	114
Version	1.0
Attachments	False
Created	9/14/2023 1:56 PM
Created By	Mike Knipstein
Modified	9/14/2023 1:56 PM
Modified By	Mike Knipstein