

Emergency Medical Services Training Reimbursement

2024 - 2025

Purpose: To provide funding for regional members who need to be certified in CPR/EMR/EMT to serve our region.

Emergency Medical Services Training Reimbursement funds are awarded on a first-come, first-served basis while funds exist. Sourcewell will reimburse 100% of costs incurred up to the reimbursement limits outlined below. Funds are intended to support completed training approved by the Emergency Medical Services Regulatory Board (EMSRB). Approved trainings include initial and refresher courses on basic first aid, CPR/AED, EMR, and EMT.

Reimbursement limits

- \$5,000 per entity per year for law enforcement, municipal ambulance, and first response teams.
- \$2,000 per entity per year for human services, public health, public works, highway departments, and utility departments.
- \$2,000 per entity per year for 501(c)(3) nonprofits that have fewer than 25 full-time employees and provide direct services to clients that are victims of crime or children.

Eligibility requirements

- The applicant entity must:
 - Be a Sourcewell participating agency. Register at sourcewell-mn.gov/register
 - Be a city, county, other government association, 501(c)(3) nonprofit, or division of the Leech Lake Band of Ojibwe located in Cass, Crow Wing, Morrison, Todd, or Wadena county (Region 5).
 - Reimbursement requests must be received in the same fiscal year that the invoice for service is received (June 16-June 15).
- Ineligible expenditures:
 - Reimbursement requests for firefighters. Please submit these through Minnesota Board of Firefighter Training and Education (MBFTE).
- A reimbursement request must include:
 - Invoice for training provided
 - Training sign-in sheet

EMS Training Reimbursement Request Form

2024-2025

Entity requesting reimbursement:

Entity contact person:

Entity mailing address:

Training vendor:

Training received:

- | | |
|--|--|
| <input type="checkbox"/> AED | <input type="checkbox"/> Initial EMR |
| <input type="checkbox"/> Basic First Aid | <input type="checkbox"/> Refresher EMR |
| <input type="checkbox"/> Initial CPR | <input type="checkbox"/> Initial EMT |
| <input type="checkbox"/> Refresher CPR | <input type="checkbox"/> Refresher EMT |

Invoice total: \$

Reimbursement amount requested: \$

Certification

Initial next to each statement indicating that you have read and understand the following.

_____ I certify that the information contained in this application and in any related attachments is true and correct to the best of my knowledge and belief.

_____ I acknowledge that we are not applying for any other Sourcewell funding to cover the remaining costs.

_____ I certify that I am authorized to apply for this reimbursement.

_____ I certify that no other Emergency Medical Service Association funding, federal grant funding, or other reimbursement dollars were used to pay for the amount in which we are seeking reimbursement from Sourcewell.

_____ I certify that none of the individuals we are requesting reimbursement for are firefighters.

_____ Upon receipt of an award, Sourcewell may create, obtain, and use photographs, videos, and audio recordings or other media (collectively "Data") related to the project and its promotion. This Data may be used for the purposes of communicating to the public about Sourcewell programs, services, and activities and for the creation of print, online, and video-based marketing materials, publications, and training content. As part of the agreement, Sourcewell may seek consent for the creation and use of such Data on a project-by-project basis.

Submit completed reimbursement request form, training sign-in sheet, and copies of invoices to community@sourcewell-mn.gov