Montana Department of Transportation
Webgrants Grant Application
Instructions

PO Box 201001
2701 Prospect Avenue
Helena, MT 59620-1001
(406) 444-7417

General Information

This guide provides instructions on the proper completion of the grant application to the Montana Department of Transportation (MDT) State Highway Traffic Safety Section (SHTSS) utilizing the Montana Grants and Loans System (Webgrants). It will provide guidance, explanations and examples that may prove helpful. Be succinct with your application, but provide enough information to make an appropriate funding recommendation regarding your project. This is a competitive grant process.

If awarded, your objectives and budget will be part of the grant contract acting as the scope of work for your project. It is important that you carefully consider the objectives, budget and expectations of your project. You are responsible for appropriate use of federal funds.

Webgrants Registration Process

Register yourself and your organization at https://fundingmt.org/index.do. Click "Register Here" on the login page. The primary application contact is the one who will register. Additional contacts may be added so that authorized users can view and fill out the application.

Fill out all the required information (red asterisks) and select "register" when complete. Users will receive an email notification alerting your registration. Registration and a user ID and password will be generated by Webgrants and emailed to you.

Register

Personal Information

Name:* [Salutation ▼] [First Name] [Middle Name] [Last Name]

Email:* [   ]

Confirm Email* [   ]

Alternate Email [   ]

[   ]

Address:* [   ]

[   ]

* [City] [Montana ▼] [Postal Code/Zip]
City · State/Province · Postal Code/Zip

Phone:* [Phone] [Ext.]
Phone ###-###-#### · Ext.

Alternate Phone [   ]

Fax: [   ]
###-###-####

What Agency's Grant Programs are you most interested in?: [▼]

Organization Information

Name:* [   ]

Organization Type: [▼]

Organization Website: [   ]

Address:* [   ]

[   ]

[   ]

* [City] [Montana ▼] [Postal Code/Zip]
City · State/Province · Postal Code/Zip

Phone:* [   ]
###-###-####

Ext. [   ]
Ext.

Alternate Phone [   ]

Fax: [   ]
###-###-####

Email address [   ]

Alternate Email [   ]

Register

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Logging into Webgrants:

Once registered, go to the webgrants main page seen below and log in using the user ID and password that was emailed to you. Passwords can be changed after initial log in. Any individuals that will be entering information into the application must be registered in the system and receive a user ID and password.

Webgrant Instructions and My Profile:

Webgrants has instructions providing general information for webgrant users. This is not specific to funding agencies, but rather instructions of the functionality of the system. Click on the link *Grantee Instructions* and read carefully.

To adjust personal information or to reset password, click *My Profile.*

Pay attention to the "TOP BAR". The TOP BAR will enable you to access the main menu, ask for help, log out, print, add information, delete, edit and save. Always refer to the TOP BAR when completing the different sections of the application.

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Funding Opportunities/Applying for Funding

The MDT - SHTSS manages funding for the EMS program and annually announces the availability of these funds by creating a funding opportunity. Releasing funding opportunities is the mechanism by which applications are submitted. When logged into webgrants, click *Funding Opportunities* and find the Emergency Medical Services Funding Opportunity.
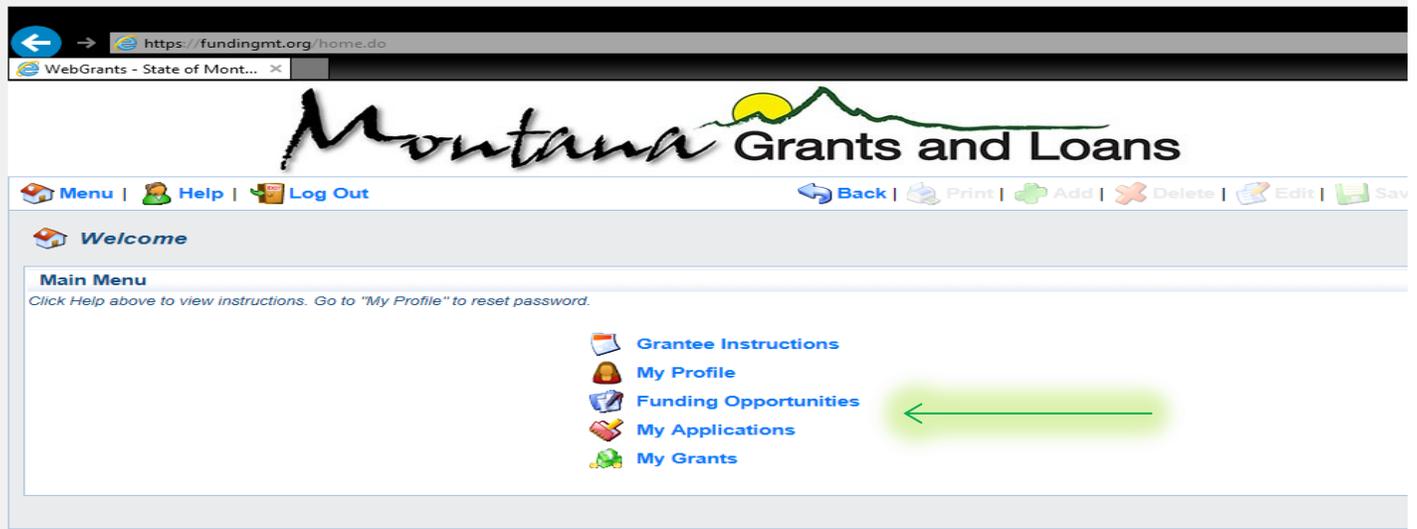
The State Highway Traffic Safety Funding Opportunity provides a description, contact information for SHTSS staff, resource links, and gives you the option of starting a new application or copying an existing application. If you are new to the system you will need to begin a new application. Once you click either *copy* or *start a new application,* your entry will be given an application identification number and begin the application process.

Opportunity Details   **Copy Existing Application | Start a New Application**

33847-EMS - Emergency Medical Services (TEST FO)

MDT Test Program Area
Application Deadline: 06/30/2016 11:59 PM

Award Amount Range:	Not Applicable	**Program Officer:** Chad Newman
Project Start Date:	07/01/2016	**Phone:** 406-444-0856 x
Project End Date:	06/30/2017	**Email:** chnewman@mt.gov
Award Announcement Date:		

This Opportunity is recurring

Categorical Area(s) To be Addressed by Program   Fire/EMS

Description

The Emergency Medical Services Grant Program is administered by the Montana Department of Transportation. The Montana Legislature found that the provision of care administered by professional para medics and emergency medical technicians before the patient reaches the hospital — known as prehospital emergency medical services (EMS) — can improve the medical outcome for people suffering medical emergencies and may improve the safety of motorist on Montana roads by providing emergency response to vehicle crash sites.

The purpose of the program is to provide competitive grants to eligible EMS providers for acquiring or leasing ambulances or emergency response vehicles, for purchasing equipment, other than routine medical supplies; or for any of the following purposes: training, communication, providing medical care to a patient.

Applications are now being accepted for State Fiscal Year 2017 (July 1, 2016 – June 30, 2017). There is a required 10% match of grant funds, and recipients must meet all eligibility requirements. For details see: http://www.mdt.mt.gov/business/grants_ems.shtml

For questions and eligibility requirements contact:

Chad Newman, Transportation Planner, EMS Grant Program – MDT, 406-444-0856, or **chnewman@mt.gov**

Janet Kenny, Supervisor State Highway Traffic Safety Section, 406-444-7417, or **jakenny@mt.gov**

After you click the State Highway Traffic Safety Funding Opportunity, click start/copy application, you will begin your application. Fill in necessary project title/organization responsible and primary contact that will be involved in the project and/or writing the application. You will have the opportunity to add additional authorized persons that can have access to the application, complete and submit. Additional contacts added must first register in the system. Hit the save button after the completion of the general information section. Click the **application forms button** to begin application development.

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Application Main Page

After you begin a new application, have provided the general information, and return to the application forms page, the screen below will be displayed. This is the main menu page for the required application forms. The required components include: General information; applicant identification, project narrative, project objectives, project budget and attachments. **All components must be completed prior to submission.** Completed components will be indicated by a check mark in the complete column. Note: you can go back and adjust any information prior to submission, even if the section is marked complete.

At any time throughout the application process, users can click the print button on the TOP BAR or application details button. These will display all information at a glance and will enable to you print.

Application: 44207 - instructions

Program Area:	MDT Test Program Area
Funding Opportunity:	33847 - EMS - Emergency Medical Services (TEST FO)
Application Deadline:	06/30/2016

Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button

Application Forms   Application Details | Submit | Withdraw

Form Name	Complete?	Last Edited
General Information	✓	05/04/2016
EMS - Project Identification		
Emergency Medical Services Information		
Emergency Medical Services Budget		
EMS - Attachments		
Signatures		

Project Identification

Provide relevant contact information regarding the project you are requesting to be funded. Ensure that all contact information is correct. Indicated by red asterisks, primary and authorized contacts are required and cannot be duplicate. **This contact information will appear on the grant contract, if awarded**. Note: Depending on the agency, individuals submitting the grant application and registered in webgrants might differ than those in charge of the managing the project. The names on the applicant application identification section may or not be the same individuals in the general information section. Individuals on this form don't necessarily have to be registered in the webgrants system. Once complete, hit save, mark as complete and return to the application main page.

Project Identification

Organization (Legal Name of Organization).

Name*	[ ]

Mailing Address* [   ]

* [   ] City [Montana ▾] State [   ] Zip Code

E-mail Address* [   ]

Phone Number* [   ]

Federal or Tax Payer Identification (FEIN or TIN)

Number* [   ]

Emergency Medical Services Liscense Number

Number* [   ]

Legal Status of Agency* [▾]

Beginning Service Date* [   ] 📅

Project Director - Individual that is responsible for contract implementation

Name* [   ] [   ]
First Name Last Name

Title* [   ]

Agency/Organization* [   ]

Mailing Address* [   ]

* [   ] City [Montana ▾] State [   ] Zip Code

E-mail Address* [   ]

Phone Number* [   ]

Project Manager/Point of Contact (individual responsible for day-to-day activities)

Name [   ] [   ]
First Name Last Name

Title [   ]

Agency/Organization [   ]

Mailing Address [   ]

[   ] City [Montana ▾] State [   ] Zip Code

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Emergency Medical Services Information

Once the application identification section is completed, go back to the application main menu page (application forms) and click project narrative.

Provide a complete purpose by completing all parts in this section. It is recommended that the project narrative is completed on a separate word document and then copied/pasted in the webgrant system. Utilize the copy and paste function indicated on the screen shot below. Pay attention to the character limits in each section. We request concise applications, but also a full description of your request.

Users have the option of hitting the save button and return to this section for completion at a later time.

Menu | Help | Log Out   Back | Print | Add | Delete | Edit | Save

Application

Application: 44207 - instructions

Program Area: MDT Test Program Area
Funding Opportunity: 33847 - EMS - Emergency Medical Services (TEST FO)
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Instructions

Click Edit at the top of the screen, when you have finished completing the open fields, click Save.

To upload the requested attachments, click on the green plus sign, locate the documents, then click Save.

Billing and Purpose

Billing - A licensed emergency medical service must bill for services at a level that is equivalent to the Medicare Billing level.

Does your emergency medical services bill equivalent to the Medicare level?*   ○ Yes ○ No

Purpose of Funding Request*
Training
Communications
Ambulance
Emergency Response Vehicle
Equipment
Please press Ctrl + Click to select multiple items

Have you previously received an EMS grant from MDT?*   ○ Yes ○ No

If yes, how many times have you received funding?   [   ]

Identify gaps in service.*

Identify gaps in service. Example: Inability to perform function X due to lack of (or deficiencies in) equipment. Explain how the requested resources will fill the identified gaps and the expected outcome to patients.

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Emergency Medical Services Budget

On the main application forms page click *emergency medical services budget..* When finished, mark as complete. Then go back to the application forms main screen.

Hit the add button in all sections. Sections include: EMS budget, need and financial assistance need.

EMS Budget				Mark as Complete	Go to Application Forms	Add		
List Requested items below by clicking the blue add button. Do this for each item requested - Prioritize by need.					
If requesting equipment other than what is listed in Addendum A, you need to provide: Brand name, Product name and Product Number, and attach three quotes.					
Requested Item	Amount	Quantity	Total	Match	Priority #

Need		Add
List the need and brief description for the Requested items below by clicking the blue add button.		
Select the Requested Item from the drop-down, then complete the brief statement and need. Click Save when completed. *Do this for each item requested - Prioritize by need*		
If requesting equipment other than what is listed in Addendum A, you need to provide: Brand name, Product name and Product Number, and attach three quotes.		
Requested Item	Brief Description	Please demonstrate the applicant's need for the Requested Item

Financial Assistance Need	Add
Financial Need and Ability to meet the 10% match:	

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Attachments

Provide necessary back-up documentation for your funding request.

There are required attachments so read carefully.

To add an attachment click **ADD** on the TOP BAR, browse your computer/network and upload in the system. Mark as complete when finished.

Application Submission

The application is due annually on June 30. After completing sections of the application, all sections will be indicated by a check mark. Please review carefully. Sections can be modified, even if a section is marked complete. When clicking print or applications details, it will show you all grant details.

After final review, click submit. Once you hit submit, your application will be locked to further editing. You will get a confirmation page on application submission and an email will be sent to the webgrant users identified in the general information section.

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