



Clear Hills County

Effective Date: January 10, 2006

Policy Number: **2501**

Title: **AMBULANCE TRAINING GRANT**

1. Policy Statement

- 1.1. Clear Hills County recognizes the need for qualified ambulance attendants within the County and therefore shall provide training grants to individuals, and establish a system for evaluating applications.

2. General

- 2.1. Council may annually during budget deliberations, establish a budget for ambulance training grants.
- 2.2. Grants will be approved to cover the cost of training, registration, travel and living expenses.
- 2.3. The maximum an individual grant may be is as follows:

2.3.1. Emergency Medical Responder:

Course fees	\$1,000.00
Course registration	400.00
Travel	<u>100.00</u>
	<u>\$1,500.00</u>

2.3.2. Emergency Medical Technician:

Course fees	\$5,000.00
Travel & accommodations	<u>1,000.00</u>
	<u>\$6,000.00</u>

2.3.3. Emergency Medical Technician – Recertifying on the job

Travel & accommodations	<u>\$3,000.00</u>
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- 2.4. Council will ensure that successful candidates sign an agreement to work in the public sector within Clear Hills County on the Cleardale and/or Worsley ambulances for a minimum of the following:

- 2.4.1. E.M.R. – 120 (one hundred and twenty) shifts.

2.4.2. E.M.T. – 240 (two hundred and forty) shifts.

2.5. If the recipient of a grant does not meet the above conditions they will be required to pay back the grant on a pro rata basis.

3. Funding Eligibility

3.1. Eligible applicants include:

- Applicant who have been residents of the County for a minimum of six months.
- Applicants endorsed by Peace Country Health.
- Applicants who have signed an agreement regarding the conditions of the grant.

3.2. Eligible expenses must be substantiated by original receipts.

3.3. If requested an advance payment may be made to the applicants upon receipt of proof of registration in the course in the amount of \$500 for an E.M.R. and \$1,000 for an E.M.T. The request for advance payment must be in writing and include proof of registration in the course. The balance of the grant will be payable upon successful completion of the course and endorsement by Peace Country Health.

4. Applications

4.1. Applications for the ambulance training grant will be received by the County at any time.

4.2. Clear Hills County reserves the right to deny an application if it is not complete, it does not meet the requirements within this policy, if there are no funds available in the current budget for the grant, or for any other reason that arises.

4.3. Applications must be submitted using the application form in appendix "A".

5. End of Policy

ADOPTED

Resolution #C042

Date: January 10, 2006

AMENDED

Resolution #C791(08/22/06)

Date: August 22, 2006

AMENDED

Resolution #C214(04/10/07)

Date: April 10, 2007

AMBULANCE TRAINING GRANT APPLICATION FORM

Clear Hills County

Box 240, Worsley, AB, T0H 3W0

Phone: (780) 685-3925 Fax: (780) 685-3960

PERSONAL INFORMATION

Name: _____

Address: _____

Contact Information: Phone No: (day) _____

(evening) _____

(fax) _____

(e-mail) _____

TRAINING REQUESTED

E.M.R. (Max. grant \$1,500) E.M.T. (Max. grant \$6,000) E.M.T. RECERTIFICATION (Max. grant \$3,000)

Total Grant Requested

\$ _____

EXPENSE SUMMARY

Course Fee

\$ _____

(E.M.R. Maximum \$1,000 / E.M.T. Maximum \$5,000)

Registration

(E.M.R. Maximum \$400 / E.M.T. – Not applicable)

Travel _____ km as per Policy 1107 Section 4.2

(E.M.R. Maximum \$100 / E.M.T. – Maximum \$500 /
Recertifying EMT – Maximum \$1,000)

Accommodations & meals: _____

(E.M.R. – Not applicable / E.M.T. – Maximum \$500)

(Recertifying EMT – Maximum \$2,000)

Advance Payment subtract

(_____)

(E.M.R. Max. \$500 / E.M.T. – Max. \$1,000 /
Recertifying EMT – Maximum \$1000)

Total Project Funding

\$ _____

(E.M.R. Max. \$1,500 / E.M.T. – Max. \$6,000 / E.M.T.
recertifying Max. \$3,000 – Receipts must be enclosed for
expenses except mileage)

PEACE COUNTRY HEALTH ENDORSEMENT

I, _____, as a representative of Peace Country Health hereby certify that the above applicant has successfully completed the training as detailed above and has been hired by the Board to work in Clear Hills County.

(signature)

(date)

DECLARATION

I declare that:

- I agree to work for Peace Country Health within Clear Hills County, on the Cleardale and/or Worsley Ambulance, a minimum of 120 shifts for E.M.R. training or 240 shifts for E.M.T. training.
- If I do not work the minimum shift I will repay the grant to the Clear Hills County on a pro rata basis.
- The information contained in the application and supporting documents is true and accurate.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

WITNESS: _____

