This guide lists various state and federal funding resources available for state EMS offices.
ACKNOWLEDGEMENTS AND DISCLAIMER

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SUMMARY

State emergency medical services (EMS) offices represent the administrative component of the system in each state for the provision of care and transportation of sick and injured patients. EMS is an important health system safety net that exists at the intersection of health care, public safety, and public health.

Each EMS office serves an important function in the promotion, establishment, regulation, and oversight of systems of emergency care under its jurisdiction. State EMS offices assure quality of care for patients with the highest medical acuity through the development of treatment protocols, incorporation of standards, testing, evaluation, and inspection.

The capabilities of each of these systems of administration to incorporate new patient care technologies, to identify and implement best practices, to plan and prepare for emerging issues, and to maintain appropriate system oversight are wholly dependent upon the financial resources available.

Financial resources for state EMS offices can come from up to three different sources: state general revenues, state special funds, or federal dollars.

ACRONYMS

AFG – Assistance to Firefighters Grant
ASPR – Assistant Secretary for Preparedness and Response
CDC – Centers for Disease Control and Prevention
CDBG – Community Development Block Grant Program
DHS – Department of Homeland Security
EMPG – Emergency Management Preparedness Grant
FEMA – Federal Emergency Management Agency
FFY 2015 – Federal Fiscal Year
Oct 1, 2015 - Sept 30, 2015
HPP – Hospital Preparedness Program
HRSA – Health Resources and Services Administration
HSGP – Homeland Security Grant Program
HUD – Housing and Urban Development
NHTSA – National Highway Safety Traffic Administration
PCC – Poison Control Center
PHEP – Public Health Emergency Preparedness
PHHS - Preventative Health & Health Services
SPROC – State Partnership Regionalization of Care
UASI – Urban Area Security Initiative
STATE FUNDING SOURCES

The following information is based on the responses to a survey of state EMS offices (to include the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) conducted in the fall of 2014. Forty-four state EMS offices responded to the survey (79% response rate). Responses showed that funding from state sources varied greatly. State EMS offices that responded to the survey are listed in Appendix A.

State General Fund

Definition: For the most part, a state’s general fund comes from three main sources of revenue—personal income taxes, sales and compensating use taxes, and corporate income taxes. A few states also have gaming and other taxes included in this fund. Spending of the General Fund is limited by each state’s legislative appropriations.

22% of state EMS offices receive no money from their state’s General Fund. In 16% of states, the General Fund comprises 100% of the EMS office’s annual budget.

CHART 1.1

![Bar chart showing the percentage and count of state EMS offices receiving funding from the General Fund.](image)
**Dedicated Fund**

**Definition:** Dedicated funds come from revenue sources that are restricted by law for particular governmental functions or activities (e.g., a gasoline tax dedicated to a highway trust fund).

64% of state EMS offices do not receive Dedicated Funds.

In 7% of states, Dedicated Funds comprise 100% of the EMS office’s annual budget.

**CHART 1.2**
Ambulance Licensing Fees

75% of state EMS offices do not include Ambulance Licensing Fees in their annual budget.

In 20% of state EMS offices, Ambulance Licensing Fees comprise 5% or less of their annual budget.

CHART 1.3

EMS Agency Licensure Fees

75% of state EMS offices do not include Agency Licensing Fees in their annual budget.

In 16% of state EMS offices, Agency Licensing Fees comprise 5% or less of their annual budget.

CHART 1.4
EMS Personnel Licensure/Certification Fees

75% of state EMS offices do not include Agency Licensing Fees in their annual budget.

In 7 state EMS offices, EMS Personnel Licensure fees comprise 5% or less of their annual budget.

Private Donations

95% of state EMS offices do not receive Private Donations.

In the 5% of state EMS offices that receive Private Donations, the amount comprises between 5%-25% of their annual budget.
Traffic Tickets/Motor Vehicle Related Fees

75% of state EMS offices do not have Motor Vehicle Related Fees in their annual budget.

For 1 state EMS office, Motor Vehicle Related Fees make up 100% of their budget.

Other Funds

Ten states noted that they receive other state funding, to include:

- Regional grants
- Other special funds
- E-911 funds
- Trauma fees
- Inter-departmental funds
FEDERAL FUNDING SOURCES

Although state EMS offices may not be able to directly apply for some of the funding listed below, we have included them here because some states not only help with the application process, but also receive funds from the resulting award.

Assistant Secretary for Preparedness and Response (ASPR)

Hospital Preparedness Program (HPP)

Description: The program provides leadership and funding to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Available Funding: Varies by state for each FFY (funding table in Appendix 2 of Continuation Guidance)

Additional Information: http://www.phe.gov/PREPAREDNESS/PLANNING/HPP/Pages/default.aspx

HPP Ebola Preparedness & Response Activities

Description: This program is intended to ensure the nation’s health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak.

Available Funding: Ceiling: $15,229,780
Floor: $202,989

Additional Information: http://www.grants.gov/view-opportunity.html?oppId=274709

Centers for Disease Control and Prevention (CDC)

Preventative Health & Health Services (PHHS) Block Grants

Description: This program gives grantees the flexibility to use funds to respond rapidly to emerging health issues and to fill funding gaps in programs that deal with leading causes of death and disability.

Available Funding: $160,000,000 appropriated in FY 2015

Additional Information: http://www.cdc.gov/phhsblockgrant/index.htm
Public Health Emergency Preparedness (PHEP) Cooperative Agreements

Description: This funding is used to upgrade public health departments ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Available Funding: Varies by state for each FFY (funding table in Appendix 2 of Continuation Guidance)

Additional Information: [http://www.cdc.gov/phpr/ coopagreement.htm](http://www.cdc.gov/phpr/ coopagreement.htm)

PHEP Supplemental (Ebola Preparedness & Response Activities - 2014)

Description: This funding is intended to support accelerated public health preparedness planning for Ebola within state, local, territorial, and tribal public health systems. Project period began April 1, 2015, and ends September 30, 2016.

Available Funding: $145 million made available in supplemental funding to current PHEP cooperative agreement awardees

Additional Information: [http://www.cdc.gov/phpr/phep.htm](http://www.cdc.gov/phpr/phep.htm)

Department of Homeland Security (DHS)

Assistance to Firefighters Grant (AFG)

Description: The primary goal of this program, provided through the Federal Emergency Management Agency (FEMA), is to meet the firefighting and emergency response needs of fire departments and nonaffiliated EMS organizations.

Eligible Applicants: Fire Departments, Nonaffiliated EMS organizations, and State Fire Training Academies operating in any of the 56 states, which include any state of the United States, the District of Columbia, the Commonwealth of the Northern Mariana Islands, the U.S.
Virgin Islands, Guam, American Samoa, the Commonwealth of Puerto Rico

Available Funding: $306 million for approximately 2,500 awards  
(for Period of Performance 3/31/2016-3/31/2017)

Additional Information: https://www.fema.gov/welcome-assistance-firefighters-grant-program

**Emergency Management Preparedness Grant (EMPG)**

**Description:** This funding, provided through the Federal Emergency Management Agency (FEMA), is intended to provide states to assist state, local, territorial, and tribal governments in preparing for all hazards and to vest responsibility for emergency preparedness jointly in the Federal government and the states and their political subdivisions.

**Eligible Applicants:** Either the State Administrative Agency (SAA) or the state’s Emergency Management Agency (EMA) of all 56 States and territories, as well as the Republic of the Marshall Islands and the Federated States of Micronesia

Available Funding: $350,100,000 made available for FFY 2015


**State Homeland Security Program (SHSP)**

**Description:** Part of the Homeland Security Grant Program (HSGP), this funding, provided through the Federal Emergency Management Agency (FEMA), assists state, tribal and local preparedness activities that address high-priority preparedness gaps across all core capabilities and mission areas where a nexus to terrorism exists. SHSP supports the implementation of risk driven, capabilities-based approaches to address capability targets set in urban area, state, and regional Threat and Hazard Identification and Risk Assessments (THIRAs). The capability targets are established during the THIRA process, and assessed in the State Preparedness Report (SPR) and inform planning, organization, equipment, training, and exercise needs to prevent, protect against, mitigate, respond to, and recover from acts of terrorism and other catastrophic events.
Eligible Applicants: The State Administrative Agency (SAA) of all 50 States, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands

Available Funding: $402 million made available for FFY 2015

Additional Information: https://www.fema.gov/fiscal-year-2015-homeland-security-grant-program

Urban Area Security Initiative (UASI)

Description: Part of the Homeland Security Grant Program (HSGP), this funding, provided through the Federal Emergency Management Agency (FEMA), addresses the unique risk driven and capabilities-based planning, organization, equipment, training, and exercise needs of high-threat, high-density Urban Areas based on the capability targets identified during the THIRA process and associated assessment efforts; and assists them in building an enhanced and sustainable capacity to prevent, protect against, mitigate, respond to, and recover from acts of terrorism.

Eligible Applicants: The State Administrative Agency (SAA); Eligible candidates for the FY 2015 UASI program were determined through an analysis of relative risk of terrorism faced by the 100 most populous metropolitan statistical areas in the United States

Available Funding: $587 million made available for FFY 2015

Additional Information: https://www.fema.gov/fiscal-year-2015-homeland-security-grant-program

Health Resources and Services Administration (HRSA)

EMC for Children State Partnership Grant

Description: The mission of the EMS for Children program is to reduce child and youth mortality and morbidity caused by severe illness or trauma, assist States in expanding and improving their capacity to reduce and ameliorate pediatric emergencies, taking special care to include children with special health needs, culturally distinct populations and historically underrepresented groups.

Eligible Applicants: State governments and accredited schools of medicine

Available Funding: $130,000 per year
EMC for Children State Partnership Regionalization of Care (SPROC) Grant

**Description:** SPROC Grants establish agreements and ultimately implement a regionalized healthcare delivery system to get the right resources to the right patient at the right time

**Eligible Applicants:** State governments and accredited schools of medicine

**Available Funding:** $1.2 million granted to six state agencies & institutions in 2012

**Additional Information:** [http://mchb.hrsa.gov/programs/emergencymedical/](http://mchb.hrsa.gov/programs/emergencymedical/)

Medicare Rural Hospital Flexibility Program (Flex Program)

**Description:** This program aims to improve access to preventive and emergency health care services for rural populations. The Flex Program also puts significant effort into designating Critical Access Hospitals (CAHs) in each state and aiding hospitals in determining if conversion to CAH status is the right choice based on eligibility criteria and financial returns.

**Eligible Applicants:** 45 States (excluding Connecticut, Delaware, Maryland, New Jersey and Rhode Island)

**Available Funding:** $22,540,000 made available for Project Period 09/01/2015 through 08/31/2018


Poison Center Support and Enhancement Grant Program

**Description:** The purpose of the five year grant program is to support poison control centers (PCCs) efforts to 1) prevent, and provide treatment recommendations for, poisonings; 2) comply with operational requirements needed to sustain accreditation and or achieve accreditation; and/or 3) improve and enhance communications and response capability and capacity.

**Eligible Applicants:** U.S. certified and uncertified PCCs including those serving the U.S. territories
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Available Funding: FFY 16 ~$17,114,674 (range of $12,466 to $2,083,401)

Additional Information:
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=12a0c74a88ec5d4c3fef9fa02ccd5387

Housing and Urban Development (HUD)

Community Development Block Grant Program (CDBG)

Description: A flexible program that provides communities with resources to address a wide range of unique community development needs. Activities must meet one of the following: benefit low- and moderate-income persons, prevention or elimination of slums or blight, or address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available.

Eligible Applicants: The annual CDBG appropriation is allocated between States and local jurisdictions called "non-entitlement" and "entitlement" communities respectively

Available Funding: varies by funding year ($3.1 billion for FFY 2014)


National Highway Traffic Safety Administration (NHTSA)

Highway Safety Grants

Description: The Moving Ahead for Progress in the 21st Century (MAP-21), enacted on July 6, 2012, restructured and made changes to NHTSA’s highway safety grant programs. MAP-21 specifies a single application deadline for all highway safety grants and emphasizes the requirement that all States have a performance-based highway safety program designed to reduce traffic crashes and the resulting deaths, injuries and property damage. Section 402 grants support highway safety plans, provide start-up money for new programs and give direction to existing programs. Section 405 supports occupant protection, state traffic safety information systems,
impaired driving countermeasures, distracted driving, motorcyclist safety, and state graduated driver licensing laws.

**Eligible Applicants:** 50 States, the District of Columbia, Puerto Rico, the U.S. Territories and the Bureau of Indian Affairs

**Available Funding:** varies by funding year ($576,010,683 for FFY 2015)

**Additional Information:**
http://www.nhtsa.gov/About+NHTSA/Highway+Safety+Grant+Programs/HSGrantFunding_Guidance
APPENDIX A

2014 Funding Survey Respondents

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Washington
- Wisconsin
- Wyoming