



Dear Applicant,

The Vitalant Foundation is pleased to invite you to apply for support through our Prehospital Blood Grant Program, established through the generosity of an anonymous donor who is deeply committed to advancing emergency care. This program will award up to \$50,000 to selected EMS organizations seeking to implement or expand prehospital blood administration capabilities, with the goal of improving patient outcomes and strengthening community readiness.

Enclosed you will find the grant application form, which outlines eligibility criteria, required documentation, and the information needed for proposal review. We encourage you to provide as much detail as possible regarding your organization's needs, operational capacity, and the anticipated impact of implementing or expanding prehospital blood capabilities in your region. Our goal is to support agencies and systems that are ready to make meaningful, measurable improvements in patient care.

Applications will be evaluated by a multidisciplinary review committee using a standardized scoring process. Funding decisions will prioritize readiness and sustainability.

We appreciate the essential work you do and your interest in partnering with Vitalant to expand the reach of prehospital blood. If you have questions about the application or require clarification during the process, please contact us at prehospitalgrants@vitalant.org. We are here to support you throughout the submission period.

Thank you for your dedication to improving emergency care and for considering participation in this important initiative. We look forward to reviewing your application.

Sincerely,

A handwritten signature in black ink that reads "Katie Cobb". The signature is written in a cursive, flowing style.

Katie Cobb
President, Vitalant Foundation

Please include the following application information about your organization/prehospital blood program in a Word document or PDF and submit to prehospitalgrants@vitalant.org

Section 1: Applicant Information & Program Snapshot

- a. Organizational name, legal entity type, EMS agency type
- b. Primary point of contact for this application
 - o Include email and/or telephone number
- c. Brief description of the population and geography served
- d. Annual 911 call volume
- e. Has the EMS agency obtained alternative grant funding, or how is the program funded at present?

Section 2: Program Need & Readiness Context

- a. Current Stage of the prehospital blood program (Exploratory, Planning, Early Implementation, Active and Scaling, Continuation of Existing Program, Other – please explain).
- b. Current or anticipated hospital and blood bank partner(s) involved in the prehospital transfusion program.
- c. Describe leadership and medical oversight supporting the program.
- d. Describe the administrative infrastructure in place to support blood logistics, lookback processes, data access, and related program management functions.
- e. Describe the clinical and operational need your organization is seeking to address through a prehospital blood program.
- f. Using data from previous two years (using either TXA administration, MTP or use of blood within 1 hour of hospital arrival, or applying transfusion criteria to historical patients), how many patients would have benefitted from blood use? (By week or Month) Provide the number and describe which method was used to come to that determination.
- g. Average transport to a Trauma Center (minutes and miles).
- h. Briefly describe applicable state and local regulatory requirements, including scope-of-practice considerations, any regulatory barriers to implementation, and your planned approach to addressing those barriers.
- i. What barriers currently limit readiness or implementation (training, cold chain, staffing, quality processes)?

Section 3: Program Plan & Milestones

- a. Describe your proposed prehospital blood program model at a high level (please include product type, proposed deployment strategy, number of vehicles to carry blood, and inventory rotation partner as applicable).
- b. Outline key milestones you expect to achieve over the next 6-12 months.
- c. What is the ideal start date to begin carrying blood in the field?
- d. Identify any key dependencies or risks that could affect your timeline.
- e. How will this award help you move from your current state to the next stage of readiness?

Section 4: Training, Quality & Stewardship

- a. Describe your approach to training and competency for personnel involved in prehospital transfusion, including how many (if any) current personnel have the necessary training to initiate a blood transfusion in the prehospital setting.
- b. Describe quality assurance, oversight and review processes related to transfusion activities.
- c. Describe the policies, safeguards, and processes in place to ensure appropriate use of blood products and responsible management of this limited resource.

Section 5: Use of Funds & Budget

- a. Describe how award funds will be used to support program readiness and implementation.
- b. How do the proposed uses of funds align with the milestones described above?

Section 6: Data, Learning and Reporting Commitment

- a. Describe your organization's ability to collect and share program-level information related to readiness, implementation progress, and operational learning.
- b. Confirm willingness to share limited, de-identified information for donor stewardship and shared learning purposes.
- c. Identify any anticipated challenges related to reporting or data sharing.

Section 7: Sustainability & Future State

- a. Describe how you anticipate financially sustaining the program beyond the award period.

Optional Letters of Support

- a. You may provide up to two (2) letters of support from the EMS Medical Director and/or a representative from the identified hospital inventory rotation partner.

Applicant Attestation

By submitting the application, submitter agrees that all information provided is accurate and complete.

. Acknowledgement of milestone-based funding structure.

Agreement to comply with program guidelines and data submission expectations.

For questions about the application please contact prehospitalgrants@vitalant.org