



EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2019

Due Date: January 19, 2018

Submit to:
 EMS Bureau
 1301 Siler Rd Bldg F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018**. Please adhere to the following instructions, as incomplete applications will not be processed:

- Submit an **ORIGINAL AND THREE (3) COPIES** – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted. (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only- NO PAPERCLIPS or BINDERS)
- Be sure to have necessary SIGNATURES and NOTARY.

Local Recipient:	Superior Ambulance of Santa Fe		127151	
	(EMS Service that will benefit)		(EMS Service #)	
Mailing Address:	P.O. Box 6482	Albuquerque	NM	87197
	(Street/Mailing Address)	City	(State)	(Zip)
	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	505-247-8840	505-934-8148	505-836-7979
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
Contact Person:	Scott Wilson	QA/Training Manager	swilson@superior-nm.com	
	(Name)	(Title)	(E-mail Address)	

Applicant:	County of Santa Fe			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Mailing Address)	City	(State)	(Zip)
Fiscal Agent Contact Person:	David Sperling	Fire Chief		
	(Name)	(Title)		
	505-992-3079	505-992-3073	dsperling@santafecountynm.gov	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level (S1,500)	Medical-Rescue Service First Responder (S3,000)	Medical-Rescue Service/Ambulance Basic Level (S5,000)	Medical-Rescue Service/Ambulance Advance Level (S7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input checked="" type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. We must be realistic, please estimate amount closest to funding that service receives every year.
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
Mileage & Per Diem:		
Supplies (Items Under \$500):		
1.	Funding would be utilized for disposable supplies	\$10,000.00
**Capital Outlay (Items Over \$500):		
2.	Funding would be utilized to assist in the replacement of aging durable equipment such as IV Pumps, equipment refurbishment and associated items for complete functionality.	\$5,000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$15,000.00

* Do not make all items Priority No. 1.

** For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

1. Superior Ambulance of Santa Fe would utilize available funding for the purchase of disposable supplies used in the daily operation of the organization in support of high quality patient care. These supplies are purchased continuously throughout the year to ensure adequate amounts of supplies are on hand and assist in offsetting the high cost of medical supplies and equipment.

2. Superior Ambulance of Santa Fe will be utilizing available funds for the purchase and/or replacement of durable equipment such as IV Pumps, maintenance on mechanical ventilators, and associated accessories to ensure complete functionality of equipment noted.

SERVICE NAME: Superior Ambulance of Santa Fe

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Santa Fe

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Katherine Miller, County Manager
Municipality

Santa Fe
County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

Katherine Miller, SF County Manager
Signature of Official Named Above

The above was sworn and subscribed to before this 2 day of July, 2018

Notary Public: Ambra Baca

My commission expires: 8/12/11



OFFICIAL SEAL

Ambra Baca

NOTARY PUBLIC
STATE OF NEW MEXICO

(SEAL)

Approved as to form

By: [Signature]

Date: 7-27-18

PERSON COMPLETING FORM

Name:	Scott Wilson	QA/Training Manager		
	(Name)	(Title)		
Address:	P.O. Box 6482			
	Albuquerque	NM	87197	
	(City)	(State)	(Zip)	(+4)
505-247-8840	505-934-8148	N/A	505-934-8148	swilson@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>[Signature]</u>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as top priority items for funding requests. (Please indicate below the number of items "on hand")

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	1	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	N/A	Star of Life Displayed	1
Jack and Handle	1	Tool Box	N/A
Lug Wrench	1	Triage Tags for MCI's	20
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	10	Vehicle Registration	Yes
Roadway warning devices	1	Vehicle Spotlight or auxiliary lighting	Yes
Service Specific Protocols and guidelines	1	Warning Lights	Yes
Other: (Specify)			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	Yes
EMSCOM (UHF) Radio	1		
Other: (Specify)	N/A		

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	1 ea. size	Helmet with Face Shield	1
Eye Protection	Yes	N-95 mask (or > particulate mask)	1 box
Gloves (Leather or heavy duty)	N/A	Safety Vest/Jacket/(ANSI 2008 Compliant)	Yes
Hearing Protection	N/A	Splash Protection (disposable)	Yes
Other: (Specify)	N/A		

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 ea. size		
End Title CO2 monitoring device (optional)	Yes	Pulse Oximeter	Yes
Glucose Monitoring Instrument	1 Monitor	Stethoscope	1
Penlights	1	Thermometer (Patient)	1
Other: (Specify)	N/A		

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	2 boxes ea.	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	2 sets ea.
Auto Ventilator Devices (ATV/MTV)	1	Oxygen Supply Tubing	1
Bag Valve Mask Devices (Adult, Child and Infant)	1 ea.	Patient Restraints	1 set
Band-Aids (Assorted Sizes)	1 box	Pediatric Drug Dosage Tape or chart	1 Browslow Tape
Biohazard Clean-up Supplies	Yes	Pediatric Restraint device/car seat	1
Biohazard Waste bags	10	Pillows	2
Blankets	2 sets	Portable Oxygen Equipment	2 sets
Body Bags	N/A	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	2 sets ea.	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	2 sets ea.	Semi-Automatic Defibrillator with Pads	1 monitor
Chair Stretcher	Available	Semi-Automatic Defibrillator Batteries	2
Cold Pack	4	Sharps Container	4
Cold Weather Warming Devices	N/A	Sheets	Paper
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	50, 12	Shoulder/chest/extremity straps	1 set
Emesis Basin	2	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	N/A	Splints, Extremity (Rigid, Air, Vacuum)	2 sets ea. size
Foil Blanket	N/A	Sterile Burn Sheets	4 sets
Hand Sanitizer	1 bottle	Sterile Gloves (Assorted Sizes)	1 set OB kit
Heat Pack	4	Sterile Water	4 bottles
Inhalation Therapy Equipment	6	Stokes Basket	N/A
Installed Oxygen System	Yes	Suction Catheters (Soft & Rigid)	2 ea. type & size
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1 box ea. size	Supraglottic Airway Devices	1 ea. size 1-5
Long Backboard	2	Multi-lumen Airway Devices	Yes
Multi-level Stretcher	1	Laryngeal Airway Devices	Yes
Multi-Lumen Airways	2	Towels	2 sets ea.
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	1
Nasopharyngeal Airways	2 sets	Trauma Dressings	2 sets
Occlusive Dressings	1 box	Trauma Shears	1 pair
On-Board Suction System	Yes	Triangular Bandages	6
On-Board Oxygen Supply	Yes	Urinal (Male and Female)	2 ea gender
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	2 sets		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Other: (Specify)			
Advance Level			
Alcohol and Betadine Prep Pads	1 box ea.	IV Fluid (Normal Saline, D5W, LR)	6 1000 NS bigs
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1 monitor	Laryngoscope Blades – Adult	1 set
Chest Decompression Catheters	Yes	Laryngoscope Blades –Peds	1 set
Cricothyroidotomy Kit	1	Laryngoscope Handle	1 adult, 1 peds
EKG Monitor Electrodes	6 pkge x 3 ea.	Magill Forceps	1 adult, 1 peds
Electrode Defib Pads	1 adult, 1 peds	Needles (Assorted Gauges)	1 box ea. size
End Tidal CO2 Detector	1 ea. monitor	Pediatric Fluid Control Device	1 Buralrol
Endotracheal Tubes (Assorted)	2 sets ea. size	Scalpels	1
Ext. Cardiac Pacing Pads	1 adult, 1 peds	Syringes (1cc, 3cc, 5cc, 10cc)	6 ea. size
Infusion Pumps	1	Toomey Syringe (60cc)	Yes
Inhalation Therapy Equipment	Yes	Tubes, Blood Drawing (Assorted Sizes and Types)	N/A
Intraosseous Needles	1 ea. size	Tubing, IV Administration (60gtts)	3
IV Catheters	6 ea. size	Tubing, IV Administration Set (10gtts – 20gtts)	5
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Check) Yes <input checked="checked" type="checkbox"/> No <input type="checkbox"/>
Other: (Specify)			



SUPERIOR AMBULANCE SERVICE, INC.

Albuquerque, Las Vegas, Pecos, Roswell, Santa Fe & Torrance County

Quality Assurance, Training and Education
Scott Wilson, NRP, I/C

To: Ann Martinez, EMS Fund Act Coordinator

Reference: Mutual Aid Agreements for Superior Ambulance of Santa Fe Operation

Date: 12/21/2017

Attached, please find 2 Mutual Aid Agreements; one for the City of Santa Fe Fire Department and a 2nd one for the Santa Fe County Fire Department. Although these agreements have been submitted to each department specified, we are awaiting their approval and signature(s), finalizing the agreement.

If you have any additional questions, please feel free to contact me.

Regards,

Scott Wilson, NREMT-Paramedic, I/C
Q.A., Training and Education Manager



Mutual Aid Memorandum of Agreement

Between Superior Ambulance (an all entities) and The City of Santa Fe Fire Department

This agreement is entered into this _____ day of _____, 20____ by **The Santa Fe City Fire Department (SFFD)** and **Superior Ambulance Service (SAS)** to describe the agreement(s) of the parties regarding the cooperative provision of emergency ambulance service with the city of Santa Fe, New Mexico.

SFFD is the primary municipal emergency response agency within the City of Santa Fe. Both SFFD and SAS possess a certificate of operating Authority for emergency and non-emergency ambulance service in the City of Santa Fe, issued to each party by the New Mexico Public Regulation Commission (NMPRC).

The parties agree as follows:

Assistance for Emergency Patient Transport:

1. In the event of an extraordinary need brought on by multiple casualty incidents, severe weather emergencies or other unusual events, SFFD may request and SAS may provide as many paramedic and/or EMT ambulances as they can release to respond to emergency calls as may be needed. The said parties do hereby agree that when SAS is requested by the SFFD to provide emergency ambulance transport, but is unable to accommodate the request for service in a timely manner, they will immediately indicate to SFFD their inability to fulfill the request for service.
2. Both parties do hereby waive against each other all claims or compensation for any loss, damage, personal injury or death occurring as a consequence of the performance of this agreement, unless due to the negligent acts by or omissions by the other party.
3. SAS will not receive compensation from the SFFD for services provided, but can seek reimbursement from the patient or third (3rd) party according to its PRC approved tariff.

This agreement shall remain in effect until such time that it is terminated by either of the parties involved. The terminating party shall notify the other party in writing 30 days in advance of the effective date of termination.

SIGNATURES:

City of Santa Fe Fire Department

Administrator of Santa Fe Fire Department (Print)

Date

Administrator of Santa Fe Fire Department (Signature)

Title

Superior Ambulance Service

Administrator for Superior Ambulance Service (Print)

Date

Administrator for Superior Ambulance Service (Signature)

Title



Mutual Aid Memorandum of Agreement

Between Superior Ambulance (an all entities) and The City of Santa Fe Fire Department

This agreement is entered into this _____ day of _____, 20____ by **The Santa Fe County Fire Department (SFCFD)** and **Superior Ambulance Service (SAS)** to describe the agreement(s) of the parties regarding the cooperative provision of emergency ambulance service with the city of Santa Fe, New Mexico.

SFCFD is the primary municipal emergency response agency within the County of Santa Fe. Both SFCFD and SAS possess a certificate of operating Authority for emergency and non-emergency ambulance service in the City and County of Santa Fe, issued to each party by the New Mexico Public Regulation Commission (NMPRC).

The parties agree as follows:

Assistance for Emergency Patient Transport:

1. In the event of an extraordinary need brought on by multiple casualty incidents, severe weather emergencies or other unusual events, SFCFD may request and SAS may provide as many paramedic and/or EMT ambulances as they can release to respond to emergency calls as may be needed. The said parties do hereby agree that when SAS is requested by the SFCFD to provide emergency ambulance transport, but is unable to accommodate the request for service in a timely manner, they will immediately indicate to SFCFD their inability to fulfill the request for service.
2. Both parties do hereby waive against each other all claims or compensation for any loss, damage, personal injury or death occurring as a consequence of the performance of this agreement, unless due to the negligent acts by or omissions by the other party.
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SIGNATURES:

Santa Fe County Fire Department

Administrator: Santa Fe County Fire Department (Print)

Date

Administrator: Santa Fe County Fire Department (Signature)

Title

Superior Ambulance Service

Administrator: Superior Ambulance Service (Print)

Date

Administrator: Superior Ambulance Service (Signature)

Title

