



EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2018

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

Due Date: January 20, 2017

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 20, 2017**. 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:	Eldorado Fire and Rescue Service		127032	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
Mailing Address:	144 Avenida Vista Grande	Santa Fe	NM	87508
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	X 1 2 3	505-466-1204	505-466-0686	
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Wendy Servey	Chief	eldoradofire@comcast.net	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Santa Fe County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	35 Camino Justicia	Santa Fe	NM	87508
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	David Sperling	Chief		
	<i>(Name)</i>	<i>(Title)</i>		

	505-690-3583	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 (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<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 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 (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
Repair and Maintenance:		
2	Oil changes, brakes, lights ,tires for 2 ambulances	\$6000
Training:		
4	EMT SFCC courses, EMT refresher classes in/out of District, CPR refreshers, training and supplies	\$8500
Mileage & Per Diem:		
Supplies (Items Under \$500):		
3	Consumable items used on EMS calls & transport	\$4000
**Capital Outlay (Items Over \$500):		
5	Equipment replacement/upgrades	\$5000
Other Operational Costs:		
1	Fuel for vehicles responding to 500 calls per year	\$6000
TOTAL AMOUNT OF REQUEST:		\$ 29,500

* 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) Increased call volume (more fuel needed)

2) One Med unit is 18 years old and is being utilized as a second out regional ambulance both of which require increased amounts of maintenance.

3) Rising costs for supplies, increases in number of med calls

4) Education and training of EMS personnel, funds for several more EMT's to go through EMT course.

5) Upgrading or replacement of older equipment.

SERVICE NAME:	
---------------	--

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
<u>Katherine Miller, County Manager</u>		<u>Santa Fe</u>
Municipality		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:

Approved by the EMS Fund Act
Santa Fe County Attorney
By: [Signature]
Date: 12-29-16

- 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 County Manager
Signature of Official Named Above (Title)

The above was sworn and subscribed to before this 30 day of December 2016

Notary Public: Ambra Baca

My commission expires: 8/1/17

OFFICIAL SEAL
Ambra Baca (SEAL)
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 8/1/17

PERSON COMPLETING FORM

Name:	<u>Terrence Reilly</u>		<u>Medical Lieutenant</u>	
	(Name)		(Title)	
Address:	<u>144 Avenida Vista Grande</u>			
	<u>Santa Fe</u>	<u>NM</u>	<u>87508</u>	
	(City)	(State)	(Zip)	(+4)
505-466-1204		713-894-9220	eldoradofire@co mcast.net	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>Terrence Reilly</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 – 11lb)	2x5lb	Siren	2
Flashlight	6	Spare Tire	
Fuses (appropriate sizes)	2	Star of Life Displayed	2
Jack and Handle	2	Tool Box	
Lug Wrench		Triage Tags for MCI's	20
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	20	Vehicle Registration	2
Roadway warning devices	12	Vehicle Spotlight or auxiliary lighting	2
Service Specific Protocols and guidelines	2	Warning Lights	2
Other: (Specify)			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	4xVHF	Spare Batteries/charger system	2
EMSCOM (UHF) Radio	2		
Other: (Specify)			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	20	Helmet with Face Shield	6
Eye Protection	4 goggles	N-95 mask (or > particulate mask)	2 boxes
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	6
Hearing Protection	6	Splash Protection (disposable)	2
Other: (Specify)			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	2		
End Title CO2 monitoring device (optional)	2	Pulse Oximeter	2
Glucose Monitoring Instrument	4	Stethoscope	4
Penlights	4	Thermometer (Patient)	2
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	12 rolls of each	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	4 of each asst
Auto Ventilator Devices (ATV/MTV)	2	Oxygen Supply Tubing	6
Bag Valve Mask Devices (Adult, Child and Infant)	6	Patient Restraints	2sets
Band-Aids (Assorted Sizes)	2 boxes	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	2	Pediatric Restraint device/car seat	
Biohazard Waste bags	6	Pillows	2
Blankets	8	Portable Oxygen Equipment	2 with regulators, 6spares
Body Bags		Portable Suction Unit	2
Cervical Collars - Rigid (Adult, Child and Infant)	12	Seated Spinal Immobilization Device	4
Cervical Immobilization Devices	12	Semi-Automatic Defibrillator with Pads	2
Chair Stretcher	2	Semi-Automatic Defibrillator Batteries	4
Cold Pack	8	Sharps Container	4
Cold Weather Warming Devices	12 blankets	Sheets	4
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	12kerlix, 20 2x2, 12 5x9, 100 4x4sterile, 100 4x4 nonsterile	Shoulder/chest/extremity straps	2
Emesis Basin	8	Spinal Immobilization device/backboard	12
Field Stretcher (Scoop, Collapsible, Vacuum)	6	Splints, Extremity (Rigid, Air, Vacuum)	assorted
Foil Blanket	2	Sterile Burn Sheets	4
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	
Heat Pack	8	Sterile Water	16
Inhalation Therapy Equipment	2	Stokes Basket	
Installed Oxygen System	2	Suction Catheters (Soft & Rigid)	12asst
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	20asst	Supraglottic Airway Devices	14asst, Igel s & kings
Long Backboard	6	Multi-lumen Airway Devices	
Multi-level Stretcher	2	Laryngeal Airway Devices	18
Multi-Lumen Airways		Towels	8
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	4	Traction Splint	4

Nasopharyngeal Airways	asst	Trauma Dressings	4
Occlusive Dressings	6	Trauma Shears	6
On-Board Suction System	2	Triangular Bandages	6
On-Board Oxygen Supply	2	Urinal (Male and Female)	2
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) x Yes No
Other: (Specify)		Atrovent	7 bullets
Oral glucose prep	4	Epinephrine	4 vials
Acetaminophen	2 bottles		1 mdv
ASA	2 bottles 81mg	Narcan	.4mgx6 1.0mg x4
Albuterol	8x2.5 bullets		
Advance Level			
Alcohol and Betadine Prep Pads	20	IV Fluid (Normal Saline, D5W, LR)	12NS, 2D5 W's
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	LP15, LP1 2	Laryngoscope Blades – Adult	24
Chest Decompression Catheters	1, 14-3" angiocath	Laryngoscope Blades – Peds	24
Cricothyroidotomy Kit	2	Laryngoscope Handle	8
EKG Monitor Electrodes	60	Magill Forceps	4
Electrode Defib Pads	4	Needles (Assorted Gauges)	5 each, 18, 20, 22
End Tidal CO2 Detector	4	Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)	4	Scalpels	2
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	5 each
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment	8	Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles	8	Tubing, IV Administration (60gtts)	
IV Catheters	60 asst	Tubing, IV Administration Set (10gtts – 20gtts)	16 sets
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes No
Other: (Specify)			
All AHA & paramedic meds,	Multiples of each	Lukas II-automated CPR device plus charging system and extra battery	1
Atropine, Adenosine, Epinephrine, Albuterol, magnesium, Fentanyl, Amiodarone, Versed, Calcium, Oxytocin, Lidocaine, Narcan, Sodium Bicarb, Morphine, Nitro		Binder lift devices	2
		Trauma response bag	2