NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2016

Due Date: January 23, 2015

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 23, 2015.** Please adhere to the following instructions, **as incomplete applications will not be processed:**

- Submit an **ORIGINAL AND THREE (3) COPIES, 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 NOTARIZED**

Local Recipient:	AGUA FRIA FIRE DISTRICT			127045
	(EMS Service that will benefit)			*(EMS Service #)*
Mailing Address:	35 CAMINO JUSTICIA	SANTA FE	NM	87508
	(Street/Mailing Address)	*City)*	*(State)*	*((Zip)*
	X 1 2 3	505-471-3473	505-660-9619	505-992-3073
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	CHARLIE VELARDE	ASST. FIRE CHIEF	cvelarde@santafecountynm.gov	
	(Name)	*(Title)*	*(E-mail Address)*	

Applicant:	Santa Fe County Fire Department			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Mailing Address)	*(City)*	*(State)*	*(Zip)*
Contact Person:	David Sperling	Fire Chief		
	(Name)	*(Title)*		
	505-992-3070	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)**
☐ **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).	☐ **Check if applicable** Eighty percent **(80%)** of all runs are covered by a NM licensed First Responder or NM licensed EMT, **minimum of two NM licensed personnel.**	☐ **Check if applicable** Eighty percent **(80%)** of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, **minimum of two NM licensed personnel.**	☒ **Check if applicable** Eighty percent **(80%)** of all runs covered by a NM licensed EMT-I or EMT-P level, **minimum of two NM licensed personnel.**
☐ **Check if applicable** Service has Basic medical supplies and equipment.	☐ **Check if applicable** Service has basic medical supplies and equipment.	☐ **Check if applicable** Service has basic medical supplies and equipment.	☒ **Check if applicable** Service has basic & advanced medical supplies and equipment.
☐ **Check if applicable** Service has mutual aid agreements. **Attached copy(s)**	☐ **Check if applicable** Service has mutual aid agreements. **Attached copy(s)**	☐ **Check if applicable** Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). **Attach copy(s)**	☒ **Check if applicable** Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). **Attach copy(s)**
☐ **Check if applicable** Service has a designated Training Coordinator.	☐ **Check if applicable** Service has a designated Training Coordinator.	☐ **Check if applicable** Service has a designated Training Coordinator.	☒ **Check if applicable** Service has a designated Training Coordinator.
☐ **Check if applicable** The Service is, or plans to submit all runs to NMEMSTARS Database	☐ **Check if applicable** The Service is submitting all runs to NMEMSTARS Database	☐ **Check if applicable** The Service is submitting all runs to NMEMSTARS Database	☒ **Check if applicable** The Service is submitting all runs to NMEMSTARS Database
☐ **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.	☐ **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.	☐ **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.	☒ **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.
☐ **Check if applicable** Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	☐ **Check if applicable** Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	☐ **Check if applicable** Service has a Medical Director and appropriate BLS medical protocols.	☒ **Check if applicable** Service has a Medical Director and appropriate BLS and ALS medical protocols.
☐ **Check if applicable** Service complies with NM EMS Bureau Medical Rescue Certification regulations	☐ **Check if applicable** Service complies with NM EMS Bureau Medical Rescue Certification regulations	☐ **Check if applicable** Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	☒ **Check if applicable** Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			☐ **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.**
- **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:		
1	Yearly AED maintenance and upgrades	2000.00
Training:		
2	Training of personnel to attend EMS Conference for CE"S, EMT classes and	1500.00
	Re-Licensure	
Mileage & Per Diem:		
3	Attendance of personnel at EMS Conference out of town	1000.00
Supplies (Items Under $500):		
4	Day to Day Operation Field Supplies	1000.00
****Capital Outlay (Items Over $500):**		
5	AED's and Holmatro Extrication Equipment	3000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		**8500.00**

* **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. Service Agreements and Maintenance on AED's and Holmatro Extrication equipment
2. Personnel to attend EMT Refreshers and EMS classes
3. Purchase medical equipment and field supplies
4. AED's and Holmatro extrication equipment

SERVICE NAME:	Santa Fe County Fire- Agua Fria District

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		Santa Fe
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:

- 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.

X Katherine Miller — County Manager

Signature of Official Named Above — *(Title)*

The above was sworn and subscribed to before this 16 **day of** January, 2015.

Notary Public: Ambra Garcia

My commission expires: 8/1/17

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

(SEAL)

PERSON COMPLETING FORM

Name:	CHARLIE VELARDE			ASST. FIRE CHIEF	
	(Name)			*(Title)*	
Address:	35 CAMINO JUSTICIA				
	SANTA FE		NM	87508	
	(City)		*(State)*	*(Zip)*	*(+4)*
505-992-3079			505-490-1410	CVELARDE@SANTAFECOUNTYNM.GOV	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
Signature:	Charlie Velarde				

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Approved as to form
Santa Fe County Attorney
By:
Date: 1-13-15

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)	1-5LB	Siren	1
Flashlight	4	Spare Tire	
Fuses (appropriate sizes)		Star of Life Displayed	1
Jack and Handle	1	Tool Box	1
Lug Wrench		Triage Tags for MCI's	10
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1-2014
Patient Care Reports or Reporting System		Vehicle Registration	1
Roadway warning devices	10	Vehicle Spotlight or auxiliary lighting	3
Service Specific Protocols and guidelines	1	Warning Lights	X
Other: *(Specify)*			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1-VHF M	Spare Batteries/charger system	2
EMSCOM (UHF) Radio			
Other: *(Specify)*			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	6 ASST	Helmet with Face Shield	2
Eye Protection	2	N-95 mask (or > particulate mask)	2
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	2
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	1EA		
End Title C02 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	2	Thermometer (Patient)	1
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"	4	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	
Auto Ventilator Devices (ATV/MTV)	2-1EA	Oxygen Supply Tubing	2
Bag Valve Mask Devices (Adult, Child and Infant)	1BOX	Patient Restraints	
Band-Aids (Assorted Sizes)	1	Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies	1	Pediatric Restraint device/car seat	
Biohazard Waste bags	4	Pillows	
Blankets	4	Portable Oxygen Equipment	1
Body Bags	2	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	Asst	Seated Spinal Immobilization Device	
Cervical Immobilization Devices		Semi-Automatic Defibrillator with Pads	1
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	4	Sharps Container	1
Cold Weather Warming Devices		Sheets	2
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Asst	Shoulder/chest/extremity straps	
Emesis Basin	2	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	Asst
Foil Blanket		Sterile Burn Sheets	2
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	1EA
Heat Pack	4	Sterile Water	2
Inhalation Therapy Equipment		Stokes Basket	1
Installed Oxygen System		Suction Catheters (Soft & Rigid)	Asst
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	Asst	Supraglottic Airway Devices	
Long Backboard		Multi-lumen Airway Devices	2
Multi-level Stretcher		Laryngeal Airway Devices	Asst
Multi-Lumen Airways	2	Towels	2
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	
Nasopharyngeal Airways	Asst	Trauma Dressings	2
Occlusive Dressings	2	Trauma Shears	2
On-Board Suction System		Triangular Bandages	1 box
On-Board Oxygen Supply		Urinal (Male and Female)	1
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	Asst		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: *(Specify)*			
Advance Level			
Alcohol and Betadine Prep Pads	1bx ea	IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes		Magill Forceps	
Electrode Defib Pads		Needles (Assorted Gauges)	
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	
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)*			

NEW MEXICO DEPARTMENT OF HEALTH

EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
Due Date: January 23, 2015

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

Service Name:	**AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department** *(EMS Service)*

Mailing Address:	35 Camino Justicia *(Mailing Address)*				
	Santa Fe *(City)*		NM *(State)*	87508 *(Zip)*	0 *(+4)*
Contact Person:	Charlie Velarde *(Name)*		Asst. Fire Chief *(Title)*		
	505-992-3079 *(Business Phone)*		505-992-3073 *(Fax)*	cvelarde@santafecountynm.gov *(E-mail Address)*	
Administration:	Santa Fe County Fire Department *(County or Municipality)*				
	35 Camino Justicia *(Mailing Address)*				
	Santa Fe *(City)*		NM *(State)*	87508 *(Zip)*	*(+4)*
Contact Person:	David Sperling *(Name)*		Fire Chief *(Title)*		
	505-992-3070 *(Telephone #)*	505-992-3073 *(Fax Phone #)*	dsperling@ssantafecountynm.gov *(E-mail Address)*		
EMS Region:	**Region I** X	**Region II**		**Region III**	

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	AGUA FRIA FIRE STATION #1			
	35 39.608 *Latitude*	106 01.780 *Longitude*		
Street Address:	58 CR 62 (Caja Del Oro Grant Rd)			
	Santa Fe *(City)*	NM *(State)*	87507 *(Zip)*	*(+4)*
#2				
Name of Facility:	AGUA FRIA FIRE STATION # 2			
	35 42.747 *Latitude*	106 01.062 *Longitude*		
Street Address:	6 Arroyo Calabasa			
	Santa Fe *(City)*	NM *(State)*	87507 *(Zip)*	*(+4)*

(Use additional pages as necessary)

Service Name:	AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department *(EMS Service)*

SERVICE INFORMATION

	Type of Service *(Must Check Only One)*		Affiliation Type *(Mark Primary Affiliation Only)*
	Certified **PRC** Ambulance		Private for-profit
X	Certified Medical/Rescue Service (Non-transport)		Private non-profit
	Certified Medical/Rescue Service (Transport Capable)	X	Fire Dept.-based
	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based
	Special Event(s) Agency		Clinic-based
	Air Ambulance		Hospital-based
	Other (Please Specify):		County-based
			Municipality-based
PRC Certification #	42343		Tribal
Medical Rescue Certification #			Other (Please Specify) :

# of Years In Operation			

EMS Calls						Local Receiving Hospital(s)
Received By *(Mark One)*		**Dispatched By** *(Mark One)*				
	Basic 911		Ambulance Service	X	Central Dispatch	Christus St. Vincent's
X	Enhanced 911		Fire Department		Location of Dispatch:	
	Local Phone		Law Enforcement		RECC- Santa Fe	

EMERGENCY MEDICAL SERVICES PERSONNEL

LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

	Paid (Indicate Part Time/Full Time	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic	6 FT	2	Nurse		
EMT Intermediate	9 FT	3	Physician		
EMT Paramedic	3 FT		Driver		7
Emergency Medical Dispatcher			Other		

*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. ***(Use additional pages as necessary.)***

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Lawrence Sena	EMT B	14000076	3-31-16	3-14-14	VOL
Ruben Torres	EMT B	14000287	3-31-16	3-14-14	VOL
Marcos P Estrada	EMT I	14000024	3-31-16	3-14-14	VOL
Otis J Tincher	EMT I	14000077	3-31-17	3-14-14	VOL
Carey Woods	EMT I	1300247	3-31-15	3-14-14	VOL

Service Name:	AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department *(EMS Service)*

Jason Noble	EMT I	00017950	03/31/2015	2008	Paid
Reed Shelton	EMT-P	00016667	03/31/2015	2006	Paid
Kyle Jaffa	EMT I	12000382	03/31/2016	2013	Paid
Garrett Allen	EMT-I	00012641	03/31/2016	2008	Paid
Michael Judge	EMT B	12000781	03/31/2015	2013	Paid
Christopher Bonifer	EMT B	07000503	03/31/2016	2012	Paid
Robert Herrera	EMT I	00020403	03/31/2016	2008	Paid
Daisy Graves	EMT P	05000003	03/31/2016	2008	Paid
Katherine Field	EMT I	08001631	03/31/2015	2010	Paid
Gregory Bobick	EMT I	08000211	03/31/2015	2010	Paid
Esteban Ornelas	EMT-B	07000856	03/31/2016	2007	Paid
Frank Gallegos	EMT B	07000993	03/31/2015	2008	Paid
Patrick Romero	EMT I	00024764	03/31/2016	2007	Paid
Marcos Archuleta	EMT P	00016711	03/31/2015	2007	Paid
Rachael Martinez	EMT I	11000459	03/31/2016	2012	Paid
Justin Armijo	EMT B	12000026	03/31/2016	2012	Paid
Steve Lunneborg	EMT B	07001710	03/31/2016	2012	Paid
Garrett Grantham - Phillips	EMT I	09001427	09001427	2012	Paid

Service Name:	AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department *(EMS Service)*

For Ground Ambulance/Medical Rescue Services Only

GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)

List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Milt Moomaw	009765841	3-14-14	E	
Charles Harison	507138969	3-14-14	E	
Alan Gonzales	509460701	3-14-14	E	
Erick Avila	508891377	3-14-14	E	
Angel Lucero	504857549	3-14-14	E	
Alonzo Rodriguez	501579912	3-14-14	E	
Ward Freeman	50847059	3-14-14	E	

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

Enter the total number of each type of vehicle used by your service. ***(Mandatory)***

Type I:		Type IV:	
Type II:		Medical/Rescue:	1
Type III:		Other – Explain:	6 Fire Apparatus

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four wheel drive, patient capacity for supine patients, and the current mileage. ***(Mandatory)***

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
2010	Pierce	Class A	G83183			4	0	33594	
1998	FrtLiner	Class A	G39818			2	0	23358	
2002	Frtliner	Tanker	G55579			2	0	13510	
1998	Ford F450	Brush	G39806			4	0	55980	
2002	Ford F550	Rescue	G5562			4	0	45788	

(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)

Service Name:	AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department *(EMS Service)*

VEHICLE PREVENTIVE MAINTENANCE PROGRAM										
1. Do you have a Vehicle Preventive Maintenance Program in place?			X	Yes		No				
If "Yes", please attach a copy of your program.										
2. Indicate the frequency of vehicle inspections:		Daily		Weekly	X	Monthly		Quarterly		
3. Attach Annual Safety Inspection for all units. **(PRC ONLY)**										

OPERATIONS PLAN				
Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	X	Yes		No
2. Are operational and medical protocols included in the Operations Plan?	X	Yes		No
3. What was the effective date of your Operations Plan?	**1996**			
4. Please provide a map of the coverage area for your service.				

QUALITY ASSURANCE REVIEW									
1. Do you have an internal quality assurance/improvement mechanism in place?				X	Yes		No		
If "Yes", please attach description.									
2. Indicate the dates of this year's quality assurance review activities.									
Reviews are conducted:		Daily		Weekly	X	Monthly		Quarterly	Annually

DATES OF REVIEW

DATE	DATE	DATE	DATE	DATE
1/10/2014	5/10/2014	9/10/2014		
2/10/2014	6/10/2014	10/10/2014		
3/10/2014	7/10/2014	11/10/2014		
4/10/2014	8/10/2014	12/10/2014		

SERVICE DIRECTOR/CHIEF					
Name:	David Sperling		Fire Chief		
	(Name)		*(Title)*		
Address:	35 Camino Justicia		Santa Fe	NM	87508
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
	505-992-3070			dsperling@santafecountynm.gov	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
Signature:					

Service Name:	AGUA FRIA FIRE DISTRICT- Santa Fe County Fire Department (EMS Service)

SERVICE MEDICAL DIRECTOR					
Name:	David Rosen		Medical Director		2008-0628
	(Name)		*(Title)*		*(License #)*
Address:	35 Camino Justicia		Santa Fe	NM	87508
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
		215-880-7131	David.rosen@mac.com		
(Work Phone)	*(Home Phone #)* / *(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*		
***In signing this application I am certifying that I am actively providing medical direction for this EMS Service.**					
***Signature:**					

SERVICE TRAINING COORDINATOR					
Name:	Michael Mestas		Captain	00014454	Paramedic
	(Name)		*(Title)*	*(License #)*	*(Level)*
Address:	35 Camino Justicia		Santa Fe	NM	87508
	(Street/Mailing		*(City)*	*(State)*	*(Zip)*
505-992-3075		505-670-6408	mmestas@santafecountynm.gov		
(Work Phone)	*(Home Phone #)* / *(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*		
***Signature:**					

PERSON COMPLETING FORM				
Name:	Charlie Velarde	Asst. Fire Chief		
	(Name)	*(Title)*		
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing	*(City)*	*(State)*	*(Zip)*
505-992-3079			cvelarde@santafecountynm.gov	
(Work Phone)	*(Home Phone #)* / *(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
***Signature:**				

The above was sworn and subscribed to before this 29th **Day of** December **, 20** 14

Donna R. Morris
Notary Public

Oct. 16, 2017
My Commission Expires

Seal

**** Notary is for the person completing form