



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2016**

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

Due Date: January 23, 2015

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:	Galisteo Fire District		127033	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
Mailing Address:	39 Avenida Vieja	Galisteo	NM	87540
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	X 1	2	3	505-466-0396
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	505-466-3658
Contact Person:	Jean Moya	District Chief	janayamoya@yahoo.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Santa Fe County Fire Department			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	35 Camino Justica	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>	
	505-992-3070	505-992-3073	dsperling@santafecountynm.gov	
<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>		

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	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<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).	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>	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>	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	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable
Service has Basic medical supplies and equipment.	Service has basic medical supplies and equipment.	Service has basic medical supplies and equipment.	Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable
Service has mutual aid agreements. <u>Attached copy(s)</u>	Service has mutual aid agreements. <u>Attached copy(s)</u>	Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	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	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable
Service has a designated Training Coordinator.	Service has a designated Training Coordinator.	Service has a designated Training Coordinator.	Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable
The Service is, or plans to submit all runs to NMEMSTARS Database	The Service is submitting all runs to NMEMSTARS Database	The Service is submitting all runs to NMEMSTARS Database	The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<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.	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.	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.	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	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<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.	Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	Service has a Medical Director and appropriate BLS medical protocols.	Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable	<input checked="" type="checkbox"/> Check if applicable	<input type="checkbox"/> Check if applicable
Service complies with NM EMS Bureau Medical Rescue Certification regulations	Service complies with NM EMS Bureau Medical Rescue Certification regulations	Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	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.
- 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:		
1	Repair, maintenance and annual inspection of Rescue Unit and equipment	\$3000.00
Training:		
2	Continued training and licensure renewal of all EMS personnel	\$1,000.00
Mileage & Per Diem:		
5	Out of District Training	\$1000.00
Supplies (Items Under \$500):		
3	Expand expendable supplies for Rescue unit and create a second medical jump kit, for additional apparatus. Uniform shirts for members.	\$2000.00
**Capital Outlay (Items Over \$500):		
4	Heart Smart defibrillator	\$2000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$9000.00

* 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. It is necessary to inspect all equipment, rescue unit and perform maintenance as needed. This is to ensure that all equipment is working properly at all times.
2. In order to provide the highest quality EMS service to the community, it is imperative that EMS personnel are provided with up to date training.
3. Expendable supplies are always needed and must be replaced in a timely manner, along with a complete medical bag for additional apparatus. Replacement of uniforms.
4. Defibrillator to be placed on our first out engine for use by Medical Personal or Firefighters.
5. Travel per-diem for out of state travel and the EMS conference in state.

SERVICE NAME: Galisteo Fire 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:

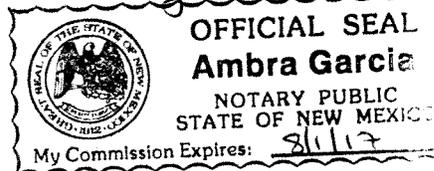
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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

Katherine Miller Signature of Official Named Above (Title)

The above was sworn and subscribed to before this 10 day of January, 2015.

Notary Public: Ambra Garcia



My commission expires: 8/1/17

PERSON COMPLETING FORM

Name:	Jean Moya	District Chief		
	(Name)	(Title)		
Address:	39 Avenida Vieja			
	Galisteo	NM	87540	
	(City)	(State)	(Zip)	(+4)
505-466-0396	505-466-1544	505-670-1517	janayamoya@yahoo.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>Jean Moya</i>			

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: Robert [Signature]

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)	1 2lb	Siren	X
Flashlight	5	Spare Tire	
Fuses (appropriate sizes)	6	Star of Life Displayed	X
Jack and Handle	1	Tool Box	
Lug Wrench	1	Triage Tags for MCI's	1 set
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	X
Patient Care Reports or Reporting System	1	Vehicle Registration	X
Roadway warning devices	1	Vehicle Spotlight or auxiliary lighting	X
Service Specific Protocols and guidelines	1	Warning Lights	X
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	X	Spare Batteries/charger system	X
EMSCOM (UHF) Radio	X		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	1 box each size	Helmet with Face Shield	yes each
Eye Protection	4	N-95 mask (or > particulate mask)	2 boxes
Gloves (Leather or heavy duty)	2 sets	Safety Vest/Jacket/(ANSI 2008 Compliant)	5
Hearing Protection	1 box	Splash Protection (disposable)	4
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	4		
End Title CO2 monitoring device (optional)	1	Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	4
Penlights	1 pack	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 each size	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	5 NRB,6 NC,2 Ped’s
Auto Ventilator Devices (ATV/MTV)	1	Oxygen Supply Tubing	4
Bag Valve Mask Devices (Adult, Child and Infant)	2 each	Patient Restraints	1 set
Band-Aids (Assorted Sizes)	2 boxes assorted	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	1 set	Pediatric Restraint device/car seat	
Biohazard Waste bags	6	Pillows	
Blankets	6	Portable Oxygen Equipment	2
Body Bags		Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	6	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	6	Semi-Automatic Defibrillator with Pads	1 set
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	2
Cold Pack	6	Sharps Container	2
Cold Weather Warming Devices	6	Sheets	6
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	1 each box	Shoulder/chest/extremity straps	3 sets
Emesis Basin	4	Spinal Immobilization device/backboard	4
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	6
Foil Blanket	2	Sterile Burn Sheets	3
Hand Sanitizer	6	Sterile Gloves (Assorted Sizes)	1 box each
Heat Pack	6	Sterile Water	2
Inhalation Therapy Equipment	3	Stokes Basket	
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	3
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1 box each	Supraglottic Airway Devices	
Long Backboard	4	Multi-lumen Airway Devices	1 set
Multi-level Stretcher	1	Laryngeal Airway Devices	1 set

Multi-Lumen Airways	1 set	Towels	6
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	1
Nasopharyngeal Airways	2 sets	Trauma Dressings	6
Occlusive Dressings	6	Trauma Shears	4
On-Board Suction System	1	Triangular Bandages	6
On-Board Oxygen Supply	1	Urinal (Male and Female)	1 each
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			(Circle) Yes
Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads		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 (60gts)	
IV Catheters		Tubing, IV Administration Set (10gts – 20gts)	
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: <i>(Specify)</i>			



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:	Galisteo Fire District – Santa Fe County Fire Department
	<i>(EMS Service)</i>

Mailing Address:	39 Avenida Vieja			
	<i>(Mailing Address)</i>			
	Galisteo	NM	87540	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Jean Moya		District Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-466-0396	505-466-1544	505-4663658	janayamoya@yahoo.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	Santa Fe County Fire Department			
	<i>(County or Municipality)</i>			
	35 Camino Justicia			
	<i>(Mailing Address)</i>			
	Santa Fe	NM	87508	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	David Sperling		Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3070	505-992-3073	dsperling@santafecountynm.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	X	Region II	Region III

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Galisteo Fire District			
	N35 23'58	W105 46.141		
	<i>Latitude</i>	<i>Longitude</i>		
Street Address:	39 Avenida Vieja			
	Galisteo	NM	87540	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:				
	<i>Latitude</i>	<i>Longitude</i>		
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(Use additional pages as necessary)</i>			

Service Name:	Galisteo Fire District – Santa Fe County Fire Department <i>(EMS Service)</i>
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SERVICE INFORMATION					
Type of Service <i>(Must Check Only One)</i>			Affiliation Type <i>(Mark Primary Affiliation Only)</i>		
<input type="checkbox"/>	Certified PRC Ambulance		<input type="checkbox"/>	Private for-profit	
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)		<input type="checkbox"/>	Private non-profit	
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)		<input checked="" type="checkbox"/>	Fire Dept.-based	
<input type="checkbox"/>	Emergency Medical Dispatch Agency		<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based	
<input type="checkbox"/>	Special Event(s) Agency		<input type="checkbox"/>	Clinic-based	
<input type="checkbox"/>	Air Ambulance		<input type="checkbox"/>	Hospital-based	
<input type="checkbox"/>	Other (Please Specify):		<input type="checkbox"/>	County-based	
<input type="checkbox"/>			<input type="checkbox"/>	Municipality-based	
PRC Certification #	42343		<input type="checkbox"/>	Tribal	
Medical Rescue Certification #			<input type="checkbox"/>	Other (Please Specify) :	
# of Years In Operation	22				
EMS Calls			Local Receiving Hospital(s)		
Received By <i>(Mark One)</i>		Dispatched By <i>(Mark One)</i>		Christus St. Vincent Hospital	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service	<input checked="" type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	<input type="checkbox"/>	Fire Department	Location of Dispatch:	
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	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		3	Nurse		
EMT Intermediate			Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		
*Volunteer may include those paid by the run or other non-salary arrangement.					

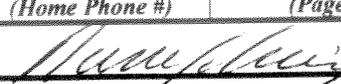
LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Jean Moya	EMT-B	0021382	March 2016	1/2014	Volunteer
Steve Moya	EMT-B	00015240	March 2017	1/2014	Volunteer
Jon Stern	EMT-B	10001364	March 2016	1/2014	Volunteer

Service Name:	Galisteo Fire District – Santa Fe County Fire Department (EMS Service)
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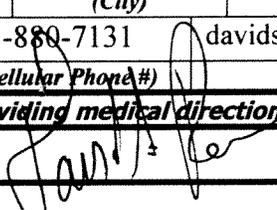
VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

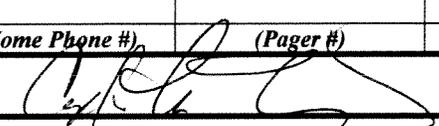
OPERATIONS PLAN				
Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What was the effective date of your Operations Plan?			1996	
4. Please provide a map of the coverage area for your service.				

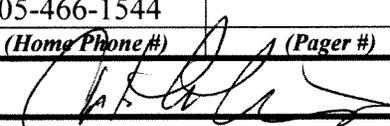
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input type="checkbox"/>	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	Chief		
	(Name)	(Title)		
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3070		505-231-2776	dsperling@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

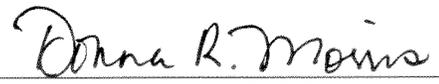
Service Name:	Galisteo Fire District – Santa Fe County Fire Department (EMS Service)
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SERVICE MEDICAL DIRECTOR				
Name:	David Rosen	MD	2008-0628	
	(Name)	(Title)	(License #)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
		213-880-7131	davidscottrosen@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:				

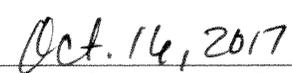
SERVICE TRAINING COORDINATOR				
Name:	Michael Mestas	Captain	00014454	Paramedic
	(Name)	(Title)	(License #)	(Level)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3075		505-670-6408	mmestas@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular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

PERSON COMPLETING FORM				
Name:	Jean Moya	District Chief		
	(Name)	(Title)		
Address:	39 Avenida Vieja	Galisteo	NM	87540
	(Street/Mailing)	(City)	(State)	(Zip)
505-466-0396	505-466-1544	505-670-1517	janaymoya@yahoo.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

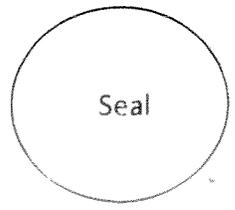
The above was sworn and subscribed to before this 29th Day of December, 2014



 Notary Public



 My Commission Expires



**** Notary is for the person completing form