



**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:	Glorieta Pass Fire District			127025	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	PO Box 206		Glorieta		NM 87535
	<i>(Street/Mailing Address)</i>		<i>(City)</i>		<i>(State) (Zip)</i>
	X	1	2	3	505-757-6800
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		<i>(Emergency Phone #)</i>
Contact Person:	David Hamilton		Asst. Chief		annadavidhamilton@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 Justicia		Santa Fe	NM 87508
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
Contact Person:	David Sperling		Chief, SF Co. Fire Dept.	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3077	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 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.
- 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:		
4	2 IV warmers	
	Suction unit battery replacements	\$350
Training:		
1	Increase Members from FA/CPR up to EMT-B, increase 2 EMT-B to EMT-I, and increase 1 EMT-I up to EMT-Paramedic	\$7,500
Mileage & Per Diem:		
3	Send EMS personnel to EMS training	\$2,000
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
2	Rescue 6 is getting very old so we are hoping to replace unit soon	\$190,000
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$199,850

* 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=Our Patient calls are increasing in complexity so we need to increase training levels to meet their needs.

#2=Rescue 6 is 24 years old and is badly in need of being replaced.

#3=To maintain licensure levels, we must maintain our CEs.

#4a=Our current IV warmer is a small cooler with a large heating pad that sits in the middle seat of our single cab rescue. It's hard to fit more than two EMTs/Firefighters into the vehicle with our current heater.

#4b=Our suction unit batteries are currently dead and we have had to resort to manual suction units.

SERVICE NAME: | GLORIETA PASS FIRE & RESCUE

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

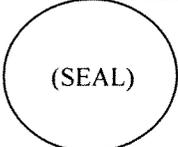
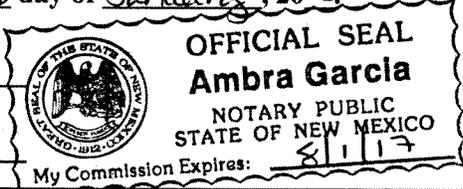
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- 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

PERSON COMPLETING FORM

Name:	Cary Youts	Glorieta EMS Lieutenant		
	<i>(Name)</i>	<i>(Title)</i>		
Address:	382A Old Denver Hwy			
	Glorieta	NM	87535	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
505-709-0360	505-757-2938	505-709-0360	cary@glorieta.com	
<i>(Work Phone)</i>	<i>(Home Phone#)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<u>[Signature]</u>			

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: [Signature]
Date: 1-12-15

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 – 11b)	2	Siren	1
Flashlight	4	Spare Tire	1
Fuses (appropriate sizes)	12	Star of Life Displayed	3
Jack and Handle	1	Tool Box	2
Lug Wrench	1	Triage Tags for MCI's	35
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	10+	Vehicle Registration	1
Roadway warning devices	10 CONES	Vehicle Spotlight or auxiliary lighting	2
Service Specific Protocols and guidelines	1	Warning Lights	2
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	1/2
EMSCOM (UHF) Radio			
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	Box of ea	Helmet with Face Shield	6
Eye Protection	6	N-95 mask (or > particulate mask)	23
Gloves (Leather or heavy duty)	15	Safety Vest/Jacket/(ANSI 2008 Compliant)	4
Hearing Protection	Box of plugs	Splash Protection (disposable)	24
Other: <i>(Specify)</i> each member has full set of bunker gear and also extrication jumpsuit			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Title CO2 monitoring device (optional)		Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	2
Penlights		Thermometer (Patient)	2
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	7	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	4 of each
Auto Ventilator Devices (ATV/MTV)	0		
Bag Valve Mask Devices (Adult, Child and Infant)	2	Patient Restraints	3
Band-Aids (Assorted Sizes)	35	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	2 kits	Pediatric Restraint device/car seat	0
Biohazard Waste bags	7	Pillows	0
Blankets	4	Portable Oxygen Equipment	2
Body Bags	1	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	8	Seated Spinal Immobilization Device	1 KED
Cervical Immobilization Devices	4 block	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	1
Cold Pack	6	Sharps Container	2
Cold Weather Warming Devices	5	Sheets	2
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	many	Shoulder/chest/extremity straps	3
Emesis Basin	2	Spinal Immobilization device/backboard	3
Field Stretcher (Scoop, Collapsible, Vacuum)	3	Splints, Extremity (Rigid, Air, Vacuum)	7
Foil Blanket	5	Sterile Burn Sheets	2
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	4
Heat Pack	5	Sterile Water	2
Inhalation Therapy Equipment	3	Stokes Basket	2
Installed Oxygen System	0	Suction Catheters (Soft & Rigid)	1
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	Box of ea.	Supraglottic Airway Devices	
Long Backboard	3	Multi-lumen Airway Devices	
Multi-level Stretcher	0	Laryngeal Airway Devices	set
Multi-Lumen Airways	1 each size	Towels	5
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	2
Nasopharyngeal Airways	set	Trauma Dressings	3
Occlusive Dressings	5	Trauma Shears	2
On-Board Suction System	0	Triangular Bandages	7
On-Board Oxygen Supply	0	Urinal (Male and Female)	1 of ea

Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	1 set		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No
Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	12	IV Fluid (Normal Saline, D5W, LR)	2
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	aed/3lead	Laryngoscope Blades – Adult	0
Chest Decompression Catheters	0	Laryngoscope Blades –Peds	0
Cricothyroidotomy Kit	0	Laryngoscope Handle	0
EKG Monitor Electrodes	10	Magill Forceps	0
Electrode Defib Pads	2	Needles (Assorted Gauges)	6
End Tidal CO2 Detector	0	Pediatric Fluid Control Device	1
Endotracheal Tubes (Assorted)	0	Scalpels	3
Ext. Cardiac Pacing Pads	0	Syringes (1cc, 3cc, 5cc, 10cc)	6
Infusion Pumps	0	Toomey Syringe (60cc)	2
Inhalation Therapy Equipment	nebs	Tubes, Blood Drawing (Assorted Sizes and Types)	3
Intraosseous Needles	2	Tubing, IV Administration (60gtts)	2
IV Catheters	multiple	Tubing, IV Administration Set (10gtts – 20gtts)	4
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:	Glorieta Pass Fire and Rescue – Santa Fe County Fire Department <i>(EMS Service)</i>
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Mailing Address:	PO Box 206			
	<i>(Mailing Address)</i>			
	Glorieta <i>(City)</i>	NM <i>(State)</i>	87535 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	David Hamilton <i>(Name)</i>		Asst. Chief <i>(Title)</i>	
	505-690-7983 <i>(Business Phone)</i>	same <i>(Emergency Phone)</i>	505-757-6800 <i>(Fax)</i>	annadavidhamilton@yahoo.com <i>(E-mail Address)</i>
	Santa Fe County Fire Department <i>(County or Municipality)</i>			
Administration:	35 Camino Justicia			
	<i>(Mailing Address)</i>			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	David Sperling <i>(Name)</i>		Chief, SF Co. Fire Dept. <i>(Title)</i>	
	505-992-3077 <i>(Telephone #)</i>	505-992-3073 <i>(Fax Phone #)</i>	dsperling@santafecountynm.gov <i>(E-mail Address)</i>	
	EMS Region: Region I <input checked="" type="checkbox"/> Region II <input type="checkbox"/> Region III <input type="checkbox"/>			

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Glorieta Station #1			
	35 35' 08.6"		105 46' 29.8"	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	#43 Firestation Rd			
	Glorieta <i>(City)</i>	NM <i>(State)</i>	87535 <i>(Zip)</i>	 <i>(+4)</i>
#2				
Name of Facility:	Station @ will be built 4/21 04 2015			
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	Old Denver Hwy. near county line			
	 <i>(City)</i>	 <i>(State)</i>	 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	Glorieta Pass Fire and Rescue – Santa Fe County Fire Department
	<i>(EMS Service)</i>

SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input 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
<input type="checkbox"/>	PRC Certification #	<input type="checkbox"/>	Tribal
<input type="checkbox"/>	Medical Rescue Certification #	<input type="checkbox"/>	Other (Please Specify):
# of Years In Operation	30		
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	Christus Saint Vincents	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input checked="" type="checkbox"/>	Enhanced 911	<input checked="" type="checkbox"/>	Central Dispatch
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Fire Department
		<input type="checkbox"/>	Law Enforcement
			Location of Dispatch:

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		1	Nurse		
EMT Intermediate		3	Physician		
EMT Paramedic			Driver	9	
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
Youts, Cary	EMT-I	14000124	03/31/2016	2/19/2014	V
Hamilton, David	EMT-I	09001382	03/31/2015	2/19/2014	V
Nestlerode, Elanore	EMT-B	00014626	03/31/2015		V
McSweeny, Jane	EMT-I	00010720	03/31/2016	2/19/2014	V

Service Name:	Glorieta Pass Fire and Rescue – Santa Fe County Fire Department
	<i>(EMS Service)</i>

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
Hamilton, Anna	100814897	2/19/2014	E	First Aid/CPR
Contreras, Ericka	513049960	2/19/2014	D	First Aid/CPR
Bill McSweeney	053355650	2/19/2014	E	First Aid/CPR
Catherine Patty	504992497	2/19/2014	D	First Aid/CPR
Kimberly McSweeney	504984460	2/19/2014	E	First Aid/CPR
Johnny Gonzales	044555646	2/19/2014	E	First Aid/CPR
Devon Rogers	510176804	2/19/2014	D	First Aid/CPR
Kyle Ontiveros	510073061		D	Fire science
Heidi Riley	Tx. 33601398		D	Texas EMT-B

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:	2 Engines, 2 Tenders, 1 Brush Truck

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
1991	Chev.3500	Rescue	G-09549	Rescue 6	1991	4W D	0	28,231	
Eng-1	Eng-2	Tender-3	Tender-4	Brush-1	Rescue-6	Com mand-1			

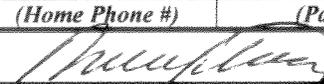
(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)

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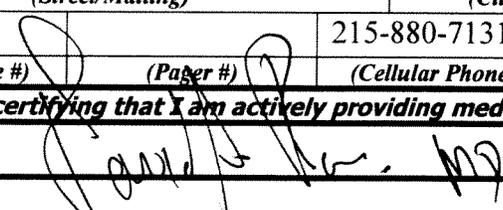
VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>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

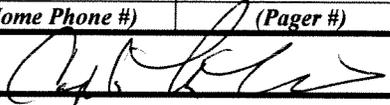
OPERATIONS PLAN				
Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	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.				

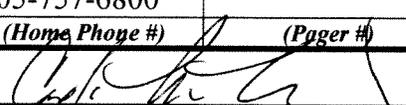
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews 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)
505-992-3079		505-670-1483	dsperling@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

Service Name:	Glorieta Pass Fire and Rescue – Santa Fe County Fire Department (EMS Service)
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SERVICE MEDICAL DIRECTOR				
Name:	David Rosen	Medical Director	MD 2008-0628	
	(Name)	(Title)	(License #)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
		215-880-7131	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:				

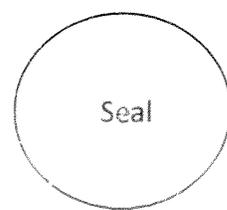
SERVICE TRAINING COORDINATOR				
Name:	Michael Mestas	Captain	00014454	EMT-P
	(Name)	(Title)	(License #)	(Level)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3075		505-670-6408	mmestas@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular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

PERSON COMPLETING FORM				
Name:	Cary Youts and Jane McSweeney	Glorieta EMS Lieutenant /Chief		
	(Name)	(Title)		
Address:	43 Fire Station Rd.	Glorieta	NM	87535
	(Street/Mailing)	(City)	(State)	(Zip)
	505-757-6800	505-709-0360	cary@glorieta.org	
(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

Donna R. Morins
Notary Public

Oct. 16, 2017
My Commission Expires



**** Notary is for the person completing form