



**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**

<b>Local Recipient:</b>	LA CIENEGA FIRE DISTRICT			127120
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
<b>Mailing Address:</b>	35 Camino Justicia	Santa Fe	NM	87508
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>((Zip)</i>
	X   1   2   3	505-473-1560	911	505-438-0665
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	James Valencia	District Chief	james.valencia1973@hotmail.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Santa Fe County Fire Department			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	35 Camino Justicia	Santa Fe	NM	87508
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	David Sperling	Fire Chief		
	<i>(Name)</i>	<i>(Title)</i>		
	505-992-3037	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  ( <b>\$1,500</b> )	Medical-Rescue Service First Responder  ( <b>\$3,000</b> )	Medical-Rescue Service/Ambulance Basic Level  ( <b>\$5,000</b> )	Medical-Rescue Service/Ambulance Advance Level  ( <b>\$7,000</b> )
<input type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Service has Basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.
<input type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> <b>Check if applicable</b> Service plans to routinely respond ( <u>defined as "available...24 hours per day, 7 days per week"</u> ) when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds ( <u>defined as "available...24 hours per day, 7 days per week"</u> ) when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> <b>Check if applicable</b> Routinely responds ( <u>defined as "available...24 hours per day, 7 days per week"</u> ) when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Routinely responds ( <u>defined as "available...24 hours per day, 7 days per week"</u> ) when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> 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 (\$)
<b>Repair and Maintenance:</b>		
	AED's, Suction Devices, Pulse Oximeters	\$2,500.00
<b>Training:</b>		
	EMT Refreshers, CPR Classes, Support for Members to take EMT Basic and	\$4,000.00
	EMT Intermediate Classes	
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
	Medical Supplies Such As: AED Pads, Gloves, Ice Packs, Disposable Suction	
	Canisters, etc.	
<b>**Capital Outlay (Items Over \$500):</b>		
	AED's, Upgrade Pulse Oximeters to RAD 57 Capabilities	\$9,000.00
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$19,500.00</b>

\* 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. Continued training and support for members to take EMT Refresher classes, as well as support Members To take Basic and Intermediate EMT classes at Santa Fe Community College.
2. Upgrading of equipment, especially AED's and Maximo Pulse Oximeters to RAD 57 status.
3. Support for AED's, i.e. Pads, and supplies, such as gloves, stethoscopes, med bags, suction canisters, etc.

**SERVICE NAME:** LA CIENEGA 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)**

<b>Mayor</b>	<b>OR</b>	<b>Chairman, Board of Commissioners</b>
Katherine Miller		Santa Fe
<b>Municipality</b>		<b>County</b>

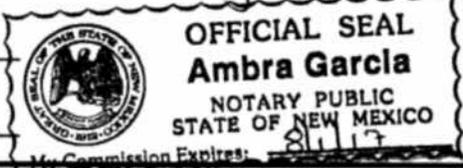
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- 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 10 day of January, 2015.

Notary Public: Ambra Garcia  
My commission expires: 8/11/17



(SEAL)

**PERSON COMPLETING FORM**

<b>Name:</b>	James Valencia <i>(Name)</i>	District Chief <i>(Title)</i>		
<b>Address:</b>	35 Camino Justicia			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	 <i>(+4)</i>
505-473-1560 <i>(Work Phone)</i>	 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	505-699-6650 <i>(Cellular Phone #)</i>	jvalencia1973@hotmail.com <i>(E-mail Address)</i>
<b>Signature:</b>	<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 – 1lb)	1	Siren	1
Flashlight	4	Spare Tire	0
Fuses (appropriate sizes)	0	Star of Life Displayed	1
Jack and Handle	1	Tool Box	10
Lug Wrench	0	Triage Tags for MCI's	1-2012
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	Multiple Cop.	Vehicle Registration	1
Roadway warning devices	1	Vehicle Spotlight or auxiliary lighting	3
Service Specific Protocols and guidelines		Warning Lights	Present
Other: <i>(Specify)</i>			

### 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	1		
Other: <i>(Specify)</i>			

### Personal Protective Equipment

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

## Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 each		
End Title CO2 monitoring device (optional)	1	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)	Present
Auto Ventilator Devices (ATV/MTV)	1	Oxygen Supply Tubing	6
Bag Valve Mask Devices (Adult, Child and Infant)	2-1 each	Patient Restraints	
Band-Aids (Assorted Sizes)	1	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	1	Pediatric Restraint device/car seat	1
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)	Assorted	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	Assorted	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	
Cold Pack	4	Sharps Container	1
Cold Weather Warming Devices		Sheets	2
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Assorted	Shoulder/chest/extremity straps	
Emesis Basin	2	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	Assorted
Foil Blanket		Sterile Burn Sheets	2
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	Assorted
Heat Pack	4	Sterile Water	2
Inhalation Therapy Equipment	2	Stokes Basket	1
Installed Oxygen System		Suction Catheters (Soft & Rigid)	Assorted
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	Assorted Sizes	Supraglottic Airway Devices	3
Long Backboard	2	Multi-lumen Airway Devices	2
Multi-level Stretcher		Laryngeal Airway Devices	Assorted
Multi-Lumen Airways	2	Towels	2
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	1
Nasopharyngeal Airways	Assorted	Trauma Dressings	2
Occlusive Dressings	2	Trauma Shears	2
On-Board Suction System	1	Triangular Bandages	1 Box
On-Board Oxygen Supply	1	Urinal (Male and Female)	1
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	Assorted		
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>			
<b>Advance Level</b>			
Alcohol and Betadine Prep Pads	1 Bx each	IV Fluid (Normal Saline, D5W, LR)	6,6,6
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	4
Chest Decompression Catheters	6	Laryngoscope Blades –Peds	3
Cricothyroidotomy Kit	2	Laryngoscope Handle	2
EKG Monitor Electrodes	4	Magill Forceps	2
Electrode Defib Pads	2 Pkgs	Needles (Assorted Gauges)	10
End Tidal CO2 Detector	2	Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)	12	Scalpels	2
Ext. Cardiac Pacing Pads	2	Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	6,6,6
Inhalation Therapy Equipment	2	Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles	2	Tubing, IV Administration (60gtts)	6
IV Catheters	10	Tubing, IV Administration Set (10gtts – 20gtts)	6
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

<b>Service Name:</b>	<b>LA CIENEGA FIRE DISTRICT- Santa Fe County Fire Department</b> <i>(EMS Service)</i>
----------------------	--

<b>Mailing Address:</b>	35 Camino Justicia			
	<i>(Mailing Address)</i>			
	Santa Fe	NM	87508	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	James Valencia		District Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-473-1560	911	505-438-0665	jvalencia1973@hotmail.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
<b>Administration:</b>	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>
<b>Contact Person:</b>	David Sperling		Fire Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3037	505-992-3073	dsperling@santafecountynm.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
<b>EMS Region:</b>	<b>Region I</b>	<input checked="" type="checkbox"/>	<b>Region II</b>	<b>Region III</b>

Physical Location of Ambulance/Medical Rescue Facilities				
<b>#1</b>				
<b>Name of Facility:</b>	La Cienega Fire Station #1			
	35.598821N	106.032282W		
	<i>Latitude</i>	<i>Longitude</i>		
<b>Street Address:</b>	37 Rancho Viejo Blvd			
	Santa Fe	NM	87508	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>#2</b>				
<b>Name of Facility:</b>	La Cienega Fire Station #2			
	35.561426N	106.124567W		
	<i>Latitude</i>	<i>Longitude</i>		
<b>Street Address:</b>	136 Camino San Jose			
	Santa Fe	NM	87507	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

<b>Service Name:</b>	<b>LA CIENEGA FIRE DISTRICT- Santa Fe County Fire Department</b> (EMS Service)
----------------------	---

**SERVICE INFORMATION**

<b>Type of Service (Must Check Only One)</b>		<b>Affiliation Type (Mark Primary Affiliation Only)</b>	
<input checked="" 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 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"/>		<input type="checkbox"/>	Tribal
<input type="checkbox"/>		<input type="checkbox"/>	Other (Please Specify):

PRC Certification #	42343	
Medical Rescue Certification #		

<b># of Years In Operation</b>	<b>33</b>	
<b>EMS Calls</b>		<b>Local Receiving Hospital(s)</b>
<b>Received By (Mark One)</b>	<b>Dispatched By (Mark One)</b>	
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	Christus Saint Vincent's
<input checked="" type="checkbox"/> Enhanced 911	<input checked="" type="checkbox"/> Central Dispatch	
<input type="checkbox"/> Local Phone	<input type="checkbox"/> Fire Department	Location of Dispatch:
	<input type="checkbox"/> Law Enforcement	<u>RECC</u>

**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		3	Emergency Medical Dispatch Instructor		
EMT Basic	3 FT	3	Nurse		
EMT Intermediate	5 FT	1	Physician		
EMT Paramedic	4 FT	1	Driver		21
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
Adan Lopez	EMT-P	05000354	03/31/2016	07/15/2014	Volunteer
John Maher	EMT-I	09000788	03/31/2017	07/15/2014	Volunteer
Justin Sena	EMT-I	11000975	03/31/2015	07/15/2014	Volunteer
Jeremiah Balliet	EMT-B	10001759	03/31/2015	06/11/2013	Volunteer
Aaron Costello	EMT-B	12000454	03/31/2016	07/15/2014	Volunteer
David Keppel	EMT-B	12000570	03/31/2016	07/15/2014	Volunteer



<b>Service Name:</b>	<b>LA CIENEGA FIRE DISTRICT- Santa Fe County Fire Department</b>
	<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
Angel Amaya	512595120	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
Stephen Bartels	500685590	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
Matt C de Baca	126845090	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
Eusubio Esparza	039160161	07/15/2014	E	CPR/1 <sup>st</sup> Aid for FF
Rebecca Larranaga	028465629	07/15/2014	D	
Alysia Lujan	510659511	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
Juan Merino	508210035	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
Andrew Phelps	507942466	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
James Romero	106570833	07/15/2014	D	CPR/1 <sup>st</sup> Aid for FF
James Valencia	046937678	07/15/2014	E	CPR/1 <sup>st</sup> Aid for FF
Federico Velazquez	504451887	07/15/2014	E	CPR/1 <sup>st</sup> Aid for FF
Bryan Wyatt	511300045	07/15/2014	E	CPR/1 <sup>st</sup> Aid for FF
Cristian Zamora	50791876	07/15/2014	E	CPR/1 <sup>st</sup> Aid for FF

**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:	1	Medical/Rescue:	1
Type III:		Other – Explain:	8 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
2013	Pierce	Class A	G-88348	LC-E1	2013	4	0	14400	12/14
2004	Horton	Rescue	G-38587	LC-R1	4/2004	2	0	17445	12/14
1998	Dodge	Brush	G-38782	LC-B2	9/1998	4	0	29508	12/14
2003	Chevy	Brush	G-55258	LC-B1	1/2003	4	0	49524	12/14
2000	Freightliner	Tanker	G-48921	LC-T1	4/2000	2	0	16656	12/14
1998	Freightliner	Engine	G-39817	LC-E2	9/1998	2	0	47968	12/14
2002	Freightliner	Tanker	G-5576	LC-T2	2002	2	0	7778	12/14
2001	GMC	Engine	G-09501	LC-E22	1991	2	0	38337	12/14
2003	Pierce	Ladder	G-65512	LC-L1	2003	2	0	72737	12/14
2005	Chevy	Command	G-55259	LC-C1	2005	4	0	46395	12/14
2006	Internatioal	Medic	G-67488	Med-60	2006	4	2	229104	12/14

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

**VEHICLE PREVENTIVE MAINTENANCE PROGRAM**

1. Do you have a Vehicle Preventive Maintenance Program in place?  Yes  No

If "Yes", please attach a copy of your program.

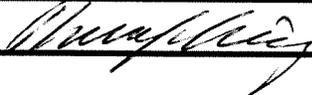
2. Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly

3. Attach Annual Safety Inspection for all units. **(PRC ONLY)**

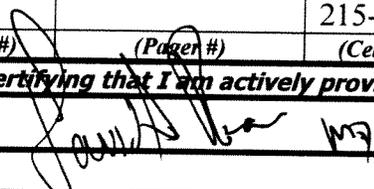
<b>Service Name:</b>	<b>LA CIENEGA FIRE DISTRICT- Santa Fe County Fire Department</b>
	<i>(EMS Service)</i>

<b>OPERATIONS PLAN</b>			
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 type="checkbox"/>	Yes	<input type="checkbox"/> No
3. What was the effective date of your Operations Plan?	<b>1996</b>		
4. Please provide a map of the coverage area for your service.			

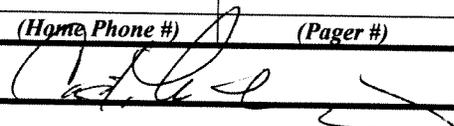
<b>QUALITY ASSURANCE REVIEW</b>				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No	
<b>If "Yes", please attach description.</b>				
2. Indicate the dates of this year's quality assurance review activities.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

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

<b>Service Name:</b>	<b>LA CIENEGA FIRE DISTRICT- Santa Fe County Fire Department</b>		
	<i>(EMS Service)</i>		

<b>SERVICE MEDICAL DIRECTOR</b>			
<b>Name:</b>	David Rosen	Medical Director	20008-0628
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>
<b>Address:</b>	35 Camino Justicia	Santa Fe	NM 87508
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	215-880-7131	david.scott.rosen@mac.com
	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</b>			
<b>*Signature:</b>			

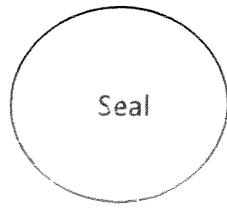
<b>SERVICE TRAINING COORDINATOR</b>			
<b>Name:</b>	Michael Mestas	Captain	00014454 paramedic
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i> <i>(Level)</i>
<b>Address:</b>	35 Camino Justicia	Santa Fe	NM 87508
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
505-992-3075	<i>(Home Phone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

<b>PERSON COMPLETING FORM</b>			
<b>Name:</b>	James Valencia	District Chief	
	<i>(Name)</i>	<i>(Title)</i>	
<b>Address:</b>	35 Camino Justicia	Santa Fe	NM 87508
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
505-473-1560	<i>(Home Phone #)</i>	505-699-6650	jvalencia1973@hotmail.com
<i>(Work Phone)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>Signature:</b>			

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

Donna R. Morris  
Notary Public

Oct. 16, 217  
My Commission Expires



\*\*\*\* Notary is for the person completing form