



**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 PUEBLA FIRE DISTRICT			127066	
	<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) (Zip)</i>
	X	1	2	3	
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Joseph V Sandoval		District Chief		lpfd@windstream.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) (Zip)</i>
<b>Contact Person:</b>	Dave Sperling		Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3070		dsperling@co.santa-fe.nm.us	
<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"/> <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 (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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <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.)

<b>*Priority</b> (Rank Order)	<b>Description of Items</b> <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	<b>Estimated Cost</b> <b>(\$)</b>
<b>Repair and Maintenance:</b>		
	Contract Maintenance 4 Life Pack 1000's	\$3,000
	Life Pack batteries, 4	
<b>Training:</b>		
	EMS Conference for 5 Members	\$3,000
<b>Mileage &amp; Per Diem:</b>		
	EMS conf. For 5 members	\$1,000
<b>Supplies (Items Under \$500):</b>		
	MISC SUPPLIES	\$500.00
<b>**Capital Outlay (Items Over \$500):</b>		
	STRYKER GURNEY	\$15,000
<b>Other Operational Costs:</b>		
	EMS License Recertification and Refreshers	\$600.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$23,100</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.)

La Puebla is a rural EMS provider with a small local hospital and an approximate population of 20,000 in the service area. Keeping our equipment up to date and running properly is a top priority. It is also imperative that our responders are well educated in the duties of their job.

**SERVICE NAME:** La Puebla Fire District

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF **SANTA FE COUNTY**

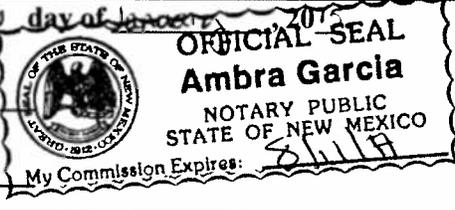
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

<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 6 day of January, 2015  
 Notary Public: *Ambra Garcia*  (SEAL)

**PERSON COMPLETING FORM**

<b>Name:</b>	Joseph V Sandoval <i>(Name)</i>	District Chief <i>(Title)</i>
<b>Address:</b>	35 Camino Justicia	
	Santa Fe <i>(City)</i>	NM 87508 <i>(State) (Zip)</i>
	505-753-1177 <i>(Work Phone)</i>	505-690-3649 <i>(Cellular Phone #)</i>
	<i>(Home Phone #)</i>	lpfd@windstream.com <i>(E-mail Address)</i>
<b>Signature:</b>	<i>[Signature]</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: *[Signature]*  
Date: \_\_\_\_\_

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

## Communications Equipment

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

## Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	1	Helmet with Face Shield	1
Eye Protection	1	N-95 mask (or > particulate mask)	1
Gloves (Leather or heavy duty)	1	Safety Vest/Jacket/(ANSI 2008 Compliant)	4
Hearing Protection	1	Splash Protection (disposable)	
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		
End Title CO2 monitoring device (optional)	1	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	2	Thermometer (Patient)	1
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"	4	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	YES
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	YES
Bag Valve Mask Devices (Adult, Child and Infant)	1 OF EACH	Patient Restraints	YES
Band-Aids (Assorted Sizes)	2 BOXES	Pediatric Drug Dosage Tape or chart	YES
Biohazard Clean-up Supplies	1 BOTTLE	Pediatric Restraint device/car seat	YES
Biohazard Waste bags	5	Pillows	YES
Blankets	4	Portable Oxygen Equipment	YES
Body Bags		Portable Suction Unit	YES
Cervical Collars - Rigid (Adult, Child and Infant)	4	Seated Spinal Immobilization Device	YES
Cervical Immobilization Devices	4	Semi-Automatic Defibrillator with Pads	YES
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	YES
Cold Pack	5	Sharps Container	YES
Cold Weather Warming Devices	1	Sheets	YES
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	BOX OF EACH	Shoulder/chest/extremity straps	YES
Emesis Basin		Spinal Immobilization device/backboard	YES
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	YES
Foil Blanket	2	Sterile Burn Sheets	5
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	YES
Heat Pack	8	Sterile Water	2 BOTTLES
Inhalation Therapy Equipment		Stokes Basket	NO
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	YES
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	BOX OF EACH	Supraglottic Airway Devices	YES
Long Backboard	4	Multi-lumen Airway Devices	5
Multi-level Stretcher	1	Laryngeal Airway Devices	
Multi-Lumen Airways	2,4,5	Towels	6
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	2
Nasopharyngeal Airways	ALL SIZES	Trauma Dressings	5
Occlusive Dressings	2	Trauma Shears	3
On-Board Suction System	YES	Triangular Bandages	5

On-Board Oxygen Supply	YES	Urinal (Male and Female)	1
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	YES		
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 BOX	IV Fluid (Normal Saline, D5W, LR)	YES
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)	YES
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	4 EACH
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	YES
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	YES
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 PUEBLA FIRE DISTRICT – Santa Fe County Fire Department</b> <i>(EMS Service)</i>
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<b>Mailing Address:</b>	<i>(Mailing Address)</i>			
	35 Camino Justicia	NM	87508	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Joseph V Sandoval		District Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-753-1177	505-690-3649		lpfd@windsream.net
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
<b>Administration:</b>	Santa Fe County			
	<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		SFCFD 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>	
<b>EMS Region:</b>	<b>Region I</b>	X	<b>Region II</b>	<b>Region III</b>

Physical Location of Ambulance/Medical Rescue Facilities				
<b>#1</b>				
<b>Name of Facility:</b>	La Puebla Fire Station #1			
	N35 Deg 59.185		W 106 Deg 01.913	
	<i>Latitude</i>		<i>Longitude</i>	
<b>Street Address:</b>	31 Firehouse Rd			
	Santa Fe	NM	87567	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>#2</b>				
<b>Name of Facility:</b>	La Puebla Station #2			
	N 35 Deg 57.836		W 106 Deg 01.913	
	<i>Latitude</i>		<i>Longitude</i>	
<b>Street Address:</b>	1 Cowboy Lane			
	Arroyo Seco	NM	87567	
	<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 PUEBLA FIRE DISTRICT – Santa Fe County Fire Department</b> (EMS Service)
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SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<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
PRC Certification #	42343	<input type="checkbox"/>	Tribal
Medical Rescue Certification #		<input type="checkbox"/>	Other (Please Specify):
<b># of Years In Operation</b> 31			
EMS Calls		Local Receiving Hospital(s)	
<b>Received By (Mark One)</b>	<b>Dispatched By (Mark One)</b>	ESPANOLA	
<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:    CHRISTUS SAINT VINCENT'S

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		5	Emergency Medical Dispatch Instructor		
EMT Basic		2	Nurse		
EMT Intermediate		3	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. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
GTS Khalsa	ILS	10001266	3/31/15	10/8/14	Volunteer
Joseph B Schwaegel	ILS	03001158	3/31/17	10/8/14	Volunteer
Wladimir Senutovitch	BLS	00021429	3/31/16	10/8/14	Volunteer
John Wickersham	ILS	07000555	3/31/16	10/8/14	Volunteer
Don Yardman	BLS	02001134	3/31/16	10/8/14	Volunteer

<b>Service Name:</b>	<b>LA PUEBLA 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
Mark Herrera	123519752	10/8/14	E	CPR
Justin Maestas	502661396	10/8/14	E	CPR
Adam Martinez	030191901	10/8/14	E	CPR
Joseph Sandoval	103180325	10/8/14	E	CPR
Andrew Ulibarri	504627012	10/8/14	E	CPR

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES			
Enter the total number of each type of vehicle used by your service. <i>(Mandatory)</i>			
Type I:	1	Type IV:	
Type II:		Medical/Rescue:	
Type III:		Other – Explain:	BRUSH 1

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
1998	FORD	MED	G-40518	MED 52	1998	4 WD	YES	59147	Oct
1990	Ford	Brush	G-09507	BRUSH 2	1990	4 WD	No	19325	Oct

*(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?							<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)											

<b>Service Name:</b>	<b>LA PUEBLA FIRE DISTRICT – Santa Fe County Fire Department</b> <i>(EMS Service)</i>
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**OPERATIONS PLAN**

Please provide information on the Operations Plan for your service.

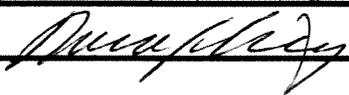
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What was the effective date of your Operations Plan?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

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

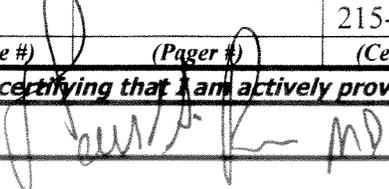
**DATES OF REVIEW**

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		

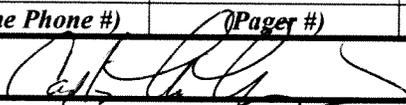
**SERVICE DIRECTOR/CHIEF**

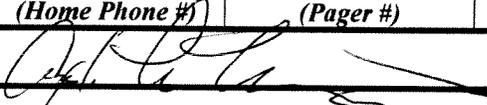
<b>Name:</b>	David Sperling	Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	35 Camino Justicia	Santa Fe NM 87508
	<i>(Street/Mailing)</i>	<i>(City) (State) (Zip)</i>
505-992-3070		dsperling@santafecountynm.gov
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>
		<i>(Cellular Phone #)</i>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

**SERVICE MEDICAL DIRECTOR**

<b>Name:</b>	David Rosen	M.D.	2008-0628
	<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) (State) (Zip)</i>	
505-992-3070		215-880-7131	david.scott.rosen@mac.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<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 Name:</b>	<b>LA PUEBLA FIRE DISTRICT – Santa Fe County Fire Department</b>		
	<i>(EMS Service)</i>		

<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		505-670-6408	mmestas@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>PERSON COMPLETING FORM</b>				
<b>Name:</b>	Joseph V Sandoval	District Chief		
	<i>(Name)</i>	<i>(Title)</i>		
<b>Address:</b>	35 Camino Justicia	Santa Fe	NM	87505
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
505-992-3070		505-753-1177	lpfd@windsream.net	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>Signature:</b>				

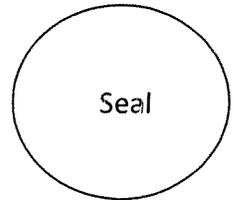
The above was sworn and subscribed to before this 29<sup>th</sup> Day of December, 2014

Donna R. Moins

Notary Public

Oct. 16, 2017

My Commission Expires



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