



**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 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)
- **Be sure to have necessary SIGNATURES NOTARIZED**

Local Recipient:	Pojoaque Volunteer Fire District			127062
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
Mailing Address:	11 W. Gutierrez #3432		Santa Fe	NM 87506
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) ((Zip)</i>
	X 1	2	3	505-455-2446
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>
Contact Person:	Nick Martinez		Chief	pojoaquechief@gmail.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, Santa Fe County Fire Department	
	<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 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:		
5	Ambulance repair and maintenance	700
Training:		
1	Training courses, refresher/relicensing courses	1000
	EMS training materials	2000
Mileage & Per Diem:		
4	EMS conferences and travel to local EMS training courses	1200
Supplies (Items Under \$500):		
2	Expendable medical and ambulance supplies	2000
**Capital Outlay (Items Over \$500):		
3	AED trainer, MedTronic LP 1000	1000
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		7900

* 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. Training of new EMTs and continuing education and recertification of EMTs is an ongoing need in order to meet increasing call volume. The PVFD is partnering with neighboring fire/EMS districts and EMS services to provide as much cross-training and interoperability as possible with limited volunteer time and budgets. In FY16, the PVFD seeks to update/replace as well as purchase new EMS training materials to become proficient with new equipment and protocols.
2. Medical supplies to equip EMTs and ambulance for patient care.
3. The PVFD seeks funding for the purchase of an AED trainer to increase realism in cardiac emergency scenarios.
4. Annual EMS conference often held away from home district, travel required to attend. EMS training/refresher courses held by service frequently require travel to attend.
5. New ambulance was placed into service during the summer of 2013 and it is anticipated that maintenance and repair costs of a new vehicle will be minimal in its first years of service.

SERVICE NAME: Pojoaque Fire District – Santa Fe County

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

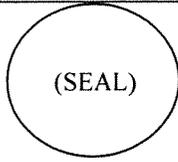
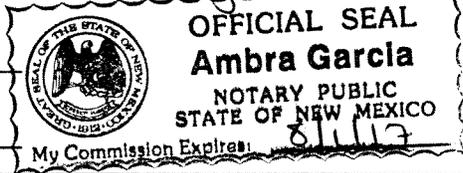
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- 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: Amelia Garcia



My commission expires: 8/1/17

PERSON COMPLETING FORM

Name: David Dogruel EMT-B
(Name) *(Title)*

Address: 11 W. Gutierrez #3432
Santa Fe NM 87506
(City) *(State)* *(Zip)* *(+4)*

505-455-2446 ddogruel@earthlink.net
(Work Phone) *(Home Phone #)* *(Pager #)* *(Cellular Phone #)* *(E-mail Address)*

Signature: [Signature]

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 – 11lb)	2	Siren	1
Flashlight	2	Spare Tire	
Fuses (appropriate sizes)	misc	Star of Life Displayed	yes
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	many
Maps or Navigational equipment	yes	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	many	Vehicle Registration	yes
Roadway warning devices	6	Vehicle Spotlight or auxiliary lighting	yes
Service Specific Protocols and guidelines	2	Warning Lights	many
Other: <i>(Specify)</i>			
Rooftop Unit Number	1		

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	many	Helmet with Face Shield	2
Eye Protection	misc	N-95 mask (or > particulate mask)	many
Gloves (Leather or heavy duty)	2	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	4	Splash Protection (disposable)	6
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	6	Pulse Oximeter	4
End Title CO2 monitoring device (optional)	inc w/AED	Stethoscope	6
Glucose Monitoring Instrument	4	Thermometer (Patient)	2
Penlights	several		
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”	many	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	many
Auto Ventilator Devices (ATV/MTV)	2	Oxygen Supply Tubing	12
Bag Valve Mask Devices (Adult, Child and Infant)	8	Patient Restraints	2 sets
Band-Aids (Assorted Sizes)	many	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	many	Pediatric Restraint device/car seat	
Biohazard Waste bags	12	Pillows	
Blankets	many	Portable Oxygen Equipment	4
Body Bags		Portable Suction Unit	2
Cervical Collars - Rigid (Adult, Child and Infant)	12	Seated Spinal Immobilization Device	2
Cervical Immobilization Devices	several	Semi-Automatic Defibrillator with Pads	2
Chair Stretcher	2	Semi-Automatic Defibrillator Batteries	4
Cold Pack	12	Sharps Container	several
Cold Weather Warming Devices		Sheets	many
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	many	Shoulder/chest/extremity straps	6
Emesis Basin	6	Spinal Immobilization device/backboard	6
Field Stretcher (Scoop, Collapsible, Vacuum)	2	Splints, Extremity (Rigid, Air, Vacuum)	several
Foil Blanket		Sterile Burn Sheets	4
Hand Sanitizer	several	Sterile Gloves (Assorted Sizes)	6
Heat Pack	12	Sterile Water	6
Inhalation Therapy Equipment	many	Stokes Basket	1, on Rescue
Installed Oxygen System	2	Suction Catheters (Soft & Rigid)	12
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	many	Supraglottic Airway Devices	6
Long Backboard	6	Multi-lumen Airway Devices	6
Multi-level Stretcher	2	Laryngeal Airway Devices	4
Multi-Lumen Airways	8	Towels	many
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	4
Nasopharyngeal Airways	many	Trauma Dressings	many
Occlusive Dressings	6	Trauma Shears	many
On-Board Suction System	2	Triangular Bandages	many
On-Board Oxygen Supply	2	Urinal (Male and Female)	4
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	many		
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>			
See Below			

Advance Level			
Alcohol and Betadine Prep Pads	many	IV Fluid (Normal Saline, D5W, LR)	18
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	2	Laryngoscope Blades – Adult	6
Chest Decompression Catheters	several	Laryngoscope Blades –Peds	6
Cricothyroidotomy Kit	2	Laryngoscope Handle	4
EKG Monitor Electrodes	many	Magill Forceps	4
Electrode Defib Pads	6	Needles (Assorted Gauges)	many
End Tidal CO2 Detector	2 inc w/AED	Pediatric Fluid Control Device	2
Endotracheal Tubes (Assorted)	many	Scalpels	4
Ext. Cardiac Pacing Pads	6	Syringes (1cc, 3cc, 5cc, 10cc)	many
Infusion Pumps		Toomey Syringe (60cc)	2
Inhalation Therapy Equipment	many	Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles	10	Tubing, IV Administration (60gtts)	12
IV Catheters	many	Tubing, IV Administration Set (10gtts – 20gtts)	12
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) <input checked="" type="radio"/> Yes <input type="radio"/> No
Other: (<i>Specify</i>)	Multiples of each		
Atropine, Adenosine, Epinephrine, Albuterol, Magnesium, Fentanyl			
Amiodarone, Versed, Calcium, Oxytocin			
Lasix, Dopamine, Lidocaine, Narcan			
Sodium Bicarb, Morphine Sulfate, Nitro			



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:	Pojoaque Fire District - Santa Fe County Fire Department <i>(EMS Service)</i>
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Mailing Address:	35 Camino Justicia <i>(Mailing Address)</i>			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87506 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	Nick Martinez <i>(Name)</i>		District Chief <i>(Title)</i>	
	505-455-2446 <i>(Business Phone)</i>	505-231-5837 <i>(Emergency Phone)</i>	pojoaquechief@gmail.com <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 <i>(City)</i>	NM <i>(State)</i>	87508 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	David Sperling <i>(Name)</i>		Chief <i>(Title)</i>	
	505-992-3070 <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	Region III

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Pojoaque Station 1			
	N 35° 52.674' <i>Latitude</i>		W 106° 0.593' <i>Longitude</i>	
Street Address:	17919 US 84/285			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87506 <i>(Zip)</i>	 <i>(+4)</i>
#2				
Name of Facility:	Pojoaque Station 2			
	N 35° 54.2620' <i>Latitude</i>		W 105° 58.532' <i>Longitude</i>	
Street Address:	302 NM Highway 503			
	Santa Fe <i>(City)</i>	NM <i>(State)</i>	87506 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	Pojoaque Fire District - Santa Fe County Fire Department (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):
# of Years In Operation	21		
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	Christus St. Vincent Reg. Med. Ctr.	
<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
		<input checked="" type="checkbox"/>	RECC
			Location of Dispatch:
			Espanola Valley Hospital
			Los Alamos Medical Center
			Public Health Service/SF Indian Hosp.

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	5	Nurse		
EMT Intermediate	3	1	Physician		
EMT Paramedic	8		Driver		
Emergency Medical Dispatcher		1	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
Luana H. Berger	EMT-B	21197	03-2015	02-2011	Volunteer
Darian Gonzales	EMT-B	12000071	03-2016	10-2014	Volunteer
David Dogruel	EMT-B	15852	03-2015	10-2014	Volunteer
Martin P. Maley	EMT-B	11409	03-2015	10-2014	Volunteer
Nick Martinez	EMT-B/D	24343	03-2015	10-2014	Volunteer
Candice Herrera	EMT-I	10000878	03-2015	10-2014	Volunteer

Service Name: Pojoaque Fire District - Santa Fe County Fire Department

(EMS Service)

For Ground Ambulance/Medical Rescue Services Only

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

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

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Darren Quintana	031373140	10-2014	E	CPR
Casey Montoya	008218544	10-2014	E	CPR
Danny Trujillo	012917902	10-2014	E	CPR
Danny Urquhart	031499356	10-2014	CDL-A	CPR
Christian Baca	507907661	10-2014	D	
Brendon Edwards	507688527	10-2014	D	CPR
Mary Gonzales	051096525	10-2014	D	CPR
Leslie Lujan	510611811	06-2014	D	CPR
Frank Macias	507200729	10-2014	D	CPR
Mick Montoya	501269450	10-2014	E	CPR
Samantha Quintana	508615841	10-2014	D	CPR
Lynette Sanchez	121434857	10-2014	E	

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

Type I:	2	Type IV:	
Type II:		Medical/Rescue:	1
Type III:		Other - Explain:	

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
2012	Dodge D4500/Horton	Ambulance Type I	G88426	Med 50	9-12	4WD	2	44870	2014
2007	International/Horton	Ambulance Type I	G67489	Med 51	4-06	2WD	2	221370	2014
1994	Chevrolet/Independent Fire	Rescue	G28375	n/a	4-94	4WD	0	23780	2014
1998	FL70/Central States	Engine	G39816	n/a	9-98	2WD	0	33980	2014
1993	Ford/Luverne	Engine	G09489	n/a	4-93	2WD	0	23850	2014
2011	Pierce Saber	Ladder	G88347	n/a	3-11	2WD	0	11700	2014
1998	FL70/Becker	Tanker	G34593	n/a	4-98	2WD	0	9310	2014
2002	FL80/Central States	Tanker	G55575	n/a	4-02	2WD	0	9190	2014

Service Name:	Pojoaque Fire District - Santa Fe County Fire Department
	<i>(EMS Service)</i>

1999	Dodge D3500	Brush Truck	G41895	n/a	4-99	4WD	0	30010	2014
2001	Ford F350	Brush Truck	G47659	n/a	1-01	4WD	0	74480	2014
2003	Ford Crown Victoria	Command	G55025	n/a	1-03	2WD	0	134570	2014

(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)								

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.				

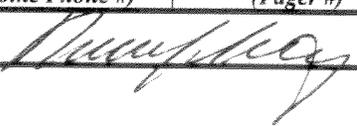
QUALITY ASSURANCE REVIEW

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

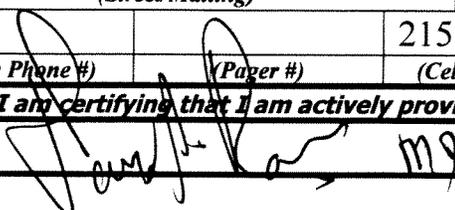
DATES OF REVIEW

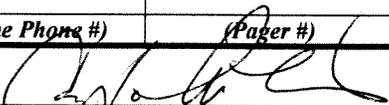
DATE	DATE	DATE	DATE	DATE
1/10/2014	5/10/2014	9/10/2014		
2/10/2014	6/10/2014	10/10/2014		
3/10/2014	7/10/2014	11/10/2014		
4/10/2014	8/10/2014	12/10/2014		

SERVICE DIRECTOR/CHIEF

Name:	David Sperling	Chief		
	<i>(Name)</i>	<i>(Title)</i>		
Address:	35 Camino Justicia	Santa Fe	NM	87506
	<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>
Signature:				

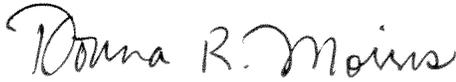
Service Name:	Pojoaque Fire District - Santa Fe County Fire Department		
	(EMS Service)		

SERVICE MEDICAL DIRECTOR				
Name:	David Rosen	Medical Director		
	(Name)	(Title)	(License #)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
		215 880 7131		
(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:				

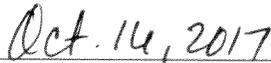
SERVICE TRAINING COORDINATOR				
Name:	Michael Mestas	Captain	00014454	Paramedic
	(Name)	(Title)	(License #)	(Level)
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3075		505-670-6408	mmestas@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular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

PERSON COMPLETING FORM				
Name:	David Dogruel	EMT-B		
	(Name)	(Title)		
Address:	11 W Gutierrez #3432	Santa Fe	NM	87506
	(Street/Mailing)	(City)	(State)	(Zip)
505-455-2446			ddogruel@earthlink.net	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

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



Notary Public



My Commission Expires

