



**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:	Stanley Fire District			
	<i>a(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
Mailing Address:	11 Kinsell Avenue		Stanley	NM 87056
	<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>
Contact Person:	Linda T. Anaya		District Chief	ltcanaya@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:	Dave Sperling		Fire Chief	
	<i>(Name)</i>		<i>(Title)</i>	
	505-992-3070		505-992-3073	dsperling@santafecountynm.gov
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria.
(All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable 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 checked="" 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 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 checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input 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 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 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 checked="" 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 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 checked="" 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 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 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 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 checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input 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 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 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:		
2	Repair and maintain Med Unit and equipment	5,000.00
Training:		
3	Training equipment to include but not limited to: training material, EMS conferences, EMT classes	1,000.00
Mileage & Per Diem:		
5	Per Diem to cover expenses for EMS personnel to travel out of district to Enhance level of training	2,000.00
Supplies (Items Under \$500):		
4	Replenishable supplies for med unit and EMS jump kits	1,000.00
**Capital Outlay (Items Over \$500):		
1	Radios (handheld and mobile), and pagers for EMS personnel	2,000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$11,000.00

* Do not make all items Priority No. 1.

** For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

The Stanley Fire District provides EMS services within the Southern Region of Santa Fe County at the Basic Level. The Stanley District not only responds to emergency incidents within the Stanley District, but also provides support to the Edgewood Fire District as needed. Our priorities are as follows:

1) Radios (handheld and mobile), and pagers are needed to ensure good communication with dispatch And other responding units and personnel.

2) Due to the wear and tear on our aging Med Unit, we have experienced an increase in repair And maintenance expenses to keep the vehicle in service. Funds are also to be used to maintain And repair equipment as needed.

3) Training is always a priority to ensure that we provide the best possible service to our community.

4) Replace medical supplies as needed for Med Unit and personnel jump kits.

5) Per Diem would be used to allow members in good standing to travel out of district for training.

SERVICE NAME: Stanley Fire District

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Stanley 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

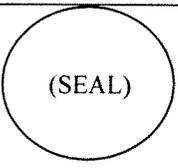
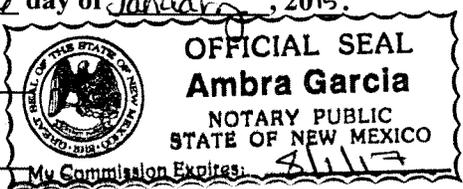
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- 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.

Katherine Miller County Manager
 Signature of Official Named Above (Title)

The above was sworn and subscribed to before this 14 day of January, 2015.

Notary Public: *Ambra Garcia*



My commission expires: 8/1/17

PERSON COMPLETING FORM

Name:	Alan Weingarten <small>(Name)</small>	EMS Cpt. <small>(Title)</small>
Address:	11 Kinsell Avenue	
	Stanley <small>(City)</small>	NM <small>(State)</small>
		87056 <small>(Zip)</small>
		<small>(+4)</small>
<small>(Work Phone)</small>	<small>(Home Phone #)</small>	<small>(Pager #)</small>
		(505) 250-6520 <small>(Cellular Phone #)</small>
		adw@circleaw.com <small>(E-mail Address)</small>
Signature:	<i>Alan Weingarten</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: 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	1	Spare Tire	0
Fuses (appropriate sizes)	4	Star of Life Displayed	1
Jack and Handle		Tool Box	0
Lug Wrench		Triage Tags for MCI's	1 kit
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	10	Vehicle Registration	1
Roadway warning devices	2	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	0
EMSCOM (UHF) Radio	1		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	4 boxes	Helmet with Face Shield	
Eye Protection	4	N-95 mask (or > particulate mask)	
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection		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	2		
End Title CO2 monitoring device (optional)	1	Pulse Oximeter	1
Glucose Monitoring Instrument	2	Stethoscope	2
Penlights	3	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"	6	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	15+
Auto Ventilator Devices (ATV/MTV)	1	Oxygen Supply Tubing	5
Bag Valve Mask Devices (Adult, Child and Infant)	4	Patient Restraints	
Band-Aids (Assorted Sizes)	1 box	Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies	1	Pediatric Restraint device/car seat	
Biohazard Waste bags	5	Pillows	
Blankets	4	Portable Oxygen Equipment	2
Body Bags		Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	5	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	2	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	1
Cold Pack	5	Sharps Container	3
Cold Weather Warming Devices	5	Sheets	3
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	30	Shoulder/chest/extremity straps	
Emesis Basin	4	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	2
Foil Blanket		Sterile Burn Sheets	3
Hand Sanitizer	3	Sterile Gloves (Assorted Sizes)	4 boxes
Heat Pack	5	Sterile Water	
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	4 rigid
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	4	Supraglottic Airway Devices	
Long Backboard	2	Multi-lumen Airway Devices	
Multi-level Stretcher	1	Laryngeal Airway Devices	
Multi-Lumen Airways	2	Towels	4
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	1
Nasopharyngeal Airways	2 kits	Trauma Dressings	5
Occlusive Dressings	3	Trauma Shears	3
On-Board Suction System	1	Triangular Bandages	5
On-Board Oxygen Supply	1	Urinal (Male and Female)	2
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	2 kits		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(C-1) YES

			No
Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	1 box	IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1	Laryngoscope Blades – Adult	
Chest Decompression Catheters	0	Laryngoscope Blades –Peds	
Cricothyroidotomy Kit	0	Laryngoscope Handle	
EKG Monitor Electrodes	2 paks	Magill Forceps	
Electrode Defib Pads	2	Needles (Assorted Gauges)	
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) No
Other: <i>(Specify)</i>			



**EMS ANNUAL SERVICE REPORT
Fiscal Year 2015**

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:	Stanley Fire District – Santa Fe County Fire Department <i>(EMS Service)</i>
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Mailing Address:	11 Kinsell Avenue <i>(Mailing Address)</i>			
	Stanley <i>(City)</i>	NM <i>(State)</i>	87056 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	Linda T. Anaya <i>(Name)</i>		District Chief <i>(Title)</i>	
	505-832-4664 <i>(Business Phone)</i>	911 <i>(Emergency Phone)</i>	505-281-0325 <i>(Fax)</i>	ltcanaya@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>		Fire 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	X	Region II	Region III

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Stanley Station 1			
	W 106 deg. 04 12.6 <i>Latitude</i>		N 35 deg 8 35.0 <i>Longitude</i>	
Street Address:	685 Highway 472			
	Stanley <i>(City)</i>	NM <i>(State)</i>	87056 <i>(Zip)</i>	 <i>(+4)</i>
#2				
Name of Facility:	Stanley Station 2			
	W 105 deg 58 50 <i>Latitude</i>		N 35 deg 8 55 <i>Longitude</i>	
Street Address:	11 West Kinsell Avenue West			
	Stanley <i>(City)</i>	NM <i>(State)</i>	87056 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	Stanley 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 type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
PRC Certification #	42343	<input type="checkbox"/>	Tribal
Medical Rescue Certification #		<input type="checkbox"/>	Other (Please Specify):
# of Years In Operation 28			
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	UNMH, Lovelace,	
<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"/>		<input type="checkbox"/>	Law Enforcement
			Location of Dispatch: RECC, Santa Fe

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic		7	Nurse		
EMT Intermediate		2	Physician		
EMT Paramedic			Driver		5
Emergency Medical Dispatcher			Other		

*Volunteer may include those paid by the run or other non-salary arrangement.

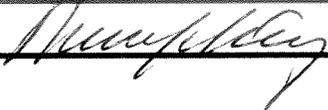
LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Linda Anaya	EMT-B	09001373	03/31/2016	4/4/2015	Volunteer
Alan Weingarten	EMT-B	10001365	3/31/2015	4/4/2015	Volunteer
June Huysman-Morris	EMT-B	02000939	03/31/2016	4/4/2015	Volunteer
Jamie Morris	EMT-B	02000938	03/31/2016	4/4/2015	Volunteer
Mike Strosinski	EMT-B	00012005	3/31/2015	4/4/2015	Volunteer
Robert Bell	EMT-B	14000283	03/31/2016	4/4/2015	Volunteer

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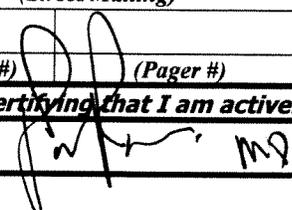
VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>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

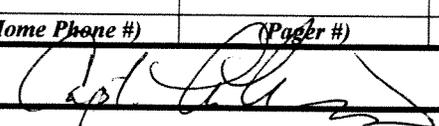
OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	1996		
4. Please provide a map of the coverage area for your service.			

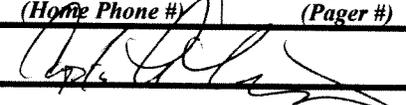
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
1/10/2014	5/10/2014	9/10/2014		
2/10/2014	6/10/2014	10/10/2014		
3/10/2014	7/10/2014	11/10/2014		
4/10/2014	8/10/2014	12/10/2014		

SERVICE DIRECTOR/CHIEF				
Name:	David Sperling		Chief	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	35 Camino Justicia		Santa Fe	NM 87508
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
505-992-3076			505-231-2776	dsperling@santafecounty.org
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

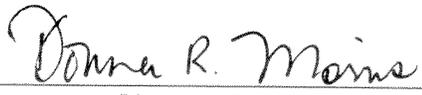
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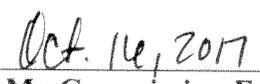
SERVICE MEDICAL DIRECTOR				
Name:	David Rosen	MD	2008-0628	
	(Name)	(Title)	(License #)	
Address:	35 Camino Justicia	Santa Fe	NM	87508
	(Street/Mailing)	(City)	(State)	(Zip)
		215-880-7131	davidscottrosen@mac.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:				

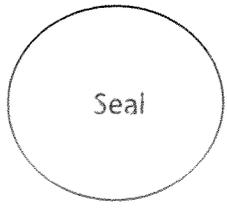
SERVICE TRAINING COORDINATOR				
Name:	Michael Mestas	Captain	00014454	paramedic
	(Name)	(Title)	(License #)	(Level)
Address:	35 Camino Justicia	Santa Fe	NM	87506
	(Street/Mailing)	(City)	(State)	(Zip)
505-992-3075		505-670-6408	mmestas@santafecountynm.gov	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

PERSON COMPLETING FORM				
Name:	Alan Weingarten	District EMS Captain		
	(Name)	(Title)		
Address:	11 Kinsell Avenue	Stanley	NM	87056
	(Street/Mailing)	(City)	(State)	(Zip)
		505-250-6520	adw@circleaw.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

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


Notary Public


My Commission Expires



**** Notary is for the person completing form