



EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2020

Submit to:
 EMS Bureau
 1301 Siler Rd Bldg F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Due Date: January 25, 2019

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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service. **NOTE: You must be transitioning over to V.3 by December 1, 2018 and contacted the EMS Bureau of your transfer.**

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 25, 2019**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. 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 and NOTARY.**

Local Recipient:	Edgewood Fire District		127030	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
Mailing Address:	35 Camino Justicia		Santa Fe	NM 87508
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	1	X	2	3
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>
Contact Person:	Sean Glackman		District Chief	sglackman@santafecountynm.gov
	<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	
	<i>(Name)</i>		<i>(Title)</i>	
	(505) 992-3070	(505) 992-3070	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. **We must be realistic, please estimate amount closest to funding that service receives every year.**
- 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 (S)
Repair and Maintenance:		
1	Yearly maintenance on Stryker Gurneys and LifePack machines	4166.00
Training:		
2	Seminars & Workshops	1200.00
	Subscriptions & Dues	400.00
Mileage & Per Diem:		
Supplies (Items Under \$500):		
	Non-Capital Medical & Lab Supplies	1118.00
	Educational Supplies	700.00
**Capital Outlay (Items Over \$500):		
1	EMT B Class	2000.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		9584.00

* 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 - 5 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 (Communication is key here)

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.)

Lined area for providing justification of top priorities.

SERVICE NAME: _____

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, County Manager 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.

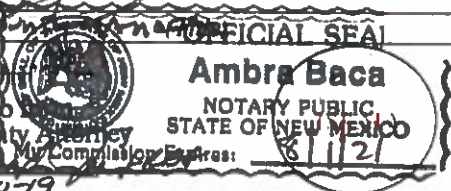
[Signature] Finance Director

1/17/19

Signature of Official Named Above

The above was sworn and subscribed to before this 18 day of January

Approved as to _____
Santa Fe County Agency
By: *[Signature]*
Date: 1-10-19



Notary Public: Ambra Baca

My commission expires: 8/1/21

PERSON COMPLETING FORM

Name:	Sean Glackman <small>(Name)</small>	District Chief <small>(Title)</small>
Address:	1 Municipal Way Edgewood NM 87015 <small>(City) (State) (Zip) (+4)</small>	
<small>(Work Phone)</small>	<small>(Home Phone #)</small>	<small>(Pager #)</small>
<small>(Cellular Phone #)</small>	<small>(E-mail Address)</small> <u>sglackman@santafe.nm.gov</u>	
Signature:	<i>[Signature]</i>	

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

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

Communications Equipment

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

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs			
Entitled CO2 monitoring device (optional)		Pulse Oximeter	
Glucose Monitoring Instrument		Stethoscope	
Penlights		Thermometer (Patient)	
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"		Oxygen Delivery Devices (Adult, Child and Infant Sizes)	
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	
Bag Valve Mask Devices (Adult, Child and Infant)		Patient Restraints	
Band-Aids (Assorted Sizes)		Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies		Pediatric Restraint device/car seat	
Biohazard Waste bags		Pillows	
Blankets		Portable Oxygen Equipment	
Body Bags		Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)		Seated Spinal Immobilization Device	
Cervical Immobilization Devices		Semi-Automatic Defibrillator with Pads	
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack		Sharps Container	
Cold Weather Warming Devices		Sheets	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)		Shoulder/chest/extremity straps	
Emesis Basin		Spinal Immobilization device/backboard	
Field Stretcher (Scoop, Collapsible, Vacuum)		Splints, Extremity (Rigid, Air, Vacuum)	
Foil Blanket		Sterile Burn Sheets	
Hand Sanitizer		Sterile Gloves (Assorted Sizes)	
Heat Pack		Sterile Water	
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Supraglottic Airway Devices	
Long Backboard		Multi-lumen Airway Devices	
Multi-level Stretcher		Laryngeal Airway Devices	
Multi-Lumen Airways		Towels	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Traction Splint	
Nasopharyngeal Airways		Trauma Dressings	
Occlusive Dressings		Trauma Shears	
On-Board Suction System		Triangular Bandages	
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
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)	
		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 (60gts)	
IV Catheters		Tubing, IV Administration Set (10gts – 20gts)	
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>			