



**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:	Hondo District, Santa Fe County Fire Department			127044
	<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)</i>	<i>(Zip)</i>
	X 1 2 3	505-992-3070		505-992-3073
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Clark D Thomas	District EMS Captain	clark@clarkdthomas.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)</i>	<i>(Zip)</i>
Contact Person:	David Sperling	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 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 checked="" type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.



Hondo Fire District

CHIEF
Terry Protheroe

December 30, 2018

ASSISTANT CHIEF
Hersch Wilson

CAPTAINS
John Calef, Fire
Clark Thomas, Medical

LIEUTENANTS
Catherine Watson
Gary Kowalski

HONDO STATION ONE
21 Seton Village Road
505 / 982-9999

HONDO STATION TWO
645 Old Las Vegas Hwy

Re: FY 2020 EMS Fund Act Carry Over Request

Hondo Fire District plans a capital outlay project** intended to upgrade our current Lifepak 12 which is nearing end-of-life to a new Lifepak 12 or Lifepak 15. Actual unit selection and cost will be based on a thorough needs assessment, unit capabilities, and cost benefit analysis. Partial funding will be achieved through carry over of EMS Funds. The number of years will not exceed 3 years (including this request). Additional funding, or match as required, will come from Hondo Fire District private funds.

**Priority 1

Terry Protheroe
Chief, Hondo Fire District

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 (\$)
Repair and Maintenance:		
1	Maintenance / upkeep of Hondo Med 1 (response & transport unit). Annual service of AEDs and cardiac monitor (Lifepak).	\$1,800
Training:		
2	Continuing education for all members including EMT courses, license renewal courses and ACLS/PALS.	\$3,000
Mileage & Per Diem:		
Supplies (Items Under \$500):		
4	Operating supplies, generally defined as "disposable" items in EMS Supply (non-capital)	\$3,000
**Capital Outlay (Items Over \$500):		
3	Upgrade Lifepak 12 to Lifepak 12 or 15	\$25,000
Other Operational Costs:		
5	Contingency funds for repair/replacement of an unexpected EMS item.	\$1,000
TOTAL AMOUNT OF REQUEST:		\$ 33,800.00

* 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.)

1. Vehicle and AED/monitor maintenance are our first priority since these items facilitate patient contact and critical interventions.
2. The education of our membership is paramount. We have been fortunate enough to have a steady stream of interested and motivated personnel in our department. The ability to put them through a course and have them provide quality licensed care is priceless. These are some of the most rewarding and personally satisfying funds we get to spend.
3. This will be a capital outlay project to upgrade our current Lifepak 12 which is nearing end-of-life to a new Lifepak 12 or Lifepak 15. Actual unit selection will be based on a thorough needs assessment, unit capabilities, and cost benefit analysis. The number of years will not exceed 3 years (including this request). Additional funding, or match as required, will come from the Hondo Fire District.
4. Non disposable items result in additional cost towards keeping the department in business. While not a top priority, such items have a place in our budget.
5. This category is a contingency for items that we may not readily anticipate, such as repairs and replacements.

SERVICE NAME: Hondo District, Santa Fe County Fire Department

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 1/17/19 TERRETT County Manager

Signature of Official Named Above

The above was sworn and subscribed to before this 8 day of January, 2019

Notary Public: Ambra Baca

OFFICIAL SEAL
 Approved as: _____
 Santa Fe County Attorney
 By: _____
 Date: 1-19-19
 My Commission Expires: _____

Ambra Baca
 NOTARY PUBLIC (SEAL)
 STATE OF NEW MEXICO

My commission expires: 8/1/21

PERSON COMPLETING FORM

Name:	Clark D Thomas	District EMS Captain		
	(Name)	(Title)		
Address:	35 Camino Justicia			
	Santa Fe	New Mexico	87508	
	(City)	(State)	(Zip)	(+4)
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>Clark D Thomas</u>			

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 – 11lb)	1	Siren	Yes
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	5	Star of Life Displayed	2
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	10+
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	10	Vehicle Registration	1
Roadway warning devices	5	Vehicle Spotlight or auxiliary lighting	Yes
Service Specific Protocols and guidelines	2	Warning Lights	Yes
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	2	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	4	Helmet with Face Shield	3
Eye Protection	6	N-95 mask (or > particulate mask)	10+
Gloves (Leather or heavy duty)	2	Safety Vest/Jacket/(ANSI 2008 Compliant)	3
Hearing Protection	4	Splash Protection (disposable)	10+
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		
Entitled CO2 monitoring device (optional)	2	Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	4
Penlights	6	Thermometer (Patient)	2
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)	4
Auto Ventilator Devices (ATV/MTV)	4	Oxygen Supply Tubing	4
Bag Valve Mask Devices (Adult, Child and Infant)	3	Patient Restraints	2
Band-Aids (Assorted Sizes)	2	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	2	Pediatric Restraint device/car seat	1
Biohazard Waste bags	10	Pillows	4
Blankets	5	Portable Oxygen Equipment	2
Body Bags		Portable Suction Unit	2
Cervical Collars - Rigid (Adult, Child and Infant)	6	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	6	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	3
Cold Pack	4	Sharps Container	2
Cold Weather Warming Devices	4	Sheets	6
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	6	Shoulder/chest/extremity straps	4
Emesis Basin	4	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	3
Foil Blanket		Sterile Burn Sheets	4
Hand Sanitizer	6	Sterile Gloves (Assorted Sizes)	
Heat Pack	4	Sterile Water	4
Inhalation Therapy Equipment	6	Stokes Basket	
Installed Oxygen System	Yes	Suction Catheters (Soft & Rigid)	4
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	4	Supraglottic Airway Devices	4
Long Backboard	3	Multi-lumen Airway Devices	4
Multi-level Stretcher		Laryngeal Airway Devices	4
Multi-Lumen Airways	4	Towels	6
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	3	Traction Splint	2
Nasopharyngeal Airways	4	Trauma Dressings	6
Occlusive Dressings	4	Trauma Shears	3
On-Board Suction System	Yes	Triangular Bandages	6
On-Board Oxygen Supply	Yes	Urinal (Male and Female)	3
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	Yes		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			(Circle) Yes

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	10+	IV Fluid (Normal Saline, D5W, LR)	3
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1	Laryngoscope Blades – Adult	
Chest Decompression Catheters	4	Laryngoscope Blades –Peds	
Cricothyroidotomy Kit	2	Laryngoscope Handle	
EKG Monitor Electrodes	10+	Magill Forceps	
Electrode Defib Pads	4	Needles (Assorted Gauges)	4+
		Pediatric Fluid Control Device	2
Endotracheal Tubes (Assorted)	Yes	Scalpels	
Ext. Cardiac Pacing Pads	2	Syringes (1cc, 3cc, 5cc, 10cc)	6+
Infusion Pumps	1	Toomey Syringe (60cc)	2
Inhalation Therapy Equipment	6	Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles	2	Tubing, IV Administration (60gtts)	10+
IV Catheters	6+	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) Yes No
Other: <i>(Specify)</i>			