



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION**

FISCAL YEAR 2020

Due Date: January 25, 2019

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

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 25, 2019**. 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:	Tesuque Fire District			127050
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
Mailing Address:	PO Box 1	Tesuque	NM	87574
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>((Zip)</i>
	X 1 2 3	505-629-6622	505-988-3807	
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	
Contact Person:	JD Damron	District Chief	Jimmydean2u@aol.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Santa Fe County			
	<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:	Dave Sperling	Chief, Santa Fe County Fire Dept		
	<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:		
2	(1)LP12,(1)LP1000,(5)LP 500 Annual Maintenance & Repair	2600
Training:		
4	Cost of CE courses (24/7) & related expenses for district new & upgrade EMT Licensure	1200
Mileage & Per Diem:		
6	Mileage & Per Diem for out of county EMS Training	500
Supplies (Items Under \$500):		
3	Medical Supplies: To include but not limited to; Blankets, gloves, kerlex, pulse Oximeters, glucemeters, tape, LMA, Masks, Electrodes, santizers, etc.	3000
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
1	Suction Lith Batteries	1200
5	Medical Apparel: shirts, vests, jackets, jump suits, badges, insigna, etc.	2500
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.)

1) Suction Units Li-ion Batteries

2) Annual Inspections for LP/AED

3) EMS Supplies: Needed for patient care and training

4) Training and upgrading EMT Licensures CE's Mandatory

5) Medical Apparel for EMT's Needed for proper PPE (Safety and Recognizability)

6) Mileage and Per Diem: Needed to reimburse out of pocket expenses

SERVICE NAME: Santa Fe County, Tesuque Fire District

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)

Katherine Miller, County Manager
 Mayor OR Chairman, Board of Commissioners
 Santa Fe County Municipality Santa Fe 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 of Official Named Above: *[Signature]*
 DEPUTY COUNTY MANAGER (Title)

The above was sworn and subscribed to before this 18 day of January, 2019.
 Notary Public: *[Signature]* Ambra Baca
 My commission expires: 8/1/21
 Approved as to form by Santa Fe County Attorney: *[Signature]*
 Date: 1/10/19 Commission Expires: 8/1/21
 OFFICIAL SEAL: Ambra Baca, NOTARY PUBLIC, STATE OF NEW MEXICO
 Finance Director 1/17/19

PERSON COMPLETING FORM

Name:	JD Damron	District Fire Chief		
	(Name)	(Title)		
Address:	PO Box 572			
	Tesuque	NM	87574	
	(City)	(State)	(Zip)	(+4)
505-629-6622	505-424-0682	505-629-6622	Jimmydean2u@aol.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
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 – 11b)	1 per vehicle	Siren	1 per vehicle
Flashlight	2 per vehicle	Spare Tire	1 per vehicle
Fuses (appropriate sizes)	15 per vehicle	Star of Life Displayed	2 per vehicle
Jack and Handle	1 per vehicle	Tool Box	1 per vehicle
Lug Wrench	1 per vehicle	Triage Tags for MCI's	1 set per vehicle
Maps or Navigational equipment	Several	U.S. DOT Emergency Response Guidebook	1 per vehicle
Patient Care Reports or Reporting System	25 per vehicle	Vehicle Registration	1 per vehicle
Roadway warning devices	3 per vehicle	Vehicle Spotlight or auxiliary lighting	2 per vehicle
Service Specific Protocols and guidelines	1 per vehicle	Warning Lights	Several per vehicle
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	6	Spare Batteries/charger system	6
EMSCOM (UHF) Radio	1		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	3 boxes	Helmet with Face Shield	2
Eye Protection	1 box	N-95 mask (or > particulate mask)	1 box
Gloves (Leather or heavy duty)	2 pair	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	10	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	1		
End Title CO2 monitoring device (optional)	0	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	1	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)	
Auto Ventilator Devices (ATV/MTV)	0	Oxygen Supply Tubing	1
Bag Valve Mask Devices (Adult, Child and Infant)	1	Patient Restraints	0
Band-Aids (Assorted Sizes)	1 box	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	1	Pediatric Restraint device/car seat	0
Biohazard Waste bags	5	Pillows	0
Blankets	3	Portable Oxygen Equipment	1
Body Bags	1	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	5	Seated Spinal Immobilization Device	0
Cervical Immobilization Devices	5	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	4
Cold Pack	5	Sharps Container	1
Cold Weather Warming Devices	5	Sheets	5
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	15	Shoulder/chest/extremity straps	0
Emesis Basin	1	Spinal Immobilization device/backboard	1
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	2
Foil Blanket	1	Sterile Burn Sheets	5
Hand Sanitizer	1	Sterile Gloves (Assorted Sizes)	5
Heat Pack	1	Sterile Water	1
Inhalation Therapy Equipment	0	Stokes Basket	1
Installed Oxygen System	0	Suction Catheters (Soft & Rigid)	1
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	2 boxes	Supraglottic Airway Devices	0
Long Backboard	2	Multi-lumen Airway Devices	5
Multi-level Stretcher	0	Laryngeal Airway Devices	0
Multi-Lumen Airways	5	Towels	0
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	1
Nasopharyngeal Airways	1	Trauma Dressings	5
Occlusive Dressings	1	Trauma Shears	1
On-Board Suction System	1	Triangular Bandages	3
On-Board Oxygen Supply	1	Urinal (Male and Female)	0
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	1		

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>			
Advance Level			
Alcohol and Betadine Prep Pads	20	IV Fluid (Normal Saline, D5W, LR)	2
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes	15	Magill Forceps	
Electrode Defib Pads	4	Needles (Assorted Gauges)	5
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	5
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters	12	Tubing, IV Administration Set (10gtts – 20gtts)	5
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>			