



**EMS FUND ACT
LOCAL FUNDING PROGRAM APPLICATION
FISCAL YEAR 2013**

Due Date: January 16, 2012

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

Copy

Local Recipient:	Running Bear Rescue d.b.a. Rocky Mountain EMS	127100/126004
	<i>(EMS Service that will benefit)</i>	<i>(EMS Service #)</i>
Mailing Address:	PO Box 5414	Santa Fe NM 87502
	<i>(Street/Mailing Address)</i>	<i>(City) (State) (Zip)</i>
	X 1 2 3 505-983-3573	505-798-1880
	<i>(EMS Region)</i>	<i>(Business Phone #) (Emergency Phone #) (Fax Phone #)</i>
Contact Person:	Edward S. Little	President
	<i>(Name)</i>	<i>(Title)</i>
		runningbearrescu@aol.com
		<i>(E-mail Address)</i>

Applicant:	Santa Fe County
	<i>(County or Municipality serving as Fiscal Agent)</i>
Mailing Address:	35 Camino Justica Santa Fe NM 87508
	<i>(Mailing Address) (City) (State) (Zip)</i>
Contact Person:	Dave Sperling SFCFD Fire Chief
	<i>(Name) (Title)</i>
	505-992-3070
	<i>(Telephone #) (Fax Phone #) (E-mail Address)</i>

Number of Years In Operation	Total EMS Runs 10/01/10 to 09/30/11 Entered into NMEMSTARS database.
19 Years in Operation	1785

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	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Auletta, Louis	P	00011103	03/31/2014	Paid
Correll, Michael	B	9001328	03/31/2013	Paid
Derwin, Dawn	P	9001426	03/31/2013	Paid
Erskin, Rich	P	03000474	03/31/2013	Paid
Griego, Amber	B	08001063	03/31/2013	Paid
Griseto, Nick	B	00019664	03/31/2012	Paid
Jarmack, Caitlin	B	10000940	03/31/2013	Paid
Montoya, Joshua	B	10000051	03/31/2012	Paid

Moore, Andrew	B	11000737	03/31/2014	Paid
Torres, Jonallyn	I	07001401	03/31/2013	Paid
Weinrick, Ronald	P	00024301	03/31/2013	Paid

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)
Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).	Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>	Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
Basic medical supplies and equipment.	Basic medical supplies and equipment.	Basic medical supplies and equipment.	Basic & advanced medical supplies and equipment.
Attached copy of mutual aid agreement(s).	Attached copy of mutual aid agreement(s).	Attached copy of mutual aid agreement(s) or other cooperative plan(s) with first response or transporting ambulance service(s).	Attached copy of mutual aid agreement(s) or other cooperative plan(s) with first response or transporting ambulance service(s).
A designated Training Coordinator.	A designated Training Coordinator.	A designated Training Coordinator.	A designated Training Coordinator.
Submitting all runs to NMEMSTARS Database	Submitting all runs to NMEMSTARS Database	Submitting all runs to NMEMSTARS Database	Submitting all runs to NMEMSTARS Database
	A Medical Director if performing skills requiring medical direction (see Scope of Practice) and appropriate medical protocols.	A Medical Director and appropriate medical protocols.	A Medical Director and appropriate BLS and ALS medical protocols.
		Complies with PRC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the PRC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	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.
		Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
			Complies with Air Ambulance certification regulations, if applicable.
			Complies with PRC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the PRC

regarding registered medical
- rescue or the EMS Bureau
regarding certificated
ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

****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**
- **If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained**

*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:	
	Training:	
	Mileage & Per Diem:	
	Supplies (Items Under \$500):	
	**Capital Outlay (Items Over \$500):	
	Other Operational Costs:	
#1	Fuel	50,000
	TOTAL AMOUNT OF REQUEST	50,000

*Do not make all items Priority No. 1. Use each number only once. (Use additional sheets if necessary.)

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) Primary provider for interfacility transfers of Santa Fe County residents going to Specialty Facilities and Skilled Nursing Facilities.
- 2) We transport approximately 200,000 miles per year on two units based in Santa Fe County.

SERVICE NAME: Rocky Mountain EMS

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF _____

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
 (TYPE OR PRINT)

Mayor _____ OR Katherine Miller, County mgr
 Chairman, Board of Commissioners

Municipality _____ County Santa Fe County

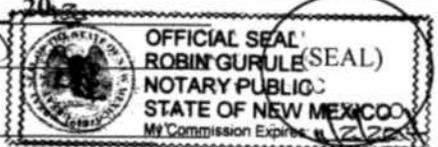
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- 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.

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

The above was sworn and subscribed to before this 17 day of January 2002

Notary Public: _____



My commission expires: 12/22/02

PERSON COMPLETING FORM

Name:	Edward S. Little	President
	(Name)	(Title)
Address:	PO Box 5414	
	Santa Fe	NM 87502
	(City)	(State) (Zip)
505-983-3573		505-328-6269
(Work Phone)	(Home Phone#)	(Cellular Phone #)
Signature:	Edward S. Little	

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____