

Guide/Information

EMS FUND ACT

VEHICLE PURCHASE PROJECT APPLICATION- FISCAL YEAR 2019

- Due Date: Friday, November 17, 2017 (postmarked or hand delivered)
- Incomplete applications will not be accepted. **Submit Original and 2 copies**
Submit To: EMS Bureau ✦ 1301 Siler Rd. ✦ Santa Fe, NM 87507
Attn: Ann Martinez ✦ 505-476-8233 ✦ ann.martinez1@state.nm.us

You must contact your Regional Office first for assistance in completing your application and have it signed off prior to sending it to the EMS Bureau, even if you are a Training Institution etc. to insure your application is complete. It is not the Regions responsibility to send these applications to the Bureau, unless they are complete and has been asked to prior. Applications not signed off by the regional office will be considered INCOMPLETE. Extensions must be requested 24 hours prior to the due date, they will not be accepted the day of.

NO SPECIAL BINDING, ONE SINGLE STAPLE IN LEFT HAND CORNER!!!!

Contact your Regional Office for assistance in completing your application:

Region 1 – Jerome Haskie, (505) 819-8449; Jhaskie@emsregion1.org
Region 2 – Doug Campion (575) 524-2167; Doug@region2ems.com
Region 3 – Donnie Roberts, (575) 769-2639; droberts@emsregion3.org

Below is the criteria that will be used in rating your application, use this as a guide in writing your application:

DETAILED ANALYSIS AND NEED -

1. In writing your analysis, clearly Identify and justify your request;
2. Describe the current needs of the community. If they are not adequately met at this time, justify;
3. Please provide evidence of your services ability to deliver the services as they relate to this request;
4. Can current vehicle situation be remedied by cost effective maintenance? If not, explain.
5. Can this request be postponed for another year without creating a potential hazard to personnel and patients?

SERVICE AREA DESCRIPTION -

1. Describe the type and functions of your agency. Are you part of an integrated system, medical rescue, or PRC?
2. Describe personnel and licensure levels that will be using the requested equipment;
3. Describe the geographical location/placement of this vehicle if funded;
4. Describe the general population and community this vehicle will serve;
5. Provide run data information and demonstrate how this vehicle affects or support the call volume;
6. How will this purchase improve the EMS system's response, scene and transport times?

PROJECT IMPACT -

1. Provide a clear and detailed description of the impact this vehicle will have on the local EMS System;
2. If request is to replace a vehicle, please indicate which vehicle and describe with mileage why you are replacing this vehicle.

COST OF PROJECT AND DESCRIPTION -

1. Provide an itemized description of the project (specifications)
2. List all sources of funding, cash or in kind and the source for this project; including the **Mandatory 25% Match**.
3. List all agencies including local, state and federal that you have applied for and have **denied** your request for assistance/funding for this project or are awaiting an answer.

LETTERS OF COLLABORATION / SUPPORT -

1. Provide **individual letters** of support from affected services, the community, city/county administration; **3 or more. (Very important)**.

ACCOUNTABILITY OF PREVIOUSLY FUNDED SPECIAL PROJECTS -

1. List previous EMS Fund Act Local System Improvement, Vehicle Purchase or Statewide System Improvement Project along with Trauma Systems Authority projects, you have been awarded in the past 3 years and the outcome/status of those projects.