



**EMS FUND ACT
LOCAL FUNDING PROGRAM APPLICATION
FISCAL YEAR 2011**

Due Date: January 15, 2010

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

Local Recipient:						
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>		
Mailing Address:						
	<i>(Street/Mailing Address)</i>			<i>(City)</i>		<i>(State)</i> <i>(Zip)</i>
	1	2	3			
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>		<i>(Fax Phone #)</i>
Contact Person:						
	<i>(Name)</i>			<i>(Title)</i>		<i>(E-mail Address)</i>

Applicant:						
	<i>(County or Municipality serving as Fiscal Agent)</i>					
Mailing Address:						
	<i>(Mailing Address)</i>			<i>(City)</i>		<i>(State)</i> <i>(Zip)</i>
Contact Person:						
	<i>(Name)</i>			<i>(Title)</i>		
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>		<i>(E-mail Address)</i>	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.

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

EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) **one 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 medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.		A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.		Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.		Routinely responds 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.		Complies with Air Ambulance certification regulations, if applicable.
							Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC 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.

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
	<i>Repair and Maintenance:</i>	
	<i>Training:</i>	
	<i>Mileage & Per Diem:</i>	
	<i>Supplies (Items Under \$500):</i>	
	<i>Capital Outlay (Items Over \$500):</i>	
	<i>Other Operational Costs:</i>	
	TOTAL AMOUNT OF REQUEST	

*Please 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 top 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.)

SERVICE NAME: _____

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 Chairman, Board of Commissioners

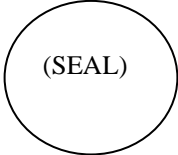
Municipality County

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 of Official Named Above (Title)

The above was sworn and subscribed to before this ___ day of _____, 20__.



Notary Public: _____

My commission expires: _____

PERSON COMPLETING FORM

Name:					
	<i>(Name)</i>		<i>(Title)</i>		
Address:					
	<i>(City)</i>		<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>	
Signature:					

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected: