



**EMS FUND ACT**  
**LOCAL FUNDING PROGRAM**  
**APPLICATION**  
**FISCAL YEAR 2021**

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

**Due Date: January 24, 2020**

**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.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. 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.**

<b>Local Recipient:</b>						
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>		
<b>Mailing Address:</b>						
	<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>		
<b>Contact Person:</b>						
	<i>(Name)</i>			<i>(Title)</i>		<i>(E-mail Address)</i>

<b>Applicant:</b>						
	<i>(County or Municipality serving as Fiscal Agent)</i>					
<b>Mailing Address:</b>						
	<i>(Mailing Address)</i>			<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>						
	<i>(Name)</i>			<i>(Title)</i>		
	<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)
<b>Check if applicable</b> Fifty percent <b>(50%)</b> of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<b>Check if applicable</b> Eighty percent <b>(80%)</b> of all runs are covered by a NM licensed First Responder or NM licensed EMT, <b>minimum of two NM licensed personnel.</b>	<b>Check if applicable</b> Eighty percent <b>(80%)</b> of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <b>minimum of two NM licensed personnel.</b>	<b>Check if applicable</b> Eighty percent <b>(80%)</b> of all runs covered by a NM licensed EMT-I or EMT-P level, <b>minimum of two NM licensed personnel.</b>
<b>Check if applicable</b> Service has Basic medical supplies and equipment.	<b>Check if applicable</b> Service has basic medical supplies and equipment.	<b>Check if applicable</b> Service has basic medical supplies and equipment.	<b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
<b>Check if applicable</b> Service has mutual aid agreements. <b>Attached copy(s)</b>	<b>Check if applicable</b> Service has mutual aid agreements. <b>Attached copy(s)</b>	<b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <b>Attach copy(s)</b>	<b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <b>Attach copy(s)</b>
<b>Check if applicable</b> Service has a designated Training Coordinator.	<b>Check if applicable</b> Service has a designated Training Coordinator.	<b>Check if applicable</b> Service has a designated Training Coordinator.	<b>Check if applicable</b> Service has a designated Training Coordinator.
<b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<b>Check if applicable</b> Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.	<b>Check if applicable</b> Routinely responds (defined as "available...24 hours per day, 7 days per week") when <b>dispatched</b> for all medical and traumatic emergencies within its primary response area.
<b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<b>Check if applicable</b> 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. **We must be realistic, please estimate amount closest to funding that service receives every year.**
- Use each priority 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 (\$)
<b>Repair and Maintenance:</b>		
<b>Training:</b>		
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		

\* 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)

## 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.)

<b>SERVICE NAME:</b>	
----------------------	--

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, <b>COUNTY OF</b>	
---------------------------------------	--

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.

<i>Signature of Official Named Above</i>	<i>(Title)</i>
------------------------------------------	----------------

The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(SEAL)

**PERSON COMPLETING FORM**

<b>Name:</b>				
	<i>(Name)</i>		<i>(Title)</i>	
<b>Address:</b>				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i>	<i>(Email)</i>	

<b>Signature:</b>	
-------------------	--

**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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

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

### Communications Equipment

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

### Personal Protective Equipment

Item Description	Available	Item Description	Available
Exam Gloves		Other: <i>(Specify)</i>	
Eye Protection			
Gloves (Leather or heavy duty)			
Hearing Protection			
Helmet with Face Shield			
N-95 mask (or > particulate mask)			
Safety Vest/Jacket/(ANSI 2008 Compliant)			
Splash Protection (disposable)			

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs		Thermometer	
End Tidal CO2 monitoring device (optional)		Other: <i>(Specify)</i>	
Glucose Monitoring Instrument			
Penlights			
Pulse Oximeter			
Stethoscope			

**Patient Compartment Equipment – If Applicable (Interior or Exterior)**

<b>Basic Level</b>			
<b>Item Description</b>	<b>Available</b>	<b>Item Description</b>	<b>Available</b>
Adhesive Tape 1” and 2”		Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	
Auto Ventilator Devices (ATV/MTV)			
Bag Valve Mask Devices (Adult, Child and Infant)		Oxygen Delivery Devices (Adult, Child and Infant Sizes)	
Band-Aids (Assorted Sizes)			
Biohazard Clean-up Supplies		Oxygen Supply Tubing	
Biohazard Waste bags		Patient Restraints	
Blankets		Pediatric Drug Dosage Tape or chart	
Body Bags		Pediatric Restraint device/car seat	
Cervical Collars - Rigid (Adult, Child and Infant)		Pillows	
Cervical Immobilization Devices		Portable Oxygen Equipment	
Chair Stretcher		Portable Suction Unit	
Cold Pack		Seated Spinal Immobilization Device	
Cold Weather Warming Devices		Semi-Automatic Defibrillator with Pads	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)		Semi-Automatic Defibrillator Batteries	
Emesis Basin		Sharps Container	
Field Stretcher (Scoop, Collapsible, Vacuum)		Sheets	
Foil Blanket		Shoulder/chest/extremity straps	
Hand Sanitizer		Spinal Immobilization device/backboard	
Heat Pack		Splints, Extremity (Rigid, Air, Vacuum)	
Inhalation Therapy Equipment		Sterile Burn Sheets	
Installed Oxygen System		Sterile Gloves (Assorted Sizes)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Sterile Water	
		Stokes Basket	
Long Backboard		Suction Catheters (Soft & Rigid)	
Multi-level Stretcher		Supraglottic Airway Devices	
Multi-Lumen Airways		Multi-lumen Airway Devices	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Laryngeal Airway Devices	
		Towels	
Nasopharyngeal Airways		Traction Splint	
Occlusive Dressings		Trauma Dressings	
On-Board Suction System		Trauma Shears	
On-Board Oxygen Supply		Triangular Bandages	
		Urinal (Male and Female)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			
Other: <i>(Specify)</i>			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
		Laryngoscope Blades – Peds	
Chest Decompression Catheters		Laryngoscope Handle	
Cricothyroidotomy Kit		Magill Forceps	
EKG Monitor Electrodes		Needles (Assorted Gauges)	
Electrode Defib Pads		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles			
IV Catheters		Tubing, IV Administration (60gtts)	
		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			
Other: <i>(Specify)</i>			

**For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.**