

**EMS FUND ACT
LOCAL SYSTEM IMPROVEMENT PROJECT GUIDE**

FISCAL YEAR: 2021

DUE DATE: **November 15, 2019**

SUBMIT TO: EMS Bureau
ATTN: Ann Martinez
1301 Siler Rd, Bldg F
Santa Fe, NM 87507

EMS BUREAU CONTACT: Ann Martinez
Ann.Martinez1@state.nm.us
(505) 476-8233

SPECIAL NOTES:

- 1. You must contact your Regional Office for assistance in completing your application.**
- 2. All applications, including those submitted by training institutions, regional offices, etc., must be reviewed and signed by your regional office prior to submitting the application to the EMS Bureau. Applications that lack regional review and signature will be considered incomplete.**
- 3. It is the responsibility of the applicant, not their regional office, to ensure the application is received by the specified deadline.**
- 4. One original and 2 copies must be submitted to the EMS Bureau.**
- 5. Extensions must be requested no less than 24 hours prior to the due date, no exceptions.**
- 6. Secure copies using one single staple in the upper left-hand corner. Special bindings will not be accepted and the application will be rejected.**
- 7. Applications missing information or required attachments will be considered incomplete.**

EMS Regional Office Contacts		
Region 1	Region 2	Region 3
Donnie Roberts droberts@emsregion3.org (505) 270-9278	Doug Campion doug@region2ems.com (575) 524-2167	Donnie Roberts droberts@emsregion3.org (575) 769-2639

APPLICATION INSTRUCTIONS

General

- It is strongly recommended that you download a copy of the application to your computer. To download the file, right-click on the link and click "Save Link As". Select the location where you would like to save the file and then click "Save".
- One original application and 2 copies must be submitted to the EMS Bureau
- Do not use special bindings. Submit the application secured with one staple in the upper left-hand corner.
- All applications must be typed. Handwritten applications will not be accepted and will be considered incomplete. The application may be filled out on a computer. You must use Adobe Acrobat Reader at a minimum. This is a free program that may be downloaded at <https://get.adobe.com/reader/>
- Do not include attachments unless specifically indicated by the application. Use the spaces provided on the form. Attachments that are included but not required will not be reviewed during application evaluation.
- Applications missing required attachments, required information, signatures, etc. will be considered incomplete and will not be reviewed.

Page 1

- Name of Applicant:* Name of the EMS Service or Agency applying for funding.
- Address:* Address of the EMS Service or Agency applying for funding.
- Contact Person:* Name of the EMS Service or Agency point of contact person for the project identified in the application.
- Telephone #:* Phone number of the EMS Service or Agency point of contact person for the project identified in the application.
- Fax#:* Fax number of the EMS Service or Agency point of contact person for the project identified in the application.
- Email:* Email of the EMS Service or Agency point of contact person for the project identified in the application.
- Fiscal Agent:* Fiscal agent for the EMS Service or Agency applying for funding. The fiscal agent must be a Municipal or County government.
- Address:* Address of the fiscal agent for the project identified in the application.
- Contact Person:* Name of the fiscal agent point of contact person for the project identified in the application.
- Telephone #:* Phone number of the fiscal agent point of contact person for the project identified in the application.
- Fax#:* Fax number of the fiscal agent point of contact person for the project identified in the application.
- Email:* Email of the fiscal agent point of contact person for the project identified in the application.
- Names of other EMS Service(s) and or communities involved in this project:* Identify other agencies or communities involved in the project

Page 2

Box A: Detailed Analysis of Problem/Need

Use the space provided to describe the problem or need. Examples of information you may wish to include are:

- Identify your request.
- Justification(s) of the request.
- Describe the current needs of the community and if they are not adequately met.
- Provide evidence of your ability to deliver the services or use of the equipment being requested in this application.
- If the request is for equipment, can the situation be remedied by cost effective maintenance or a modification of operating policy/procedure?
- Can the request be postponed for another year without creating a potential hazard to personnel or patients?

Page 3

Box B: Service Area Description

Use the space provided to give description of your service area. Examples of information you may wish to include are:

- Describe the type and functions of your agency. Are you part of an integrated system?
- Describe personnel and licensure levels that will be using the requested equipment.
- If equipment/training, describe how this will best serve your local EMS System.
- How will this project serve the general population or target population?
- Please provide run data information and demonstrate how this project affects or support the call volume.
- Describe how this project will improve the EMS System's overall patient care.

Page 4

Box C: Project Impact

Use the space provided to give a description of the project impact. Examples of information you may wish to include are:

- If request is to replace equipment, advice on status of old equipment, could it be donated?
- If request is for equipment/training, will it be shared with other agencies?

Page 5

Box D: Cost of Project

- Provide line item detail if purchasing several items for a project (i.e. CPR mannequin, AED trainer, etc.). You are able to enter an item description, the quantity, and the unit cost. The total cost will automatically calculate.
- If you are providing a financial contribution or match (not required), please enter the dollar amount.
- If providing a financial contribution or match, you must include the source of the funds.

- If providing in-kind contribution(s) (not required), please describe the contribution in the space provided. Please provide a monetary value if possible in the provided space. If you do not assign a monetary value to the in-kind contribution, please enter \$0.
- The total matching contribution will be automatically calculated.
- The total amount requested from Fund Act will be automatically calculated.
- Applicants must provide an itemized report of monetary contributions, if any, to include amount, source, and any special considerations. Failure to provide this information will result in the application being deemed incomplete.
- Applicants must provide quotes of items/services that are being purchased for this project and attach it to the application. The cost provided on the quotes must match the information provided above. Failure to provide this information will result in the application being deemed incomplete.

Page 6

Box E: Letters of Collaboration/Support

Please attach a minimum of **3 separate letters of support** from other services, entities, and stakeholders that will benefit from the project. The letters of support shall not be identical. Letters will not be accepted once the application is submitted. Failure to provide a minimum of 3 separate letters of support will result in the application being deemed incomplete.

Box F: Accountability of previously funded special project(s):

List previous EMS Fund Act Local System Improvement, Vehicle Purchase, Statewide System Improvement Project or Trauma Systems Projects you have been awarded in the past 5 years. Ensure that you list the State Fiscal Year (July 1 – June 30) of the award and the amount of the award. Please list a brief description of the award (i.e. defibrillator, ambulance) as well as the funding source. Select the status of the project from the drop-down list. Failure to submit this information or provide accurate information will result in an incomplete application.

Box G: Service Information

- Call Volume – list the service call volume based on the federal fiscal year (October 1 – September 30).
- Service Capability – Please check what level of service you provide, as listed on the annual service report and Fund Act request. Place your service number in the box to the right of the corresponding level. In the event you are not a service (i.e. dispatch or training center), check the box next to other and provide the description in the space provided.)
- Financial Information
 - Provide your total annual operating budget for your department or agency.
 - Please answer “Yes” or “No” if you bill for transport or service.
 - If you bill for transport or services, what is the amount of revenue you collect annually.
 - If you are requesting equipment, have you budgeted for maintenance or recurring expenses? If yes, please list the expenses you expect to incur over the next 3 fiscal years for the equipment.
- Service Type
 - If you are a town, village, or City, please check “Municipal”.
 - If you are a County service, please check “County”.

(continued on next page)

- If you are a private service, or a private service under contract for a county or municipality, please check “Private”
- Please check “Yes” if you provide regular transport of the sick and injured. This does not include only transporting in “life or limb” circumstances. Check “No” if you do not regularly transport the sick and injured.

Page 7

Box H: Project Information

1. If you have secured additional funding for this project, not including the match you may have listed on page 5, please answer “Yes” and provide the amount and the source. Check “No” if you have not secured additional funding.
2. If you have applied for additional funding for this project, please answer “Yes” and provide the amount applied for and the source. Check “No” if you have not applied for additional sources of funding.
3. Answer “Yes”, “No”, or “N/A” if your project is listed on your fiscal agents Infrastructure Capital Improvement Plan (ICIP). If you check “Yes”, please provide the project year and ranking.
4. If your project is able to be phased, answer “Yes”, check “No” if cannot be phased.
5. If phasing allows the project to be functionally operational, check “Yes”. If phasing will not allow for any operation of the project, or a portion of it, check “No”.
6. If your project can lower your operating costs, please answer “Yes” and provide a verifiable explanation as to how it will create the reduction. If the project will not lower costs or if it will increase operational costs, check “No”.
7. List the expected life of service before a replacement of the equipment is needed. If this project does not include equipment, enter “N/A”.
8. If your project is for training, please describe how you will recruit attendees. If your project does not involve funding for training, please check “N/A”.
9. If your project is for training, please describe your efforts on how to retain individuals who have participated in or completed the training provided with this project. If your project does not involve funding for training, please check “N/A”.

Page 8

Assurances

- Ensure that the Chief or Director of the Local EMS Service signs and dates the complete application.
- Ensure that the Mayor or Chairman of the fiscal agent governing body signs and dates the complete application.
- Both signatures must be notarized.
- Failure to obtain required signatures and have them notarized will result in an incomplete application that will not be reviewed.

Page 9

- Please ensure that the completed application is signed by your regional office after they have reviewed it.