

**EMS FUND ACT
VEHICLE PURCHASE APPLICATION 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.

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- 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.
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- 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.

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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.
- Can the current vehicle 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?

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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.
- Describe the geographical location/placement of the vehicle if funded.
- 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 and response.

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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:

- Provide a clear description of the impact this vehicle will have on the local EMS system.
- If request is for a replacement vehicle, indicate which vehicle will be replaced, the mileage of the vehicle, and justification of why the vehicle must be replaced.

Box D: Cost of Project

- If requesting an ambulance, select the type of unit your will be purchasing.
- If the request is for a unit other than an ambulance, provide a brief description of the vehicle in the space provided.
- In “Vehicle Information” select the options listed that would describe the vehicle being purchased.
- The total matching contribution will be automatically calculated.
- The total amount requested from Fund Act will be automatically calculated.
- Applicants must attach the specifications of the unit and an itemized quote. If custom features are quoted, they must be highlighted or listed in a separate portion of the quote. Failure to provide this information will result in the application being deemed incomplete.
- The EMS Fund Act Vehicle Purchase Program will not provide funding towards the cost of custom features. Please provide the unit base purchase price in the space provided. This must match the base price provided on the quote you have attached.
- The “25% Matching Funds” amount will be automatically calculated. The required 25% match is calculated based upon the base price of the unit.
- If you are providing additional matching funds towards the base purchase price (not required), please enter it into the space provided. Do not include additional funds you will provide for the purchase of custom features.
- List the source of all matching funds (required or not required) that you will provide. Identify the source and list the amount from the source.
- The “Amount Requested from Fund Act” amount will be automatically calculated.

Box E: 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”.
 - 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.

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Box F: 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 community or organizations Infrastructure Capital Improvement Plan (ICIP). If you check “Yes”, please provide the project year and ranking.
4. 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”.
5. List the expected life of service before a replacement of the vehicle is needed. If this project does not include equipment, enter “N/A”.
6. Provide a description of your vehicle maintenance program in the provided space.

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Box G: 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 H: 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.

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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.

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Vehicle Inventory

- In the first table, please provide the “Vehicle Unit Number” of the vehicle you are requesting to replace. Identify the area it will serve as well as a very brief reason for the need for replacement.
- If you are requesting a unit to add to your service or agency fleet, please provide the new unit number, the area it will service, as well as a brief reason you must add to your fleet.
- In the second table, please list all vehicles that are used for EMS response in your EMS Service.
- If needed, please list additional vehicle in your service in the provided additional vehicle list form and attach to the application.
- Failure to provide this information will disqualify your application.

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