

Guide/Information

EMS FUND ACT

LOCAL SYSTEM IMPROVEMENT 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 Bld. F ✦ 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. 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 Reginoal office will be considered INCOMPLETE. Extensions must be requested 24 hours prior to due date, they will not be accepted the day of.

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

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 now, **justify**;
3. Please provide evidence of your services ability to deliver the services as they relate to this request;
4. If equipment purchase request, can situation be remedied by cost effective maintenance?
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?
2. Describe personnel and licensure levels that will be using the requested equipment;
3. If equipment/training, describe how this will best serve your local EMS System;
4. How will this project serve the general population or target population?
5. Please provide run data information and demonstrate how this project affects or support the call volume;
6. Describe how this project will improve the EMS System's overall patient care.

PROJECT IMPACT -

1. Provide a clear and detailed describe of the impact this project will have on the local EMS System;
2. If request is to replace equipment, advice on status of old equipment, will it be donated?
3. List other agencies or other sources of funding you have received or requested for this project;
4. If request is for equipment/training, will it be shared with other agencies?

COST OF PROJECT AND DESCRIPTION -

1. Provide an itemized description of the project (does the budget directly relates to the needs of your service?)
2. List all sources of funding, cash or in kind and the source for this project;
3. List all agencies including local, state and federal that have denied your request for assistance/funding for this project.
4. If your project is a multi-year or phased project, describe your plan.

LETTERS OF COLLABORATION / SUPPORT -

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

ACCOUNTABILITY OF PREVIOUSLY FUNDED SPECIAL PROJECTS -

1. 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 3 years and the outcome/status of those projects.