

# Guide/Information

## EMS FUND ACT STATEWIDE 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. ✦ 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. to insure your application is complete. It is not the Regions responsibility to send these applications to the Bureau, unless they are complete and has been asked to prior. Application not signed off by the Regional office will be considered INCOMPLETE. Extensions must be requested 24 hours prior to the 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](mailto:Jhaskie@emsregion1.org)  
Region 2 – Doug Campion, (575) 524-2167; [Doug@region2ems.com](mailto:Doug@region2ems.com)  
Region 3 – Donnie Roberts, (575) 769-2639; [droberts@emsregion3.org](mailto: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 EMS System/community, if they are not adequately met now, justify;
3. Please provide evidence of your services/agencies' ability to deliver the services as they relate to this request;

#### **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. How will this project serve the EMS system, general population/target population of the community?

#### **PROJECT IMPACT -**

1. Provide a clear and detailed describe of the impact this project will have on the local EMS System;
2. Describe how this program/equipment will be shared with other agencies/services;
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 places this will benefit or affect. (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.