

EMS FUND ACT
LOCAL SYSTEM IMPROVEMENT PROJECT APPLICATION GUIDE - FISCAL YEAR 2012

Due Date: **Friday, November 05, 2010** (postmarked or hand delivered)

Your packet must contain a completed application & 2 additional copies. Incomplete applications/packets will not be accepted. Submit applications to:

EMS Bureau – Attention: Ann Martinez
1301 Siler Rd
Santa Fe, NM 87507

You must contact your Regional EMS Office for their assistance and counsel on your application. Applications without a Regional EMS signature will not be accepted.

Regional Contacts:

Region 1 – Jerome Haskie, Director (505) 466-2438; jhaskie@emsregion1.org
Region 2 – Tim Zagorski, Director (505) 524-2167; ziggy@region2ems.com
Region 3 – Jan Elliott, Director (505) 769-2639; jelliott@emsregion3.org

Please provide the following information when completing the application:

DETAILED ANALYSIS AND NEED

1. Clearly identify and justify your request.
2. Describe the current needs of the community; if they are not adequately met at this time, explain why and how this project will improve the community situation.
3. Please provide evidence of your service's ability to deliver the services as they relate to this request;
4. If an equipment purchase is requested, explain why the situation cannot be remedied by maintenance or repairs of current equipment.
5. Describe the urgency and any potential hazards to personnel and patients this request addresses.

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 serve your local EMS System.
4. How will this project serve the general or target population?
5. Please provide run data information and demonstrate how this project affects or supports your response to 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 description of the impact this project will have on the local EMS System;
2. If a request for replacement, report on the status of the old equipment; will it be donated or discarded?
3. If request is for equipment/training, will it be shared with other agencies?

COST OF PROJECT AND DESCRIPTION

1. Provide an itemized description and budget of the project. If a multi-year or phased project, describe the plan. Does the budget relate to the size and needs of your service and community?
2. List any and all sources of funding, cash or "in kind", and the source for this project.
3. List all local, state, and federal entities that have **denied** your request for assistance or funding for this project.

LETTERS OF COLLABORATION / SUPPORT

1. Provide individual letters of support from affected services, the community, city/county administration.

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 5 years and the outcome/status of those projects.