



SAEMS

SOUTHEAST ARIZONA EMERGENCY MEDICAL SERVICES COUNCIL

DAN SPAITE, M.D. – CHAIR

BILL MILLER, CHIEF, FRY FIRE. – VICE-CHAIR

TAYLOR PAYSON, C.E.P., M.B.A. - EXECUTIVE DIRECTOR

Dear EMS Provider,

Applications for Fiscal Year 2009-2010 (July 1, 2009 to June 30, 2010) EMS Provider Assistance Program awards are being solicited by the Southeast Regional Council.

If your agency wishes to apply for Provider Assistance, please complete all sections of the application packet. All applications for funding must provide sufficient background information to enhance or justify your request for Assistance Program funding.

Also included is the 2009 needs survey form and must be submitted in order to receive full consideration for grant funding. If you are not submitting a grant request, it is important that the survey be filled out and returned to our office.

The application must be returned to the SAEMS office at PMB 321, 6890 E. Sunrise Dr. Tucson, AZ, 85750 by close of business Friday May 1, 2009. **In addition a copy of the entire application must be sent to your respective subregional council for review at their May meeting.** You are encouraged to attend your respective sub-regional meeting to present your request. (See addresses at end of letter). Their recommendations will be forwarded to the SAEMS Council for final review and awarding. A postmarked or fax dated application received after 5:00 PM on May 1, 2009 will be refused and returned to sender. The office will accept a faxed copy of the application, but it must be followed up with a hard copy mailed or delivered to the office.

The anticipated schedule is as follows:

1. Grant applications available March 1, 2009. Applications will be mailed or delivered to all eligible agencies by March 10, 2009. The application form will be available on our website at www.saems.net.
2. All completed applications must be submitted to SAEMS and the proper sub-regional council for their review and prioritizing by Friday May 1, 2009
3. Sub-regional recommendations to be submitted to SAEMS by May 30, 2009
4. The regional Council will review applications in June. Actual date(s)/time(s) to be determined.
5. Agencies will be notified of any award by letter from the regional office.
6. Due to funding restraints, the provider grant funds may be received by the regional council on a monthly basis. The office will determine the time line for filling the awards based on the funding received.
7. For those agencies participating in the Data Collection project, other state funding is not anticipated to be available for the next fiscal year. It is recommended that

PMB 321; 6890 E. SUNRISE DR.; TUCSON, AZ 85750

520-529-1450

520-529-2369 FAX

WWW.SAEMS.NET

those agencies submit requests for full or partial funding for the project in lieu of equipment or other capital requests.

Applications will be reviewed and approved by the Regional Council and a BEMS staff member. Again emphasis will be placed on those requests that closely mirror the current version of the Regional EMS and Trauma Plan, including data collection. Sub-regional recommendations will be considered in making final awards. . Provider awards are scheduled for disbursement during each quarter of the fiscal year, dependent upon state funding. All awards will be processed and disbursed by the SAEMS office.

Should you have any questions, please don't hesitate contacting me or any regional board member.

Sincerely,

Taylor Payson
Executive Director

Sub-Regional Council Mailing Addresses-Dates and times of Meetings

PEMS (Pima County/Pinal County) check with chair for date and location

c/o Pat Ellis
St Mary's Hospital
1601 W St. Mary's Rd
Tucson, AZ 85743

Cochise County EMS- Willcox, May 27 @10am

c/o Bill Miller
Fry Fire District
4817 Apache
Sierra Vista, Az 85635

Santa Cruz County EMS- (check with chair for date and location)

c/o Kevin Keeley
Tubac Fire District
P.O. Box 2881
Tubac, Az 85646

Graham/Greenlee County EMS-(check with chair for date and location)

c/o Alan Stemme
P.O. Box 266
Pima, AZ 85543

SAEMS

APPLICATION FOR EMS PROVIDER ASSISTANCE PROGRAM
Fiscal year 2009-2010

AGENCY: _____

ADDRESS: _____

MAILING ADDRESS (If different from above): _____

CITY: _____ ZIP _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____

EMAIL OR WEB ADDRESS _____

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: _____

ASSISTANCE REQUESTED FOR:

1. EMS and Trauma Plan Needs:

- a. Communications \$ _____
- b. Quality Improvement Programs \$ _____
- c. Data Collection \$ _____
- d. Injury Prevention Programs \$ _____
- e. Public Education \$ _____
- f. Centralized Medical Control/Direction \$ _____
- g. Special Training Programs \$ _____

2. Medical Care Equipment \$ _____

3. Rescue Equipment/tools \$ _____

4. Capital Equipment (provide list) \$ _____

5. Other (provide list) \$ _____

TOTAL \$ _____

The grant process no longer includes subsidizing vehicle costs (gas, oil, insurance, etc.)
or funding for consumable/disposable soft goods.

All requests for equipment valued between \$1,000 and \$4,999 must be accompanied by 3 verbal quotes. 3 written quotes must accompany all equipment valued from \$5,000 to \$10,000.

FOR OFFICE USE ONLY:

DATE RCV'D: ___/___/___ ASSESSMENT RECEIVED ___/___/___

SUBREGIONAL COUNCIL REVIEW ___/___/___

COUNCIL/BEHMS REVIEW: ___/___/___

AWARD ___/___/___

AMOUNT \$ _____

ELIGIBILITY CRITERIA FOR PROVIDER ASSISTANCE PROGRAM

To qualify, an applicant must be one of the following:

1. An ambulance service possessing a valid certificate of necessity
2. An ambulance/rescue service possessing a valid certificate of necessity
3. A rescue service meeting the following criteria:
 - a. A corporate or governmental agency in Arizona
 - b. Has rescue services available 24 hours/day, seven days a week
 - c. Has established 24 hour dispatch capability
4. A health care delivery service licensed by the State of Arizona and has an emergency department which, at a minimum, offers emergency medical services 24 hours/day, seven days a week, with a physician immediately available and a nurse on duty.

And must have:

1. A valid Federal Employee Identification number
2. Documents to show service delivery for one year prior to date of this application.

Self-assessment information: (circle applicable)

1. Agency is identified as a:
 - a. Volunteer service (volunteer defined as service having no more than 2 full-time paid employees)
 - b. Private, non -profit service
 - c. Private, for-profit service
 - d. County supported service
 - e. Municipal service
 - f. Fire district service
 - g. Hospital service

2. Agency provides EMS services to:
 - a. Densely urban area population (greater than 250,000)
 - b. Urban area population (between 100,000 and 250,000)
 - c. Suburban area population (between 40,000 and 100,000)
 - d. Semi-rural area population (between 10,000 and 40,000)
 - e. Rural-remote are population (less than 10,000)

3. Agency's manpower resources:
 - a. Service area's EMS demands exceeds local resources
 - b. Service area's EMS demands is equal to local resources

4. Agency's EMS delivery potential:
 - a. Major negative service impact without aid
 - b. Moderate negative impact without aid
 - c. Minimal negative impact without aid
 - d. No negative impact without aid

5. Agency received Provider assistance awards in:
 - a. 2006-2007- Amount _____
 - b. 2007-2008- Amount _____
 - c. 2008-2009 Amount _____

Provide support of request(s) for funding by categories:

1. **BEMS and the Regional Council will place a higher value to those requests that meet the needs of the regional EMS and Trauma Plan; ie, communications, quality improvement programs, data collection, injury prevention programs, public education, centralized medical control/direction, and special training programs. Copy of the plan is available on the SAEMS website.**
2. Medical care equipment - justify need of listed item(s); give EMT skill level to use; frequency of need to use; item(s) new to agency, replacement, additional; probable source; and estimate of cost(s)
3. Rescue equipment/tools - justify need of listed item(s); frequency of need to use; item(s) new to agency, replacement, additional; current location of closest such item(s); probable source and estimate cost(s)
4. Capital equipment - examples: AED, Monitor/defibrillator, extrication tool, communication equipment
5. Other; justify need; available manpower to use; trained personnel to use; frequency of need to use; item(s) new to agency, replacement, additional; probable source; and estimated cost(s)
6. Each agency should explain their funding methods- such as taxation, donations, fee for service, etc. – and justification for outside funding.

PROVIDER ASSISTANCE PROGRAM:

Equipment cost greater than \$500 shall be identified by ADHS Inventory Control and tagged. If equipment is awarded via “User’s Agreement”, item will be transferred to agency and ADHS will retain title to the equipment.

The Department of Administration requires that Provider assistance awards not exceed \$10,000 to any agency per year.

BEMS reserves the right to request exception to funding limit if it is determined to be in the public interest.

Application for funding is subject to review and assessment by regional EMS coordinating council representatives and by BEMS.