



W.A.C.E.M.S.
Western Arizona Council of Emergency Medical Services
3463 W. 13th Pl
(928) 246-4208



September 10, 2015

Dear Western Region EMS Provider;

Applications for Fiscal Year 2015 – 2016 (July 1, 2015 to June 30, 2016) EMS Provider Assistance Program awards are being solicited by WACEMS. Should your agency wish to apply for Provider Assistance, please complete all sections of the application packet, and provide all information requested. Incomplete applications will not be considered. Requests for equipment must include three (3) quotes which detail the final cost of the item, including tax and shipping. Additionally, agencies must provide sufficient background information to justify your request for funding. Maximum award per agency is limited to \$5000.00. Equipment obtained via the Provider Assistance program shall be identified by ADHS inventory control and tagged as per ADHS inventory control guidelines. Equipment is awarded via users agreement and ADHS shall retain title to the equipment.

All completed applications must be returned to: WACEMS, 3463 W. 13th Place, Yuma, Arizona 85364 or FAX 888-803-1540, by close of business on December 31, 2015 to be considered. A postmarked or FAX dated application received after 5:00 P.M. will be refused and returned to sender.

Applications will be reviewed, prioritized and funded by a committee of representatives from the Regional Council. Appointments will be scheduled for providers to make presentations in person (preferred) or by phone, to the committee on January 13, 2016. Recommendations from the committee will be presented at the WACEMS meeting on January 14, 2016. Should you have any questions, please contact Rod Reed at the above numbers, or via e-mail at Rod.Reed@wacems.org

Sincerely,

Rod Reed

Executive Director

APPLICATION FOR EMS PROVIDER ASSISTANCE PROGRAM
FY 2015 – 2016

AGENCY _____

ADDRESS _____

POST OFFICE BOX _____

CITY _____ ZIP _____

CONTACT PERSON _____

PHONE _____ FAX _____

EMAIL _____

FEDERAL EMPLOYEE IDENTIFICATION NO _____

ASSISTANCE REQUESTED FOR

Medical Care Equipment \$ _____

Rescue Equipment/ Extrication Tools \$ _____

Capital Equipment: Monitor/Defibrillators \$ _____

Extrication Tools \$ _____

Communication \$ _____

Other (Provide List) \$ _____

TOTAL \$ _____

FOR OFFICE USE ONLY

Date received ____/____/____ Council/BEMSTS 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 a 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 a 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
3. capability to furnish ADHS certification from insurer(s) for General Liability insurance in minimum amounts requested prior to commencing any contractual agreement.

Self-Assessment information:

(Circle)

1. Agency identified as:

- | | |
|---|--------------------------------|
| a. Volunteer service (Volunteer defined as service having no more than two 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. urban service area population | b. suburban service area population |
| c. rural service area population | d. wilderness service area population |

3. Agency's manpower resources:

- a. Service area's EMS demands exceed local resources
- b. Service area's EMS demands = 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. 2008 – 2009 | b. 2007 – 2008 |
| c. None of the above | |

6. Agency annual EMS budget: \$_____ (Attach copy of current budget)

7. Total EMS calls CY2014: _____

Provide Support of Request(s) for funding by Categories:

- 1. Medical care equipment – justify need of listed item(s); give EMT skill level to use, available staffing to use, trained personnel to use; frequency of need to use; item new to agency, replacement, additional; and provide three quotes (quotes must include applicable taxes and shipping).**
- 2. Rescue equipment/tools – justify need of listed item(s); give EMT skill level to use, available staffing to use, trained personnel to use; item new to agency, replacement, additional; current location of closest such item; and provide three quotes (quotes must include applicable taxes and shipping).**
- 3. Capital equipment – justify need; give EMT skill level to use, available staffing to use, trained personnel to use; frequency of need to use; item new to agency, replacement, additional; and provide three quotes (quotes must include applicable taxes and shipping).**