



December 1, 2023

Dear Western Region EMS Provider;

Applications for Fiscal Year 2024 EMS Provider Assistance Program awards are being solicited by the Western Arizona Council of Emergency Medical Services (WACEMS). Only WACEMS member agencies that provide emergency medical services in La Paz, Mohave or Yuma counties are eligible to apply. Agencies may apply for either the Provider Assistance or EMCT Tuition this fiscal year, but not both. 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 from different vendors which detail the final cost of the item(s) including tax and shipping. Additionally, agencies must provide sufficient background information to justify your request for funding. Funding requests are limited to \$10,000.

All completed applications must be received at: WACEMS, 3463 W. 13th Place, Yuma, Arizona 85364, by close of business (5 P.M. Arizona time) on Dec. 29, 2023 to be considered.

Applications will be reviewed by the Executive Committee of the Regional Council. Appointments will be scheduled for providers to make presentations by phone to the committee on January 3, 2024. Recommendations from the committee will be presented at the WACEMS meeting on January 4, 2024. Should you have any questions, please contact Rod Reed via e-mail at Rod.Reed@wacems.org

Sincerely,

Rod Reed

Executive Director

**APPLICATION FOR EMS PROVIDER
ASSISTANCE PROGRAM**

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 \$ _____

Self-Assessment information:

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. 2022
- b. 2023

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

7. Total EMS calls CY2022 _____

8. Does your agency currently submit EMS run data to the BEMSTS (AZ-PIERS)? a. Yes b. No

9. Please identify gaps and needs in available training and educational opportunities for EMS providers in your agency.

10. What percentage of your EMS providers have current pediatric certifications (PALS, PEPP or ENPC)?

11. Please identify gaps and needs in available pediatric-specific training and educational opportunities for EMS providers in your agency.

12. What is the name of the Pediatric Emergency Care Coordinator for your agency?

ELIGIBILITY CRITERIA FOR PROVIDER ASSISTANCE PROGRAM

To qualify, an applicant must be:

a. A WACEMS member agency (per WACEMS by-laws) that provides emergency medical services in La Paz, Mohave or Yuma counties. 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.

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

a. 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).

b. 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).

c. 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 from three vendors (quotes must include applicable taxes and shipping).

d. Educational support – does this support filling a gap or need in training for EMS personnel, will other agencies benefit or be able to attend.