

**RESOLUTION 29-2009**

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF BENSON, ARIZONA, APPROVING AND AUTHORIZING THE APPLICATION BY THE BENSON VOLUNTEER FIRE DEPARTMENT FOR EMS PROVIDER ASSISTANCE PROGRAM GRANT FUNDS FROM THE SOUTHEAST ARIZONA EMERGENCY MEDICAL SERVICES COUNCIL.

WHEREAS, the Southeast Arizona Emergency Medical Services Council administers an EMS Provider Assistance Program (the "Grant Program") which provides financial assistance to ambulance and rescue service providers; and

WHEREAS, the Application, attached hereto as Exhibit "A" and incorporated herein by this reference, would enable the City to apply for a portion of the funding under the Grant Program; and

WHEREAS, the Mayor and Council of the City of Benson have reviewed the terms and conditions of the Application and have determined that submitting the Application is in the best interests of the City and its residents.

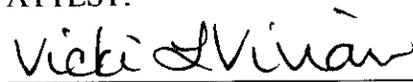
NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Benson, that the City hereby approves the Application, attached hereto as Exhibit "A," and authorizes Fire Chief Keith Spangler to execute it and City staff is hereby authorized to take all steps necessary and proper to carry out its purposes.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BENSON, ARIZONA, this 27th day of April, 2009.



MARK M. FENN, Mayor

ATTEST:

  
VICKI L. VIVIAN, City Clerk

APPROVED AS TO FORM:

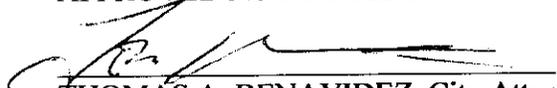
  
THOMAS A. BENAVIDEZ, City Attorney

Exhibit "A"  
Grant Application

**Narrative for EMS Provider Assistance Program**

Benson Fire Department is a department of the City of Benson. We currently run EMS rescue and respond to all reported Injury, unknown injury and fatal accidents within a response area that includes the interstate and other highways and county roads not in the City Limits. We respond 24/7 and our dispatch is through the local 911 center that also dispatches the Benson Police Department.

We have three Paramedics on the department and one member in paramedic school at this time. We have four EMTs and three members waiting to take their EMT certification exam. The department also has several other members wanting to take an EMT Class. The Benson Fire Department's goal is to have two fully equipped ALS engine companies. We currently have one ALS engine and the following is a list to complete the second ALS engine. We are also asking to equip both engines with BLS splints and back boards. The department is requesting a stokes basket to have on our extrication apparatus for removing victims from locations where just a back board is unsafe for all involved in removing the patient.

**Rescue Equipment:**

Item	Quantity	Cost per Unit	Total
Stokes Basket	1	\$596.00	\$596.00
		<b>Total</b>	<b>\$596.00</b>

**Medical Care Equipment:**

Item	Quantity	Cost per unit	Total
Back boards w/ Graphics	3	\$105	\$315.00
KED	2	\$99.00	\$198.00
Traction Splint	2	\$229.00	\$458.00
Tuff Stat Pulse Ox	2	\$429.00	\$858.00
Peds Adapter for Pulse Ox	2	\$13.50	\$27.00
Intubation Bag	1	88.25	\$88.25
O2 Regulator	1	\$65.00	\$65.00
Portable Suction Unit	1	\$570.00	\$570.00
Child BP Cuff	2	13.95	\$27.90
EZ IO Driver	2	\$295.00	\$590.00
Adult Needle Set	2	\$535.00	\$1,070.00
Peds Needle Set	2	535.00	\$1,070.00
Large Adult Needle	2	\$140.00	\$280.00
EZ IO Case	2	\$39.95	\$79.90

Item	Quantity	Cost per Unit	Total
EX IO Education Kit	1	\$399.00	\$399.00
Mega Medic Bag	1	\$269.99	\$269.99
		Total	\$6,366.04

All the equipment requested will be new to agency. Most items and estimates were obtained from PMI Medical and can be delivered within a week of the order. The Mega Medic Bag is from Galls and is what our other medic bags are. We wish to keep all of our equipment uniform.

Benson Fire Department is funded by the sales tax of the City of Benson. There are several other departments within the City of Benson local government. These include police, water, building, and others. All the departments compete for this funding and with the current economy it is uncertain this equipment would be funded this year or in the near future as all new purchase funding has been put on hold.



# SAEMS

## SOUTHEAST ARIZONA EMERGENCY MEDICAL SERVICES COUNCIL

DAN SPAITE, MD; CHAIR    BILL MILLER, CHIEF FRY FIRE; VICE CHAIR  
TAYLOR PAYSON, MBA, CEP; EXECUTIVE DIRECTOR

In conjunction with the 2009-2010 provider grants program, the region must also update its annual needs assessment. Please take the time to fill out this questionnaire, even if you prefer not to apply for grant funding. Please return this form, by mail or fax, to the SAEMS office by May 1, 2008. Thank you.

AGENCY Benson Fire Department

CONTACT PERSON Keith Spangler

ADDRESS 375 E. 7th Street/P.O. Box 2223

CITY/ZIP Benson, Arizona 85602

PHONE/FAX NO'S. (520) 586-9832/(520) 720-6192

EMAIL OR WEB ADDRESS kspangler@cityofbenson.com

**1. Indicate the type of area your agency serves:**

- A. Densely urban (service population: greater than 250,000)
- B. Urban (service population: between 100,000 and 250,000)
- C. Suburban (service population: between 40,000 and 100,000)
- D. Semi-rural (service population: between 10,000 and 40,000)
- E. Rural-remote (service area less than 10,000)

**2. Indicate primary type of service/provider**

- A. Ambulance (ground or air)
- B. Rescue Service (paid or volunteer)
- C. Fire Department/District - 1<sup>st</sup> responder only
- D. Fire Department/District with transport service-
- E. Base Hospital
- F. Receiving facility

**3. For Transport agencies- Please indicate number of certified personnel in each of the following categories:**

- A. EMT-B \_\_\_\_\_
- B. EMT-I \_\_\_\_\_
- C. EMT-P (CEP) \_\_\_\_\_
- D. NURSES (for transport agencies only) \_\_\_\_\_

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

520-529-1450

520-529-2369 FAX

WWW.SAEMS.NET

4. What are your greatest training needs? (Please mark 1, 2, or 3 in order of importance)

- A. Recertification classes 1
- B. New Paramedic Classes 3
- C. New Basic EMT Classes 2
- D. Other (please list) \_\_\_\_\_

5. What EMS equipment does your agency need?

- A. in the short term (2 years or less) BLS Equipment
- B. 2-5 years 12-Lead Monitor
- C. Greater than 5 years \_\_\_\_\_

6. What pediatric equipment does your agency need?

- A. in the short term (2 years or less) PEDS Jum- Bag
- B. 2-5 years \_\_\_\_\_
- C. Greater than 5 years \_\_\_\_\_

7. What pediatric training does your agency need?-

PEDS BLS/ALS Courses

8. Please indicate your level of importance from NA (not applicable), 1 (little importance) to 5 (critical importance) on the following issues:

A. Training opportunities in your area	NA	1	2	3	4	⑤
B. Difficulty in recruiting/retaining staff	NA	1	2	3	④	5
C. Communications	NA	1	2	3	④	5
D. Hospital diversion/delays in admitting patients	①NA	1	2	3	4	5
E. Medicare/insurance reimbursement rules	①NA	1	2	3	4	5
F. Age of equipment	NA	1	2	③	4	5
G. Air Medical Transport	NA	1	2	③	4	5
H. Cost of training classes	NA	1	2	3	4	⑤

Include completed survey with provider grants application or mail or fax to the SAEMS office

**SAEMS**  
**APPLICATION FOR EMS PROVIDER ASSISTANCE PROGRAM**  
**Fiscal year 2009-2010**

AGENCY: Benson Fire Department

ADDRESS: 375 E. 7th Street

MAILING ADDRESS (If different from above): P.O. Box 2223

CITY: Benson, Arizona ZIP 85602

CONTACT PERSON: Keith Spangler

PHONE: (520) 586-9832 FAX: (520) 720-6192

EMAIL OR WEB ADDRESS kspangler@cityofbenson.com

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: 86-6000234

**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 \$ 6,366.04

3. Rescue Equipment/tools \$ 596.00

4. Capital Equipment (provide list) \$ \_\_\_\_\_

5. Other (provide list) \$ \_\_\_\_\_

**TOTAL** \$ 6,962.04

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     -0-
  - b. 2007-2008- Amount     -0-
  - c. 2008-2009 Amount     -0-

**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.