

2008-09 Provider Assistance Application 2008 EMS and Trauma Need Assessment INSTRUCTIONS

Please read this in its entirety before you complete the Provider Assistance Application and EMS and Trauma Needs Assessment – failure to comply with these instructions may result in disqualification.

Arizona Emergency Medical Services (AEMS), a 501 [c][3] non-profit organization, represents the EMS providers of the Central Arizona Region including Maricopa, Gila, and Pinal counties. On behalf of the Arizona Department of Health Services, Bureau of Emergency Medical Services, AEMS annually coordinates the Provider Assistance funding process.

- 1. Eligibility.** To be eligible for Provider Assistance funding, your agency/organization/hospital must provide emergency medical services (EMS) within the Central Arizona region - this includes Maricopa, Pinal, and Gila Counties. Your agency/organization/hospital must also complete the 2008 EMS & Trauma Needs Assessment for the Central Arizona Region coordinated by AEMS.
- 2. Application Process.** To qualify for Provider Assistance funding you must complete both the Provider Assistance Application and EMS and Trauma Needs Assessment. Both must be submitted ****electronically**. ****However**, if you do not have access to the web AND upon your request, hard copies of the Provider Assistance Application and EMS and Trauma Needs Assessment will be provided so that you may complete and return via fax or regular mail.

*****The 2008-09 Provider Assistance Application may be accessed by cutting and pasting the following link into your web browser:**

http://www.surveymonkey.com/s.aspx?sm=Ejh5YQ03MzDp7llayjosHg_3d_3d

*****The 2008 EMS and Trauma Needs Assessment may be accessed by cutting and pasting the following link into your web browser:**

http://www.surveymonkey.com/s.aspx?sm=5pmWy6VP2rwPPix0KICIXg_3d_3d

The above links will automatically open to the Provider Assistance Application or EMS and Trauma Needs Assessment. We believe that you will find the completion process self-explanatory and easy.

IMPORTANT: you must complete all questions marked with an * (asterisk). At the end of both the application and needs assessment, you must click "DONE" to submit.

It is your responsibility to confirm that AEMS has received your application and needs assessment on time.

PROVIDER ASSISTANCE APPLICATION DEADLINE:

Monday, May 5 by 5:00 p.m.

- 3. Funding Priorities.** The majority of requests will be awarded for **Capital Equipment and Repair** (i.e. monitors, defibrillators, radios, etc.,) AND **Durable Medical Equipment** (i.e. backboards, air bags, oxygen tanks, etc.) Requests for **Disposable Goods** will be considered; however, only from those agencies/organizations that do not charge for their services.

All funding requests must be based on **need (as identified in your Needs Assessment)** and **NOT want.**

2008-09 Provider Assistance Application Instructions - Continued

- 4. Individual and Collaborative Funding Requests.** Due to the limited amount of funds available, your agency may submit only one request and it must be either individual OR collaborative, NOT both.

Individual Funding Requests are those proposed by one agency. There is a \$10,000 dollar amount limit placed on all individual requests. You may request more than one (quantity) type of equipment but your total dollar amount requested must not exceed \$10,000.

Collaborative Funding Requests are those proposed by two or more community agencies/organizations joining together as partners. Collaborative requests within the same agency or department **will not** be accepted. There is a \$20,000 dollar amount limit placed on collaborative requests. You may request more than one type (quantity) of equipment but your total dollar amount requested must not exceed \$20,000.

- 5. Sharing the Cost.** BEMS looks favorably upon those agencies that are willing to share the cost. For example, you may want to purchase a piece of equipment for \$15,000. On the Provider Assistance application, you may request up to \$10,000 while indicating that your agency will provide the additional \$5,000 needed to purchase the equipment. It should be noted that if you choose to share the cost, the Arizona Department of Health Services, Bureau of Emergency Medical Services and Trauma Systems, retains the title on all capital equipment purchased with their funds, even if only partially funded.
- 6. Funding Distribution Meeting.** All applicants are invited to participate in the Provider Assistance Funding Distribution meeting. During this meeting you will be provided with the opportunity to briefly present a summary of your funding request and to address any questions. You will then share in the group discussion and decision of prioritizing the funding distribution. **You are strongly encouraged to attend this meeting.**

Funding Distribution Meeting
May 13, Tuesday
9:30 a.m. - 3:00 p.m.
Rural Metro
4141 North Granite Reef Road Scottsdale

NOTE: If you are unable to participate in the Provider Assistance Funding Distribution meeting, you are welcome to provide a detailed letter, audio/video cassette presentation, or any other supplemental information that may help the group better understand your agency or hospital's needs and corresponding funding request.

Provider Assistance Application and EMS and Trauma Needs Assessment
Deadline:
May 5, Monday
by 5:00 p.m.

If you should have any questions, need further assistance, or require special accommodations, please contact:

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Thank you for your cooperation!