AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Western Regional Emergency Medical & Trauma Adviso

Action Requested:

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Please see the attached submitted by Robert Weisbaum

Fiscal Impact:

Submitted by: Josh Ost **Submitter's Email Address:** jost@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, Gunnison County is not the fiscal agent on this grant. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/24/2018

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 2/14/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 2/14/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/15/2018

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 2/20/2018

Revised April 2015

Western Regional Emergency Medical & Trauma Advisory Council (WRETAC)

Regional Systems Development Application

WRETAC Mailing address:

WRETAC
PO Box 39
Delta, CO 81426

WRETAC email address: danny@wretac.org

Approved by WRETAC Board of Directors:

_____ Date _____ Secretary

***** Please Note: This form is a WORD document. It is designed to be completed from the keyboard, saved and emailed (or printed and mailed) for submittal.***

Overview

WRETAC receives annual base funding from CDPHE. Each year, the WRETAC Board of Directors assesses the biennial plan goals and fiscal budget for the following year. At that time, the board assesses the option to provide each county in the WRETAC (Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel) with Systems Development EMTS *(Emergency Medical & Trauma Services/ Hospitals)* funding opportunity. ***The funding amount is based on the approval of the WRETAC Board of Directors and it is subject to change in the future. The grant and/or amount is NOT statutorily driven.***

The WRETAC Board of Directors has developed the process, evaluation and management of the six-county funding opportunities. The Board includes the County Commissioner-appointed representatives from each of the member counties and a representative from Delta-Montrose Technical College.

The following WRETAC Systems Development funding **application** is open to **3 applications per county (Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel) annually.**

The application forms will be distributed to each appointed county representative on the WRETAC Board of Directors.

Eligible WRETAC Counties that apply for funding shall focus on system development activities within the Colorado EMTS 15 components that demonstrate progressive improvement of the EMTS county system. WRETAC encourages counties to work towards aligning and/or participating in the identified WRETAC Biennial plan goals/priorities. Each county commissioner-appointed WRETAC Board of Directors representative shall communicate and collaborate with their respective EMTS county stakeholders in submitting their application requests.

Each county application shall be endorsed and/or acknowledge by the respective Board of County Commissioners OR THEIR DESIGNEE as a recognition that this application is submitted on behalf of the county and not one individual agency/organization. Please submit current copy of the resolution that denotes this delegation.

*** Please read the full application. As each year there are often changes in requirements, due dates and deliverables.

Please contact the WRETAC office and/or the county representatives for questions.

Thank you! WRETAC BOD

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INCLUSIONS AND EXCLUSIONS
Systems Development funding expenditures

A. Inclusions for funding include the following expense items that relate to the Colorado 15 EMTS components (Must be EMTS development & improvement).

WRETAC Counties that apply for funding shall focus on system development activities within the Colorado EMTS 15 components that demonstrate progressive improvement of the EMTS county system. WRETAC encourages counties to work towards aligning and/or participating in the identified WRETAC Biennial plan goals/priorities.

1. INTEGRATION OF HEALTH SERVICES
2. EMTS RESEARCH
3. LEGISLATION AND REGULATION
4. SYSTEM FINANCE
5. HUMAN RESOURCES
6. EDUCATION SYSTEMS
7. PUBLIC ACCESS
8. COMMUNICATIONS SYSTEMS
9. MEDICAL DIRECTION
10. CLINICAL CARE
11. MASS CASUALTY SYSTEMS
12. PUBLIC EDUCATION
13. PREVENTION
14. INFORMATION SYSTEMS
15. EVALUATION

B. Exclusions (may not be limited to the below):

1. Supplanting funds previously allocated by the county or provider agencies for emergency medicine and trauma services.

2. Expenditure for equipment or services that are not directly related to planning, coordination, regulation or provision of emergency medical and trauma services. In addition, expenditure does not afford any direct improvement or maintenance of existing systems.

3. Salaries for personnel that do not have responsibility for planning, coordination or regulation of emergency medical and trauma services, including both medical and non-medical aspects, included in their written job description.

4. These funds cannot be used as cash match for state EMTS Provider grants; CREATE grants or other programs funded through the HUTF EMS Account.

C. Applications:

1. Applications will be submitted by the county-appointed WRETAC Board member(s) to the WRETAC Coordinator for distribution to the Board at least 14 days prior to the November, February and/or May meetings. Applications submitted at the May meeting may include the application for the final disbursement of the year on June 30.

2. Any funds not expended by the applicant during the fiscal year will be returned to the WRETAC treasury for re-allocation. In special circumstances, the applicant may submit a plan & request, to the WRETAC Board, to carry over unused granted funds for the following year.

3. The APPLICATION consists of pages _5_ through _10_ of this document along with a cover letter identifying the applicant organization and a brief description of the project for which funding is being requested.

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County applying for funds: Gunnison

Date of application: 01/22/2018 Date/time of submission: 01/23/2018 time:_____via: EMAIL

Individual and Organization responsible for receiving and disbursing funds, financial record-keeping and reporting	
Name: Michael Miller	
Organization: Crested Butte Fire Protection District	**Title:** **District Manager**
Mailing Address: PO box 1009	**Town/City/Zip:** Crested Butte, CO 81224
Phone: (970)349-5333 ext 1	**E-mail:** mikem@cbfpd.org

County appointed WRETAC Representative	
Name: Robert Weisbaum	
Mailing Address: PO Box 1009	**Town/City/Zip:** Crested Butte, CO 81224
Phone: (970)349-5333 ext 3	**E-mail:** rweisbaum@cbfpd.org

Agency & Individual responsible for the application	
Name: Robert Weisbaum	
Organization: Crested Butte Fire Protection District	**Title:** EMS Chief
Mailing Address: PO box 1009	**Town/City/Zip:** Crested Butte, CO 81224
Phone: (970)349-5333 ext 3	**E-mail:** rweisbaum@cbfpd.org

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WRETAC County SYSTEM DEVELOPMENT ACTIVITY

Please describe below all of the EMTS System Improvements participation, projects or programs your county is planning to commit to for 2018. Describe the project/ programs associated with the funding request. If no system improvement is being made for a particular component area, leave it blank. Please see the FY2017/18 WRETAC Biennial Plan (or the current plan) as a resource for priority systems improvement components.

I. INTEGRATION OF HEALTH SERVICES

2. EMTS RESEARCH

3. LEGISLATION AND REGULATION

4. SYSTEM FINANCE

5. HUMAN RESOURCES

6. EDUCATION SYSTEMS

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County application questions

1) Please describe how the county works to ensure participation from all EMTS stakeholders *(prehospital through trauma center hospitals)* to ensure collaborative efforts in planning and systems improvement.

CBFPD and Gunnison EMS have a strong working relationship. We stay in constant communication with each other and discuss future planning and needs of the county. We provide data as requested by the WRETAC to help with system improvement. Gunnison County representatives routinely attend WRETAC meetings to stay informed and provide input. Gunnison County emergency medical services prides ourselves on continually improving and exceeding the standards.

2) Please describe the county's or agency's fiscal plan of sustainability for the project described in this application.

CBFPD created a Tactical EMS team approx. 1 year ago. During the infancy of this project, funds were utilized from personal accounts as well as a minimal amount from the CBFPD budget. During this process, CBFPD had a negative operating budget and limited the progress of the project slightly. The initial investment is costly for required items such as ballistic armor. Luckily this will not be an annual cost as ballistic armor is good for 5 years. Medical items will be restocked per expiration date under CBFPD's medical supplies budget. Moving forward, Gunnison has interest in creating a TEMS program as well. They will be responsible for outfitting their team under their respective budget.

2018 WRETAC Systems Development Funding Requested Budget

AMOUNT of Systems Development Funds requested: **$ 6703**
(Maximum allotment is $15,000 per county available at $3,750 per quarter. MUST be spent or encumbered by July 15, of the fiscal year)

MATCHING FUNDS (if any): **$ 0**

Approved ROLLOVER from prior year **$ N/A**
NOTE: Funding cannot be carried forward or rolled over into the next year's funding, unless the WRETAC Board has reviewed and approved a PLAN requiring the carry-over request. Please account for any approved carry-over funding from previous year in this budget submittal.

WRETAC System Development Funding 2018 Budget Request			
Item #	**Component category**	**Type of Expenditure (specific item)**	**2018 Budget request Amount ($)**
11	Mass Casualty Systems	Ballistic Vest Level IIIA x 2	$1765
11	Mass Casualty Systems	SKED Rescue sled	$760
11	Mass Casualty Systems	Celox hemostatic dressing x 12	$470
11	Mass Casualty Systems	TQ and holders	$424
11	Mass Casualty Systems	Hyfin Chest seals and needle decompression	$200
11	Mass Casualty Systems	Leatherman Raptor trauma sheers	$224
11	Mass Casualty Systems	Ballistic helmets x 4	$1260
11	Mass Casualty Systems	Ballistic eye protection x 4	$600
11	Mass Casualty Systems	Uniforms (for 4 people)	$1000
		Total Amount Requested	**$6703**

- ***Other Budget document (QB, Excel) may be submitted as alternate document but, must include components of this table***

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Western Regional Emergency Medical & Trauma Advisory Council (WRETAC) Funding Agreement

For the purpose and use of the WRETAC Regional Systems Development funds awarded for calendar year 2018:

I, Robert Weisbaum, as a representative of

Crested Butte Fire Protection District, do hereby

agree to the following terms of the WRETAC Systems Development Grant:

1. **The funds received through this grant will only be used as outlined in the grant application request and may only be changed with prior approval from the WRETAC Board of Directors.**

2. **Deliverables and deadlines will be required of each agency, facility, and/or organization that receives funding. Failure to comply may delay or discontinue funding or result in request to return funding.**

3. **Unless the WRETAC Board has reviewed and approved an application with a request for advance payment, this is a reimbursement grant. Funds will be disbursed to the requesting county/agency based on well-documented invoices and receipts.**

4. **I attest to the fact that information contained in the financial section is accurate and that the county or assigns has documentation for all expenditures:**

By signing this form you agree to abide by all of the above terms within this application. You are responsible for completion and execution of said deliverables:

Signature: _____

Organization: Crested Butte Fire Protection District Title: EMS Chief

County: Gunnison

Date: 01/22/2018

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Western Regional Emergency Medical & Trauma Advisory Council (WRETAC) County representation validation

For the purpose and use of the WRETAC Regional Systems Development funds awarded for calendar year 2018, either demonstrate respective County Commissioner acknowledgement of funding request (sign below) **OR** attached County resolution or other document that demonstrates authority for applicant to represent the County on EMTS funding requests & allocation:

I, _____(Print), as a

County Commissioner of Gunnison County do

hereby deem the applicant represents Gunnison County on the WRETAC Regional Systems Development funding request for Emergency Medical & Trauma Service Systems.

Signature: _____

County Title: _____

Date: _____

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