AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: WRETAC

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

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

Summary:

WRETAC Regional Systems Development Policy & Application

Fiscal Impact: $7,500 request

Submitted by: Liz Mense **Submitter's Email Address:** EMense@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Not included in 2019 adopted budget, if approved could be coded to Contingency in BOCC activity. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 12/14/2018

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

Comments:
ok db 12/12/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 12/12/2018 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: Discharge Date: 12/14/2018

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

Agenda Date: 12/18/2018

Revised April 2015

County applying for funds: Gunnison

Date of application: 12/10/18 Date/time of submission: _____ via: _____

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

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

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

***** 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.***

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 2017. 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 FY2016/17 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

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

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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.

Gunnison Valley Health (EMS) carries the same Ventilator. By obtaining the same ventilator, this will help with cost effectiveness by utilizing the same equipment during patient transfer between agencies and transfer of care.

2) Please describe the counties or agencies fiscal plan of sustainability for the project described in this application.

This will be a 1 time purchase in which funds have been included into the 2019 CBFPD budget. It is anticipated this purchase will last > 10 years

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FY2019 WRETAC Systems Development Funding Requested Budget

AMOUNT of Systems Development Funds requested: **$ 7500**
(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): **$ 13000**

Approved ROLLOVER from prior year **$ _____**
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 2019 Budget Request			
Item #	**Component category**	**Type of Expenditure (specific item)**	**2019 Budget request Amount ($)**
10	Clinical care	Revel Transport Ventilator	$7500
		Total Amount Requested	**$7500**

- ***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 2019:

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 a revised application and 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: Operations Chief

County: Gunnison

Date: 12/10/18

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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 2019, 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 _____(County) do

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

Signature: _____

County Title: _____

Date: _____

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