

ONLY ONE ITEM PER FORM

INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC. FY19 Phase 18 CODE BLUE CAPITAL EQUIPMENT REQUEST PLEASE

RETURN THIS FORM BY **January 31, 2018**

Name of Service: _____
Contact Person: _____
Title of Contact Person: _____ Email Address: _____
Mailing Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____

Item Name/Description: _____
Item Price (per item price, this should include shipping & programming): _____
Item Priority (please note only one item can be listed 1, 2, 3 etc.): _____
Number of Items Requested: _____
Total Item Price (if requesting more than one item): \$ _____

Are items requested essential to the service?	YES	NO
Will the item be properly housed & maintained?	YES	NO
Is the individual item price over \$300?	YES	NO
Did you include shipping & handling in your cost?	YES	NO
Is this item replacing an existing item currently being used?	YES	NO

Justification (*attach additional pages if needed*): _____

How will this equipment improve your service? _____

Vehicle Requests (i.e. ambulance, patient transport vehicle, snowmachine, etc.):
Who would hold the title? _____
Will you provide all insurance required by funding source? YES NO
(May require full coverage at replacement value).
Where will it be stored? _____

Matching Funds:
Do you pledge to provide a **minimum** of 10% local matching funds? YES NO
Approximate cash match available for item: \$ _____
Have you included a letter of community support? YES NO
Does this letter include a support statement for the Code Blue program? YES NO
Do you have a Physician Sponsor? YES NO
If yes, he/she must sign this document in the space provided below.

Note: The letter must include support for this project, how it will benefit the community, as well as, a statement which supports the Alaska Code Blue program. This will help us get future funding

State and federal agencies are not eligible for Code Blue funding

ONLY ONE ITEM PER FORM

By receiving Code Blue funding your agree to acknowledge funding source support as requested by IREMSC.

Signer agrees to follow all Code Blue Policies and Procedures and provide a minimum 10% local matching funds.

Physician Sponsor Signature
(If your squad has a physician sponsor)

Person Completing Form (Please Print)

Signature of Responsible Individual
(i.e. Chief of Service, President, or other Board of Directors Officer)

Position

****EMS services (except North Pole Fire Dept.) within the Fairbanks North Star Borough EMS system must submit their requests to the FNSB for approval and prioritization. We will accept only one, unified and prioritized request from the Fairbanks North Star Borough EMS Department.**

This application, including letter of support can be mailed, faxed or scanned into a .pdf or .jpeg file and emailed.

***Typable version of this application can be found on
http://www.iremsc.org/codeblue/Code_Blue_Project.htm***

Interior Region EMS Council, Inc.
Phone (907) 456-3978

2503 18th Avenue
Fax (907) 456-3970

Fairbanks, Alaska 99709
Email: accountant@interioremscouncil.org