



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709

Phone (907) 456-3978 • Fax (907) 456-3970

Mini-Grant Application

EMS Service Information

Name of Service: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Service Chief or Leader Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Mini-Grant Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Medical Director Contact Information (if applicable)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

1. Is your service in a city or borough that has a government managed EMS Service: Yes No

If yes, your service is not eligible for a Mini-Grant. Please contact our office for clarification if unsure if this applies to your service.

2. Applicant type (*select one*):

Alaska Certified Ambulance Service (*attach proof of certification*)

Non-Certified Ambulance or First Responder Squad

3. Eligible services must have someone able to respond to calls 24 hours per day, 365 days per year. At least one member trained as ETT or higher must be available to respond at all times.

Not all responders need to be ETT or above, but four (4) ETTs or health aides must be active in the squad. Please list all active squad members and their level of training or certification:

4. Describe response area (use additional sheet for description or attach a map):

5. What dispatch system is used to alert responders to an emergency?

911 Location of Dispatch Center: _____

Direct phone number Phone number: _____

Agency who manages the line: _____

6. Does the service have written policies regarding training to keep responders' skills and certifications current:

Yes No If there is a written policy, please attach a copy. If there is NOT a written policy, briefly describe how responders' skills and certifications will be kept current:

7. How is it determined who is in charge when responding to an incident? _____

8. Do you agree to respond to ALL medical emergencies within your response area: Yes No

9. How are patients transported from your community to a higher level of care? Check all that apply:

Ambulance Personal Vehicle Commercial Airplane Medevac

EMS Transport Vehicle Transfer to Other EMS Agency Other _____

10. A report for each patient that is treated must be recorded on a state-approved report form (Patient Care Report), and maintained in a manner consistent with current statutes regarding medical record keeping OR the State of Alaska electronic data collection system must be utilized. Does your service agree to one of these methods of reporting? :
Yes No

(Note: Certified ambulance services are now required to submit data to the State of Alaska electronic data collection system, either directly or by uploading files. This does not apply to non-certified services.)

Which method of completing Patient Care Reports (PCRs) will you use? Select One:

- Paper Patient Care Reports (non-certified services only)
- State of Alaska electronic data collection system, directly
- State of Alaska electronic data collection system via file upload

11. Do you agree not to discriminate regarding religious preference, race, color, creed, national origin, or financial status in the provision of emergency medical services: Yes No

12. Do you agree to complete the Annual EMS Survey (attached) for the previous calendar year? Yes No

13. Do you agree to provide documentation as requested to Interior Region EMS Council? Yes No

I agree that the above information is accurate to the best of my knowledge.

Printed Name

Signature

Date