

Dear Southern Arizona Region EMS Provider,

The Bureau of EMS and Trauma Systems (BEMSTS) have been approved to distribute additional funding to the regional EMS councils for COVID-19 related provider assistance. Applications for COVID-19 Provider Assistance funding will be accepted immediately by postal mail, or electronically via e-mail (contact information below).

Details of the COVID-19 Provider Assistance:

- The amount available to each **region** is approximately \$120,000.
- 1-year timeframe for spend down.
- Recipient must be a regional EMS agency as defined in by-laws.
- Allowable expenses: *\*must be COVID-19 related and have been incurred by approved first responder agencies since January 20, 2020.*
  - ✓ COVID-19 specific training
  - ✓ Personnel expenses/equipment
  - ✓ PPE, and/or decontamination
  - ✓ Protocol Development
  - ✓ Dispatching
  - ✓ Telemedicine
  - ✓ Waste Disposal

All completed applications must be received at: 6151 N Cerrada Tolsa, Tucson, AZ 85718, or electronically to: [execdirector@saemscouncil.com](mailto:execdirector@saemscouncil.com) by close of business (5 P.M. Arizona time) on June 15, 2020 to be considered.

Applications will be reviewed and prioritized by the Executive Committee of the Regional Council. Every effort will be made to ensure the contact person on the application is included by phone when their application is reviewed. Recommendations from the committee will be presented at the SAEMS meeting on June 16, 2020 for final approval.

Should you have any questions, please contact Sara Perotti at 520-444-6235, or via e-mail at: [execdirector@saemscouncil.com](mailto:execdirector@saemscouncil.com)

Sincerely,

Sara Perotti, ACNP-BC, ENP-BC, NREMT-P

Executive Director

**APPLICATION FOR SAEMS 2020 COVID-19 PROVIDER ASSISTANCE PROGRAM**

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

FEDERAL EMPLOYEE IDENTIFICATION NO \_\_\_\_\_

**ASSISTANCE REQUESTED FOR**

COVID-19 Training \$ \_\_\_\_\_

Personnel Expenses \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

PPE \$ \_\_\_\_\_

Decontamination \$ \_\_\_\_\_

Protocol Development \$ \_\_\_\_\_

Dispatching \$ \_\_\_\_\_

Telemedicine \$ \_\_\_\_\_

Waste Disposal \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Please attach a simple description of how the funding will be/was used along with a breakdown of costs. \*Invoices and/or receipts MUST be included to the region to apply for funding.**

**FOR OFFICE USE ONLY**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Council/BEMS Review \_\_\_\_/\_\_\_\_/\_\_\_\_ Award \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT \$ \_\_\_\_\_