



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

**2503 18th Avenue • Fairbanks, Alaska 99709
Phone (907) 456-3978 • Fax (907) 456-3970**

Thank you for your interest in the IREMSC Mini-Grant Program.

In order to be eligible for a Mini-Grant your service must be a squad within the IREMSC service area in Alaska and you will need to provide the following information that we need to have on file before the funds can be distributed.

If you meet all of following listed requirements, your request will be presented at our next Board of Directors meeting. If they approve your request, you will be eligible for the next fiscal year Mini Grant with the first quarter payment being distributed in August of that year.

If you have any questions regarding the application for a Mini-Grant or need help with the requested documentation, please contact Linda Callender in our office.



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PLEASE PRINT CLEARLY OR TYPE

Service's Full Name: _____

Service Chief or Team Leader: _____

Service Mailing Address: _____

Service Phone Number: _____

E-mail: _____

Contact Person for Mini-Grant Inquiry

Name: _____

Phone: _____

Address (if different from above): _____

E-mail: _____

If applicable: IREMSC Board of Directors Member

Name: _____

Home Phone: _____

Work Phone: _____

Address (if different from above): _____

E-mail: _____

INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC. MINI-GRANT APPLICATION

Is your squad: _____an Ambulance Service or _____a First Responder Squad. (Check One)

If your squad is a first responder service is your squad organized? Your squad must be organized as part of a fire department, emergency medical service or local government with four or more responding members.

1. Our first responder squad is (Check One):

- Part of a fire department, please list fire department's name. _____
- An emergency medical service.
- With a local government.

2. You must have at least four or more responding members who are willing to respond when called, 24 hours a day 365 days a year and at least one member trained to the ETT or higher level available at all times. Please list all squad members' names and their level of certification. Use an attached sheet if necessary.

- A. _____
- B. _____
- C. _____
- D. _____

3. Do you have a person who is responsible for the daily activities of the squad and if so, who is that person? _____

4. Do you have a defined response area. If called, where and how far can you reasonably go? (You can attach a map or description of the response area if there is not enough room).

5. Do you have a written policy regarding how the responders will be called out. _____ Yes _____No

6. Do you have written policies regarding training to keep skills and certification current. _____ Yes _____No

7. Do you have written policies on maintenance and custody of equipment/supplies. _____ Yes _____No
8. Do you have written policies on chain of command? These do not need to be complex, but sufficient enough to insure that there is a dependable structure to your response group (samples are available on request). Please attach a copy of your policy to your application. _____ Yes _____No
9. Do you agree to respond to ALL medical emergencies with your response area? _____ Yes _____No
10. Do you have a written policy for timely evacuation and transportation of all patients? Who will you call for a medevac, how will patients be transported to the clinic, etc. _____ Yes _____No
11. Do you agree to record all medical information for each patient for which care was provided on a State-approved report form and maintain a copy of each patient report on file consistent with current statutes regarding medical record keeping. _____ Yes _____No
12. 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
- 13 a) Is your Service located in a municipality or borough that has EMS powers? _____ Yes _____No
- b) Does your Service receive public funds from your municipality or Borough to support EMS activities? _____ Yes _____No
- c) Does your Service routinely (without being called under mutual aid agreements) respond outside of the boundaries of the Municipality or Borough which provides that funding? _____ Yes _____No
14. Your squad agrees to complete the Annual Ambulance Survey and submit it through IREMSC to the State EMS Office in a timely manner. _____ Yes _____No
15. Your squad agrees to provide documentation as requested to Interior Region EMS Council, Inc. _____ Yes _____No

I agree to abide by the above mentioned rules and guidelines (both must be signed).

Mini-Grant Contact _____ Date _____

Chief of Service _____ Date _____