

ONLY ONE ITEM PER FORM

INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC. FY2011 CODE BLUE CAPITAL EQUIPMENT REQUEST

PLEASE RETURN THIS FORM BY 12/11/09

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
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

- State, municipal and federal agencies are not eligible for Code Blue funding (except MAST).

Physician Sponsor Signature

Person Completing Form (Please Print)

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

****EMS services 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 FNSB.**