EMSA POLICY FOR THE PROVISION
OF FEDERAL BLOCK GRANT
FUNDING TO LOCAL EMS AGENCIES
FUNDING OF SPECIAL PROJECT GRANTS FOR LOCAL EMS AGENCIES WITH FEDERAL BLOCK GRANT MONIES

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June 2001
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Chapter 1
Purpose and General Funding Policies

1.1 Introduction

Purpose of Policy Document

This document has been prepared to inform potential local EMS agency (LEMSA) applicants of the funding criteria, eligibility requirements and allocation methodology used to distribute the Federal Block Grant funds, and to assist the LEMSAs with the preparation of proposals for Federal Block Grant funds allocated by the Emergency Medical Services Authority (EMS Authority). In addition to providing guidance in the preparation of the grant proposal, this document also sets forth the grant management and reporting policies LEMSAs are required to follow as a condition for receiving Federal Block Grant funds.

EMS System Development Importance

A coordinated statewide EMS system provides day-to-day emergency medical care and forms the basis for any disaster medical response. The appropriate and timely provision of emergency medical care is an overall benefit to society. Without this care, unnecessary morbidity and mortality will occur which, in addition to increased human suffering, results in increased health care costs and loss of public revenue. Although delivering emergency and acute critical care is the most expensive of all medical services, promotion of a coordinated system for this care results in optimal utilization and allocation of health care resources and overall decreased health care expenditures.

It is the goal of the EMS Authority that all Californians are served by an EMS system that:

- is easily accessible and available to all persons needing emergency care;
- includes a comprehensive range of services;
- provides high quality care;
- has an efficient and cost-effective management structure;
- provides public education and information;
- has adequate personnel training programs;
- is responsive to local needs; and,
- provides for coordination of medical mutual aid at local, regional, state, and federal levels in the event of a disaster.

1.2 Funding of Local EMS Systems

Section 1797.200 of Division 2.5 of the Health and Safety Code permits a county to develop an EMS program. Each county developing an EMS program must designate a
LEMSA which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of administration, or a joint powers agency. Funding for the operation of LEMSAs is generally the responsibility of the county establishing the EMS program. In California, the development of EMS systems has been varied as a result of the state’s large size, geographical features, diverse population distribution, and differing availability at the local level of adequate finances and other resources. In an effort to promote the development and improvement of EMS systems, the EMS Authority utilizes federal block grant funding to provide grants to LEMSAs for the development, improvement, and evaluation of local and regional EMS services.

1.3 Funding Eligibility

For each Fiscal Year, LEMSA projects funded using the federal block grant monies will be contingent upon the LEMSAs following all applicable state and federal statutes, regulations, and guidelines including but not limited to the following:

1. Each LEMSA requesting funding must have on file with the EMS Authority a current board approved EMS plan that addresses all of the components of an EMS system as defined in Section 1797.103 of the Health and Safety code.

2. Each LEMSA that has implemented a trauma care system must have submitted a trauma care system plan to the EMS Authority in compliance with Section 1797.257 of the Health and Safety Code.

3. Each LEMSA that has implemented a Public Safety Defibrillation program must have on file with the EMS Authority a current annual report, in compliance with Section 100021 (c) (8) (A)(B) of the First Aid Standards for Public Safety Personnel, California Code of Regulations (Title 22).

4. Each LEMSA that has received special project grant funds for data system development and each regional EMS agency that receives State General Fund support monies must be regularly providing to the EMS Authority, data that conforms with the EMS Authority’s California EMS Data Systems Standards and the California State Uniform Prehospital Data Set.

5. Each LEMSA must be providing coordination of local medical and hospital disaster preparedness and response activities in cooperation with the EMS Authority and other local, state, and federal entities, in compliance with Section 1797.151 of the Health and Safety Code.

Any LEMSA that does not comply with the above list of requirements will not be eligible to receive Federal Block Grant funds awarded by the EMS Authority.
1.4 Federal Block Grant Funded Projects

Federal Block Grant funds are allocated to LEMSAs annually for special projects to develop, implement, and improve local and state EMS capabilities that have been identified as needs in the LEMSA’s EMS plan and through annual evaluation, and input from the EMSAAC Grant Advisory Committee.

**NOTE:** Federal Block Grant Funds will not be allocated to any multi-county agency receiving State General Funds for the purpose of fulfilling objectives required under the State General Fund eligibility criteria.

1.5 Funding Restrictions

Section 1904 of Part A of title XIX of the Public Health Services Act permits the use of federal block grant monies for “Activities consistent with making progress toward achieving the ... year 2000 health objectives ... “. With respect to EMS systems, Section 1904 specifically permits the use of federal block grant monies for “Feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems ... related planning, administration, and educational activities ... monitoring and evaluation of activities...”

The following restrictions apply to the use of the federal block grant monies:

1. The federal block grant monies may **not** be used to supplant local or state funding for EMS programs.

2. The federal block grant monies may **not** be used for the provision of direct EMS services.

3. The federal block grant monies may **not** be used for the purchase of equipment for the operation of the EMS system. **Exception:** With the approval of the EMS Authority, the federal monies may be budgeted and used for up to 50% of the costs for communications equipment for the local EMS system.

4. The federal block grant monies may **not** be used as a required local match for state or other federal monies.

1.6 RFP Process for New Special Project Grants

The EMS Authority determines the Request for Proposal (RFP) process for each FY based upon advice from the EMSAAC Grant Advisory Committee for new special projects. An
RFP is distributed to all LEMSAs in Oct/Nov of each fiscal year. These projects will be funded using monies from Federal Block Grant (also known as the Preventive Health and Health Services Block Grant) which are distributed annually to the states by the Center for Disease Control, after the funds are appropriated through the federal budget process.

1.7 Proposal Review Process

- The EMS Authority uses a competitive grant selection process.

- A review committee consisting of 8-10 reviewers will be convened in Sacramento or a centralized location. The committee may consist of EMS administrators, medical directors, and subject experts as determined appropriate by the EMS Authority. Individuals will not serve on the committee for which their LEMSA has submitted an application or for which they have any other conflict of interest. There will be one primary and one secondary reviewer for each grant application. They will review in depth and present the project to the whole committee. All proposal review committee members will have copies of all the proposals being reviewed by the proposal review committee.

- The reviewers will make their recommendations for each proposal. All proposals will be scored and ranked by the review committee member. A copy of the score sheet that will be used to score each proposal is attached (See Attachment A).

1.8 Appeals Process

A LEMSA may file a written appeal of the EMS Authority’s decision to not approve a proposal for funding, to fund at a lower level than requested or to modify the project objectives(s) as a condition for funding a grant. A notice of appeal must be filed with the EMS Authority, 1930 9th Street, Sacramento, CA 95814, within five (5) working days after the proposed awards are announced. Within five (5) working days after filing the notice of appeal, the protesting bidder must file with the EMS Authority a full and complete written statement specifying the grounds for the appeal. The decision and recommendations reached by the review committee are not grounds for appeal. The Director/Chief Deputy Director will review all information submitted with regards to the appeal and render a written decision regarding the appeal within thirty (30) working days. The decision of the Director/Chief Deputy Director of EMSA shall be final.

1.9 Proposal Feedback

EMSA’s Contract Manager will provide a summary of the review committee’s comments for each proposal to help applicants improve future proposals for funding.
1.10 Second Year Grants

A limited number of projects may be initially approved as two year projects when one year would not be sufficient to adequately complete a particular objective or objectives. The second year funding of projects that were approved for two years in the initial project review and selection process will be subject to a simplified review by EMSA staff only and will be funded (without having to repeat the competitive review process) if the project is progressing satisfactorily and all eligibility requirements are being met.

Second Year Grant proposals must meet all other requirements delineated in this document.

1.11 Determination of Grant Amounts

The EMS Authority will make the final selection of projects to be funded. Funds will be allocated according to the committee’s ranking of the proposals and the need as determined by the EMS Authority. Amounts allocated will be related to the appropriateness of the budget, the potential benefit, and the availability of funds.

1.12 Notice of Approval

Once the Governor announces the awards, the applicant agency will be notified by the EMS Authority if a project has been approved/disapproved.
Chapter 2
Proposal Preparation & Application Process

2.1 Grant Proposals

All grant proposals must include the following items in the order presented below.

1. Proposal Cover Checklist
2. Summary Sheet
3. Problem/Needs Statement
4. Project Description
5. Proposed Objectives
6. Implementation Timetable and Milestones
7. Project Evaluation Plan
8. Statement of Intent
9. Budget
   - Budget Categories
   - Budget Detail/Narrative
10. Organizational Chart
11. Letter(s) of Support

Instructions for completing each of these sections are detailed on the following pages. A sample for each of the proposal components is attached to assist you in the preparation of your proposal. The samples were taken from an actual EMSC proposal that was highly rated by the proposal review committee.

2.2 Proposal Cover Checklist

The proposal check sheet is intended as a tool to help the LEMSAs insure that each proposal is complete and to help EMSA’s Contract Manager sort the proposals. It must be completed and all items answered. A copy of the check sheet is attached (See Attachment B).

2.3 Summary Sheet

Please complete all items on the summary sheet and attach to the top of each proposal. A copy of the summary sheet is attached (Attachment C).

2.4 Problem/Needs Statement

A clearly worded problem/needs statement is one of the most important parts of your proposal. It should be carefully written so as to fully describe the problem and its impact,
ramifications, etc. The problem to be addressed must either have been identified as a need in the LEMSA’s most recent EMS plan or address a pressing new need that has developed since the last plan update was submitted.

Applicants should provide pertinent data that identify and clarify the problem. The following are examples of data categories that might be provided, assuming that such information is available and relevant:

- patient factors
- clinical problems
- population covered
- geographic area served
- service delivery factors
- local involvement
- under-served populations targeted

A completed problem/needs statement should contain a narrative description that is supported by objective(s) and quantitative data when available. A sample Problem/Needs Statement is attached (See Attachment D).

2.5 Project Description

This section is very important. Provide a narrative description of the proposed project. The scope of the project design should flow logically from the problem/needs statement. This section should discuss the anticipated accomplishments of the project in general terms. The project description should also identify projects with statewide applicability. A sample Project Description is attached (See Attachment E).

2.6 Project Objectives

Since the contracts for funded proposals will generally be for a twelve (12) month period coinciding with the State fiscal year, July 1 through June 30, proposals should describe measurable objectives that can be completed during that period. The project time period must be specified for each objective.

Each proposal must contain clearly stated objectives. The objectives must specifically state what will be accomplished and must identify quantifiable criteria by which the success of the project will be measured. Each objective should be numbered and must describe specific activities to be undertaken to complete the objective (e.g. Objective 1, Activities 1.1, 1.2, 1.3, etc.). Each objective must specify the resources that will be needed to complete that objective, and must describe the methodology that will be used to evaluate the outcome of the objective. Objectives should be attainable using the resources requested in the project budget. If a project has statewide applicability, the project must include an objective to
distribute copies of the final product(s) to all LEMSAs.

The following guidelines for writing objectives should be adhered to:

- The objective should be realistic and attainable.
- Each objective should specify a single key result to be accomplished.
- Each objective should be stated in an easy to understand and measurable form.

Be sure to quantify all objectives.

A sample of project objectives is attached (See Attachment F).

2.7 Implementation Timetable and Milestones

Each of the objectives must have a specified completion date. If an objective consists of multiple activities, a completion date should be specified for each activity. A sample Implementation Timetable and Milestones Chart is attached (See Attachment G).

2.8 Project Evaluation

An objective method of evaluating the project should be specified. In essence, the purpose of the evaluation is to measure the degree to which the project achieves its stated objectives.

Well-written objectives help structure the evaluation. The evaluation consists of comparing the project objectives (i.e., what was planned) with the actual project outcome. The evaluation plan shall:

- State the major evaluation question (i.e., objectives) to be answered by this project.
- Specify a measurable means of identifying ongoing progress (i.e., performance indicators).
- Identify the data to be used in the evaluation.
- Identify the person or position responsible for the evaluation.
- Measure benefits in terms of project impact or other identifiable criteria, when appropriate.
- Assess cost effectiveness, when appropriate.

A sample Project Evaluation is attached (See Attachment H).
2.9 Statement of Intent

Indicate the LEMSAs intent to incorporate and continue any program developed by the project. This statement should be based on a consideration of continuing program cost. A sample Statement of Intent is attached (See Attachment I).

2.10 Budget

Each proposal must include a separate section titled "Budget". The budget must cover the entire period of expected project operation. The proposed budget must show by line-item the proposed costs and resources to be used for the project. A copy of the budget forms, including a budget summary and budget detail/narrative is attached (See Attachment J).

2.11 Organizational Structure

Each proposal must include an organizational chart of LEMSA staff and must identify by title, name, FTE, and qualifications, any staff who will be paid by the project.

2.12 Letter(s) of Support

Letter(s) of support from the agencies and organizations with direct programmatic involvement must be submitted with the proposal if the proposed project would involve any other agencies or organizations.

2.13 Submission of Proposal

One original proposal and six (6) copies must be forwarded to the EMS Authority. Please do not bind or three hole punch the proposals, as various sections of funded proposals will be incorporated into the contract(s).

EMS Authority staff are available to help at any stage in the preparation of the proposal.
Chapter 3
Allowable Costs

3.1 General

This chapter sets forth basic principles for determining allowable costs under the Federal Block Grant Program.

The application of these principles is based on the fundamental premise that:

(a) In order to be “allowable”, costs must be compatible with the applicable federal and state requirements:

- OMB Circular A-87; Cost Principles for State and Local Governments, as revised; and,
- State Contracting Manual.

(b) Applicant agencies are responsible for efficient and effective administration of the system through the application of sound management practices; and,

(c) Expenditures are consistent with objectives identified in the contract.

Only those budgeted costs identified in the contract that appear in the contractor’s accounting records and are supported by proper source documentation are eligible for reimbursement.

Federal local assistance funds are provided on a reimbursement basis after the expense has been incurred and upon submission of a reimbursement claim.

Costs incurred under one contract shall not be shifted to another contract.

3.2 Eligibility Requirements

To be eligible for reimbursement under the Federal Block Grant Program, costs must meet the following criteria:

(a) Be necessary and reasonable for proper and efficient administration of the project.

(b) Be permissible under state and local laws and regulations and conform to any limitations or exclusions set forth in these principles, federal laws or regulations, other governing limitations.
3.3 Administrative/Indirect Costs

Each LEMSA receiving a grant will be allowed either to direct cost all expenses or to claim a maximum of 10% Administrative/Indirect Cost (figured only on personnel/benefits). A LEMSA that chooses to utilize the 10% method will be required to submit to the EMS Authority an indirect cost rate plan identifying all items included in the 10% with their proposal. Each LEMSA choosing to use the 10% method will not be permitted to direct claim any of the indirect/administrative costs identified below:

- Accounting
- Budgeting
- Communications
- Legal Expense
- Maintenance & Repairs
- Motor Pools
- Space (Rental)

3.4 Typical Allowable Costs

This section contains an alphabetical list of typical costs that are generally eligible for reimbursement under the Federal Block Grant funds. This list is not meant to be all inclusive. All allowable costs must be directly related to achieving the objectives and must be explained in the budget detail/narrative. Specific information concerning allowable costs may be obtained by contacting the Contracts Manager at the EMS Authority.

Accounting

The cost of establishing and maintaining accounting systems required for the management of a grant is allowable. The cost of preparing payroll and maintaining necessary related wage records is allowable.

Costs for the recruitment, examination, certification, classification, training,
establishment of pay standards, and related activities for grant programs are allowable.

Note: The cost of maintaining central accounting records required for overall state or local government purposes, such as appropriation and fund accounts by the treasurer, controller, or similar officials is considered to be a general expense of government, and is not allowable except to the extent, if any, that acceptance of the grant directly increases the costs.

Advertising

Advertising costs are allowable for recruitment of personnel required for the grant, solicitation of bids for the procurement of services required, or for other purposes specifically provided for in the grant agreement.

Budgeting

Costs incurred for the development, preparation, presentation, and execution of the project budget are allowable.

Communications

Communications costs incurred for telephone calls, mail, messenger service, and similar communication expenses are allowable.

Employee Benefits

Employee benefits in the form of regular compensation paid to employees during periods of authorized absences from the job such as vacations, sick leave, court leave, military leave, and similar absences are allowable provided they are pursuant to an approved leave system. Employee benefits in the form of employer's contributions to social security, life and health insurance plans, unemployment insurance coverage, workmen's compensation insurance, pension plans, severance pay, and the like are also allowable. The total fringe benefits may not exceed 32% of salaries.
Employee Salaries

Employee salaries for services rendered during the period of performance under the grant agreement are allowable provided that the cost for individual employees is reasonable for the services rendered. Per the State Contracting Manual Section 3.17.1 A, salaries may not exceed state salaries for comparable positions. Identify the monthly, weekly, or hourly rates, and personnel classifications. **Reminder:** The costs to be paid by special project funds for portions of a specific position, when added to costs for portions of the same position to be paid by other Federal Block Grant funds and State General Fund grants, may not exceed 100% of the total cost of the position.

Equipment

**Equipment is defined as an item costing $5,000 or more.** Only the cost of equipment necessary to carry out the grant project is allowable. Federal law limits the use of the funds for the purchase of equipment. EMS agencies may not use federal block grant funds to pay for health care operational costs or for EMS system equipment, except that funds may be used for the payment of not more than 50% of the costs of purchasing communications equipment. Equipment to be purchased must be itemized and discussed in the budget detail/narrative.

**Note:** All equipment purchased with funds received through this contract will become the property of the State of California and must be tracked and accounted for.

Legal Expenses

Legal expenses required in the administration of grant programs are allowable.

Maintenance and Repairs

The costs for utilities, insurance, security, janitorial services, elevator service, upkeep of grounds, necessary maintenance, normal repairs are allowable to the extent that they: (1) keep property (including Federal property, unless otherwise provided for) in an efficient operating condition, (2) do not add to the permanent value or property or appreciably prolong its intended life, and (3) are not otherwise included in rental or other charges of space.
Materials and Supplies

The cost of materials and supplies necessary to carry out the grant program is allowable. Purchases should be charged at their actual cost after deducting all cash discounts, trade discounts, rebates, and allowances received. Withdrawals from general stores or stockrooms should be charged at cost under any recognized method of pricing, consistently applied.

Items of equipment with an acquisition cost of less than $5,000 are considered to be supplies for billing purposes and are allowable. However, all computer components, and other durable items such as copy machines, furniture, etc., purchased with funds received through this contract will become the property of the State of California and will need to be tracked and accounted for. Such items may continue to be utilized by the local EMS agency after the completion of the project, but may not be transferred for use by another department of local government or be disposed of without written approval of the EMS Authority.

Memberships, Subscriptions, and Professional Activities

The cost of membership in business, technical and professional organizations are allowable.

The costs of meeting and conference rooms where the primary purpose is the dissemination of technical information, including meals, transportation, rental of meeting facilities, and other incidental costs are allowable only when directly related to the project and the expenditures are identified in the budget.

The costs of subscriptions to business, professional and technical periodicals are allowable when they are directly related to the project.

Motor Pools

The cost for the provision of a county automobile for use directly for the project by the applicant agency at a mileage or fixed rate, including vehicle maintenance inspection and repair service, is allowable.

Printing and Reproduction

The costs of necessary printing and reproduction services directly for the project, including forms, reports, manuals, and similar informational literature, are allowable.
Professional Services (Consultants)

The costs for professional services rendered by individuals or organizations not a part of the applicant agency are allowable when reasonable in relation to the services rendered. All consultant/subcontracts exceeding $2,500 must have advance approval by the EMS Authority. All expenses incurred by the consultant shall be included in the Contractual Line Item and shall not be made a part of any other line item in any of the budget pages.

Space (Rental)

Rental reimbursement items should specify the unit rate, such as the rate per square foot. The cost of space in privately or publicly owned buildings used specifically for the benefit of the project is allowable subject to the following conditions: 1) the total cost of space whether in a privately or publicly owned building, may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality; 2) the cost of space procured for the project may not be charged for periods of non-occupancy; 3) maintenance and operation - the cost of utilities, insurance, security, janitorial services, elevator service, upkeep of grounds and normal repairs are allowable to the extent they are not otherwise included in rental or other charges for space; and 4) costs incurred for rearrangement and alteration of facilities are not allowable.

Training

The cost of in-service training provided for employee development that directly benefits the project is allowable.

Travel

Travel costs are allowable for transportation, lodging, subsistence, and related items incurred by agency employees who are traveling on official business directly related to the grant project. Transportation expenses consist of the charges for commercial carrier fares; private car mileage allowances; overnight and day parking; bridge and road tolls; necessary bus or taxi fares; and all other charges essential to the transport from and to the individual's headquarters.

For lodging and per diem reimbursement rates, see Attachment N.

Out-of-state Travel

Out-of-state travel requires prior approval by the EMS Authority. A written justification and request for prior approval of out-of-state travel must be received at
the EMS Authority at least 30 working days before the first day of the trip.

3.5 Unallowable Costs

The following are costs that are ineligible for reimbursement under the Federal Block Grants. This is not meant to be an all-inclusive list. Specific information concerning these or other allowable costs may be obtained by contacting the Contracts Analyst at the EMS Authority.

Alcoholic beverages

Costs of alcoholic beverages are not allowable.

Audits (General)

Expenses for general audits that a LEMSA or county is required to perform that are not related directly to the project are not allowed.

Bad debts

Losses arising from uncollectible accounts and other claims, and related costs are not allowable.

Contingencies

Contributions to a contingency reserve or any similar provision, excluding insurance costs for unforseen events are not allowable.

Contributions and donations

Contributions and donations, including cash, property, and services, by governmental units to others, regardless of the recipient, are not allowable.

Entertainment

Costs for entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are not allowable.

Fines and penalties

Costs resulting from violations of, or failure to comply with federal, state, and local laws and regulations are not allowable.
**Fund raising and investment management costs**

Costs for organized fund raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are not allowable.

Costs for investment counsel and staff and similar expenses incurred to enhance income from investments are not allowable.

**General Government Expense**

The salaries and expenses of the office of the Governor or the chief executive of a political subdivision are not allowable.

**Honoraria**

Honoraria for guest speakers are not allowable.

**Interest**

Costs incurred for interest on borrowed capital or the use of a governmental unit’s own funds, however represented, are not allowable.

**Legal**

Legal expenses for the prosecution of claims against the applicant agency, the state, or the Federal Government are not allowable.

**Legislative Expense**

Salaries and other expenses of State legislatures or similar local governmental bodies such as county supervisors, city council, school boards, etc., are not allowable.

**Staffing Costs**

Federal Block Grant funds may not be used to support any staff position, or the portion thereof, that is either supported by the State General Fund grant or identified as a local match for those funds.
Chapter 4  
Implementation and Control of Approved Projects  

4.1 Effective Date

The Standard Agreement will show an effective date of the contract. Claims for reimbursement may be made only for funds expended subsequent to that date. No reimbursement will be provided for expenses incurred prior to the effective date or after the project ending date.

4.2 Project Amendments

LEMSAs may make minor adjustments in the budget without prior authorizations, however, the amount of total adjustments cannot exceed $2,000 for the period of the contract and the total budget authorized cannot be exceeded.

LEMSAs that wish to make a budget revision that exceeds $2,000 must submit a written request with an explanation of the need, and a revised budget summary, and a budget detail/narrative that specifically identifies the line item(s) changed. The EMS Authority must approve such revisions in writing prior to their implementation. Project amendments for any changes to the objectives must also be approved in advance. LEMSAs requesting amendments to their contract(s) must submit all revised pages with a justification to the EMS Authority 30 days prior to the effective date of the change(s). All requests for a no-cost time extension must be received 30 days prior to the end date of the contract. LEMSAs must notify the EMS Authority in writing of any change to the Project Monitor within thirty (30) days of the change.

NOTE: Under no circumstance will the contract be amended after the contract termination date.

4.3 Applicant Agency Responsibilities

Project Director/Coordinator

The project director must be a staff member of the applicant agency who has been assigned the project. The project director/coordinator must be available for periodic operational reviews by the EMS Authority. The EMS Authority must be notified in writing of any change of the project director/coordinator.

The project director/coordinator is responsible for controlling and establishing operating procedures to ensure adequate administration of the project in accordance with the terms of the agreement. Emphasis should be given to:
- Maintaining the agreed upon work schedules;
- Maintaining costs within the approved amounts for each category;
- Ensuring that costs incurred are only for approved items;
- Maintaining adequate records for validation of project progress and accountability for all funds expended on the project;
- Submittal of required project reports (see Chapter 7); and
- Conducting periodic project evaluations.

LEMSAs are responsible for promptly notifying the EMS Authority of any problems that arise with a project.

4.4 Fiscal Officer

The fiscal or accounting officer is responsible for establishing accounts and maintaining accounting records that reflect the actual costs of the project. Claims for reimbursement of project costs should be prepared under the accounting officer's supervision. Such claims are limited to those costs shown on official agency records. Claims for reimbursement must be for total expenditure for that time period.

4.5 EMS Authority Responsibilities

The EMS Authority has the responsibility and authority to review and evaluate the progress of each project as deemed necessary. Such review and evaluation will be made for the purpose of assisting the LEMSA in understanding and complying with the required procedures and for gaining maximum benefits from the funds expended.

The EMS Authority Project Monitor and the Contracts Manager both have the responsibility of recommending to the Director/Chief Deputy Director of the EMS Authority the cancellation of any project that is not being implemented in accordance with applicable federal and state laws, or pursuant to the terms of the signed project agreement.

Any questions regarding the contract, including but not limited to Budget Revisions, Invoices, Contract Advance Payments, Reports, and Extensions, shall be directed to the attention of the Contracts Manager for the State EMS Authority.

4.6 Liaison With Other Agencies

Meetings between agencies undertaking similar projects are encouraged in order to coordinate related activities as much as possible. The EMS Authority is available to assist in the coordination of such meetings.

4.7 Withholding, Termination and/or Denial of Grant Funds

Funding of Special Project Grants for Local EMS Agencies
With Federal Block Grant Monies (Revised 06/01)  Page 19
California EMS Authority
The EMS Authority may terminate any project prior to the contract termination date if the project is not being implemented in accordance with the policies established in this document or pursuant to the terms of the signed contract. A project may be terminated at any time for breach and the EMS Authority may also terminate unilaterally and without cause upon thirty (30) working days written notice to the Contractor. Payment for allowable costs up to the date of termination will be subject to negotiation. This contract may be canceled at any time by either party, by giving thirty (30) days advance written notice to the other party.

A LEMSA may appeal a decision by the EMS Authority to terminate a grant. The Local EMS agency must file with the EMS Authority, 1930 9th Street, Sacramento, CA 95814 a full and complete written statement specifying the grounds for the appeal within thirty (30) days of notification to terminate. The Director/Chief Deputy Director will review all information submitted with regards to the appeal and render a written decision regarding the appeal within thirty (30) working days. The decision of the Director/Chief Deputy Director of EMSA shall be final.

4.8 Termination Requested by the Contractor

Upon written request of the contractor and prior review and approval by the EMS Authority, a contract may be terminated without prejudice when the agency finds it is unable to continue with the project for justified reasons beyond its control. In such circumstances, the maximum reimbursement of claimed costs to the date of termination is limited to the negotiated amount determined to be allowable by a review of the project records.

4.9 Close out of Projects

Approximately 30 days prior to the project ending date, EMSA’s Contracts Manager will mail a notice to the project director. This constitutes a reminder of the final date of the project and the due date of the final report and final claim.

4.10 Funding Availability

If during the term of the grant award, federal funds become reduced or eliminated, EMSA may immediately terminate or reduce the grant award upon written notice to the local EMS administrator.
5.1 General

It is the LEMSAs responsibility to ensure that all costs of the project are entered into the agency's accounting system, and that procedures are established and source documents developed that will reliably account for the funds expended.

The applicant agency is required to maintain detailed source documents covering all costs charged to the project. These documents provide the source of entries into the accounting records and support costs reported on each reimbursement claim presented to the EMS Authority.

The applicant agency is required to adhere to established standards and requirements governing the utilization and disposition of property (equipment) acquired wholly or in part by grant funds. LEMSAs may use their own property management procedures as long as the provisions of the property management section of this document are also adhered to.

All contract transactions are subject to audit. Failure to comply with the audit provisions of this section may result in audit exceptions and subsequent recovery of funds. (See Audit Requirements)

5.2 Accounting Records

Any accounting system may be used as long as it conforms to generally accepted accounting principles (GAAP). In general, this means that the existing accounting system of a political subdivision or LEMSA may be used.

It is preferable that the project expenditures are recorded directly in special project accounts, but they may be recorded in regular accounts provided an audit trail exists. A complete list of expenditures must be maintained to facilitate an audit of project expenditures and preparation of claims for reimbursement.

Special job numbers or work activity codes should be established to segregate and record labor costs if an agency employee is paid from more than one funding source.

5.3 Acceptable Source Documents

Personnel Costs

(a) Payrolls must be on file for salary information. Labor charged to the project must
be supported by individual daily time cards or payroll period time sheets.

(b) In some instances, working hours are recorded by exception; i.e., only vacation, sick leave, jury duty, etc., hours are recorded. In such cases, special additional documentation or worksheets shall be kept to support time chargeable to the project.

(c) Project work time must be certified for each individual by a supervisor. Such work time certifications should be promptly forwarded to the accounting or payroll unit to determine labor cost chargeable to the project and subsequently entered into agency accounting records.

(d) All time sheets (whether exception or actual time) must be signed by the employee and certified by the employee's supervisor.

(e) Employee benefits must be supported by formally established and approved pay rates, reflecting personnel policies and procedures of the funded entity or generally accepted practices within budgetary allotments.

Travel Expenses

(a) Travel expenses must be supported by reimbursement voucher for each individual traveling on the project. When the project budget includes travel outside the State of California, the project director/administrator must notify the EMS Authority in writing and obtain approval in advance for each trip.

(b) Expenses for transportation in agency-owned vehicles must be supported by records showing where, when, and by whom used and miles involved. Cost records must show how the mileage rate or other unit costs were developed. Car rentals from public or private agencies must be supported by proper invoices.

Professional Service Costs (Consultants)

(a) Expenses for labor or services provided by private firms, individuals or other agencies must be supported by an approved and properly executed contractual agreement or interagency agreement. Such agreements must indicate the term, scope, anticipated product or outcome if applicable and identify the monthly, weekly, or hourly rate of all consultants to be incurred under the contract.

(b) Reimbursement must be supported by itemized invoices in accordance with the terms and budget of the contract.

(c) All items of expense for consultants (including travel, etc.) are to be included in the
Equipment

Local assistance funds may not be used for the cost of operating a system or for the purchase of EMS or healthcare equipment for the operation of the system. An inventory of all office furnishings and equipment purchased with grant funds must be maintained in the LEMSA files. All equipment purchased with funds received through a contract shall become the property of the State of California.

(Equipment is defined as an item costing $5,000.00 or more)

Other Direct Costs

All other direct costs must be supported by purchase orders or other original documents signed by the proper authority. Receipt of such items must be supported by properly signed and dated delivery slips or invoices.

Cost of all items and services obtained from existing supplies for use on the project must be supported by local request, letter, memorandum or other original document signed by proper authority.

A rental or lease agreement must be maintained in the project files for all items or facilities obtained and paid for in this manner. Proper billings for usage must also be on file.

Operational costs for a building used solely by the project may be reimbursed on the basis of actual costs of utilities, maintenance, repairs and other applicable costs. Partial usage requires that such costs be computed on the basis of square footage. Documentation must be available to support the computation.

Source Document Retention Period

The applicant agency must retain all project source documents and make them available for State and Federal audit for a period of three years following date of the final reimbursement of project expenditures. If audit findings have not been resolved, records shall be retained until the audit findings are resolved.

Property Management

The applicant agency is accountable for all tangible property during the term of the project and for all non-expendable property throughout its useful life.
The applicant agency must ensure that adequate controls are provided to safeguard property in its possession and that any such property loss or theft of is promptly reported to the EMS Authority.

Property must be maintained in good working condition and may not be conveyed, sold or transferred without approval of the EMS Authority.

The agency must maintain updated inventory and location records which will include all property purchased during the funding period.

**Intellectual Property Rights**

EMSA shall own all rights, title and interest in and to any software, source code, documentation, and any other products developed and created by the contractor and subcontractor(s) from the date such software, source code, documentation, and other products are conceived, created or fixed in a tangible medium, as part of a contract/grant.

Data developed under this contract/grant shall become the property of EMSA. It shall not be disclosed without the written permission of the Director of the EMS Authority. Each report developed for this contract shall also become the property of EMSA and shall not be disclosed except in such manner and such time as the Director of the EMS Authority may direct.

No products, processes, or materials developed using grant funds may be patented or copyrighted. The EMS Authority reserves a royalty-free, nonexclusive and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, the work for the benefit of public purposes and interests.

During and after the term of the Contract, contractor and subcontractor(s) will not use, disclose or otherwise permit any person or entity access to any of the Confidential Information and Materials. Contractor and subcontractor(s) understand that contractor and subcontractor(s) are not allowed to sell, license or otherwise exploit any products or services (including software in any form) which embody in whole or in part any Confidential Information and Materials.

Upon termination of the Contract for any reason whatsoever, contractor (LEMSA) and subcontractor(s) will deliver to EMSA all tangible materials pertaining to the contract/grant including but not limited to, any documentation (manuals, tutorials, or system administration documents), records, listings, notes, data, sketches, drawings, memoranda, models, accounts, reference materials, samples, machine-readable media, passwords, or electronic files needed to access software or code, and equipment which in any way relate to the grant. Contractor and subcontractor(s) agree not to retain any copies of any of the above materials.
Chapter 6
Audit Requirements

6.1 Audit Requirements

It is the responsibility of the applicant agency to ensure that all local, state, or federal required audits are completed. The LEMSA must ensure that acceptable documentation is maintained and made available to support all project charges. Internal reviews should be conducted periodically to ensure compliance with project design and budget and to determine that all claims for reimbursement are properly supported. The LEMSA should ensure the following:

- Maintenance of proper records of project costs.
- Up-to-date recording of claimed expenses into the accounting system so that such expenses can be traced to the original records.
- Awareness of all applicable laws, rules and regulations governing contracts with the EMS Authority.
- Maintenance of an adequate property control system.

6.2 Audit Schedules

Audits of project records may be conducted by State or Federal auditors as circumstances warrant.

6.3 Distribution of Audit Reports

Final Audit reports will be distributed as follows:

<table>
<thead>
<tr>
<th>Original</th>
<th>State Controller’s Office</th>
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</thead>
<tbody>
<tr>
<td>Copies</td>
<td>Governing Board, Steering Committee, or County Health Officer; Project Director (applicant agency); EMS Authority-Contracts Manager</td>
</tr>
</tbody>
</table>

6.4 EMS Authority Monitoring and Site Visits

EMSA staff will monitor the project records and program performance on a quarterly basis. The EMS Authority, at its discretion, will conduct periodic site visits to review administrative documentation and products produced under grants to the LEMSAs. These visits will be aimed at assisting the LEMSAs in administering their programs and special projects. Critical discrepancies discovered during a site visit may be addressed by requiring the LEMSA to
develop a corrective action plan to be submitted to the EMS Authority for review and approval. Past performance will be an important evaluation criteria used in reviewing future applications for grant funding.

EMS Authority staff will annually select a specific number of random projects for an in depth review by EMS Authority staff. EMSA staff may also review any project with which EMS Authority has a concern regarding the appropriateness of project expenditures or other issues.
Chapter 7
Project Reports

7.1 General

The Quarterly Progress Reports, and Final Project Report must be submitted to the EMS Authority on a timely basis in accordance with the provisions of this section.

7.2 Quarterly Progress Reports

Quarterly Progress Reports are required to provide the applicant agency and the EMS Authority with an evaluation of the project's progress in relation to the planned work and milestones. The report should be a summary of the project activities that have taken place during the specific quarter. An original and one copy of each Quarterly Progress Report shall be sent to the EMS Authority. Each report must contain the contract title, contract number and identify the quarter covered by the report.

Quarterly Progress Reports must be forwarded each fiscal year to the Contracts Manager at the EMS Authority by October 15, January 15, April 15, and July 15. Claims for reimbursement will only be paid if Quarterly Progress Reports have been submitted.

The initial progress report for a new project is required on the first due date shown above that follows the effective date of the project, regardless of when actual work on the project began. This may mean that the first report covers less than a full quarter period.

7.3 Quarterly Report Format

Quarterly reports should be in the format attached (see Attachment K).

Quarterly reports should describe the status of each objective and activity/task listed in the project proposal. Status information should include at a minimum the following:

• What work was done under each activity/task?

• What product was produced for the specific activity/task?

• How was the activity/task evaluated? Were there any problems encountered in carrying out the activity/task? If so, what steps were taken to overcome the problems?

• What was the completion date or is the expected completion date of the activity/task?
7.4 Final Project Report

The Final Report, which will cover the entire project, will take the place of the last quarterly report. The LEMSA can therefore start working on the Final Report during the last quarter of the contract. The Final Project Report is required not later than sixty (60) days following the termination or completion date of the contract. Due to the short time limits for the expenditure of the federal block grant funds, failure to submit the final report on time could result in loss of funding. It is suggested that a reasonable number of additional copies be produced for distribution to other agencies able to use the assistance that the report could provide. The sixty (60) day grace period for the Final Project Report does not constitute authorization for reimbursement of costs for work performed after the termination date of the contract. Once the Final and Abstract reports are received and approved, the final 10% of the project fund will be processed for payment.

The Final Project Report will be used for the following purposes:

- To determine what effect the project had toward accomplishing the Agency's goal.
- To determine the contribution of the project to the applicant agency's and California's emergency medical services system.
- To evaluate the benefits derived in relation to the cost incurred.
- To assist other LEMSAs that may need to address the same program issues.

7.5 Report Format

Unlike the quarterly reports, which report progress at the task level, the final report should consist of a narrative which addresses the project as a whole. The report must cover, but is not limited to, the following topics:

**Objectives**

Restate the major objectives of the project as specified in the project contract. The individual activities are not required to be listed. This will allow analysis of the report as a separate document and will aid other agencies in defining its use.

**Methodology**

Describe in detail how the project was implemented. This description should specifically
address how each identified objective was accomplished. This will be helpful to other LEMSAs that may desire assistance with a similar program. The EMS Authority may use the methodology description to develop cost ratios for work performed and to develop an outline for implementing similar projects.

Problems

Describe any problems that were encountered in project implementation. If known, specify alternate methods that would have avoided the problems and increased the effectiveness of the project. This information will assist other LEMSAs in avoiding the same problems.

Results

Describe in detail the results of the project in terms of meeting the project's objectives. Also, describe the results in terms of how they will be used to improve the agency's system. Where applicable, describe estimated dollar savings possible from implementation of the project’s results.

Implementation Schedule

Outline the actual and/or revised schedule for implementation of the project and, if applicable, make recommendations on how to avoid any implementation problems encountered.

Documentation

Include any pertinent documents developed, e.g., any new or revised forms, diagrams, management reports, photos, instructional manuals, etc., so that other LEMSAs can adapt this material for their benefit.

Project Personnel

Identify the job classification of the key personnel who worked on the project and give a brief description of their contribution. When a portion of the work was performed by a consultant, give a brief evaluation of the consultant's contribution.

7.6 Project Abstract Report

Along with the final report, the LEMSA must submit a separate project abstract report. This report must be no more than two pages long and in the format attached (See Attachment L).

The project abstract report should be typed, and should not exceed two pages. Avoid
special formatting (do not underline, use bold type, or justify margins, etc.). The abstract report may be E-Mailed to the Contracts Manager at cmacrae@emsa.ca.gov or submit on disk in ASCII format.

The project abstract must include the following sections:

**Introduction**: Give a brief history of the project (e.g., what conditions led to its need).

**Project Description**: Briefly describe what the project set out to accomplish and what the major objectives were.

**Tasks/Methodology**: Briefly describe what tasks were undertaken and how work was carried out to complete the project objectives.

**Outcomes**: Briefly describe what products, data, reports, etc. came out of the project and how these products will be used, or what benefit they have for the agency.

**Conclusion**: Briefly describe the net impact of the project on the overall operation of the EMS system, and any recommendations regarding modification to the process or project as a whole.
Chapter 8
Preparation of Reimbursement Claims

8.1 Invoice Requirements

All invoices for reimbursement of project expenditures should be prepared under the
direction of the agency accountant directly from costs recorded in the accounting system.
This will ensure proper accounting for reimbursements when received by the agency.

Agency invoices for reimbursement must be in the format prescribed by the EMS Authority
and provide all information requested, including, but not necessarily limited to:

- The agency name and address.
- The contract number and title for the project for which reimbursement is being claimed.
- The exact period for which reimbursement is being requested.
- Show by budget category the exact expenditures, as debited to the agency’s
  accounting system, during the period for which reimbursement is being requested.
- The following statement: "I certify that this claim is in all respects true, correct,
supportable by available documentation and in compliance with all terms, conditions,
laws, and regulations governing its payment."
- A signature block and original signature in ink of an authorized representative of the
  agency.

A sample invoice in the required format is attached (See Attachment M). Invoices should
reflect only the state grant amount. The invoice must show the total grant budget, all state
funds expended during the reporting period, all state expenditures to date, and the remaining
balance of the contract.

Claims must be submitted at least quarterly (within thirty (30) days of the end of each quarter). Due to the limited time in which federal funds must be encumbered and paid,
failure to submit a claim within the thirty (30) days may result in termination of the project grant and reallocation of the special project funds to another LEMS.

Final invoices must be submitted no later than sixty (60) days after the end date of the contract.
Claims received in proper order are usually "scheduled" with the State Controller's Office within fifteen (15) days of their receipt by the EMS Authority. During peak processing periods of the month (e.g., around the first and fifteenth), processing time in the State Controller's Office may take longer. Agencies are advised to submit their invoices at non-peak processing times to ensure a timely reimbursement.

8.2 Advance Payment

Pursuant to Health and Safety Code Section 1797.110, and upon request of the contractor, the state may pay in advance up to twenty-five percent (25%) of the total annual contract amount awarded.

Any LEMSA requesting a twenty-five (25%) will be required to certify that the LEMSA does not have the funds to proceed with the project without the advance. Any LEMSA receiving an advance will be required to submit claims on a quarterly or monthly basis. Claims made up to the amount of the advance will be considered a credit unless the agency can document a cash flow problem and has applied for an exemption.

Ten percent (10%) of the grant total may be held until the project is completed, all reports are submitted and, all products have been delivered and approved by the EMS Authority.

Note: This advance payment will appear as a credit to the Contracting agency's account, and costs incurred beginning with the first quarter billing by the contracting agency will be deducted from the credit until the advance funds are exhausted.
Chapter 9
Evaluation of Projects

9.1 Project Evaluations

EMSA will formally evaluate the success of projects completed during the prior SFY. A past project evaluation will be completed and filed for each project. The project evaluator will consult with the LEMSA project monitor during the evaluation.

9.2 Consideration of Past Performance in the Selection of Proposals to be Funded

Copies of evaluation summaries for past projects completed by the EMS Authority’s project monitor may be provided to the Proposal Review Committee and may be considered by the Committee and EMSA management in selecting grant proposals for funding.
Reviewer's Score Sheet

Merit of Proposal:
1. Does the proposal have statewide application?
2. Is the proposal pertinent to current issues in EMS?
3. Do you feel this is a worthwhile proposal? (If Yes, please explain on page two)

Problem Statement:
1. Is the problem/need statement clear?
2. Does the narrative fully describe the problem/need and its impact and ramifications?
3. Did the applicant provide pertinent data to identify and clarify the problem? (If applicable)

Project Objectives/Implementation Timetable:
1. Does this proposal contain clearly stated objectives?
2. Does it contain quantifiable criteria by which the success of this project can be measured?
3. Does each objective specify the required resources needed to complete each objective?
4. Do the resources needed to perform the objectives tie in with the budget?
5. Does each objective have a specified completion date?

Project Description:
1. Does the project description flow logically through each step of the project?
2. Does the project description clearly explain the anticipated accomplishments?
3. Does the project description provide a clearly understandable narrative of the proposed project?

Total Score ________ Points

Maximum Points: (21)
Maximum Points: (21)
Maximum Points: (35)
Maximum Points: (21)
Project Evaluation:
1. Does the project evaluation specify a measurable means for identifying ongoing progress?
2. Does the Project Evaluation compare the project objectives (i.e., what was planned) with the actual project outcome?
3. Does the proposal identify the person(s) or position responsible for the evaluation?

Statement of Intent:
1. Does the Statement of Intent indicate a commitment to incorporate and continue any program developed by the project?

Budget:
1. Does the budget represent reasonable costs for the objectives proposed?
2. Does the budget cover the entire period of the project operation?
3. Does the proposal include the budget category and budget detail/narrative?

Maximum Points: (21)
1 2 3 4 5 6 7

Maximum Points: (7)
1 2 3 4 5 6 7

Maximum Points: (21)
1 2 3 4 5 6 7

Comments:
________________________________________________________________________
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Proposal Cover Checklist

1. Summary Sheet completed with original signatures? □ □
2. Problem/Needs Statement attached? □ □
3. Problem Description attached? □ □
4. Project objectives attached? □ □
5. Implementation Timetable and Milestones attached? □ □
6. Project Evaluation Plan attached? □ □
7. Statement of Intent attached? □ □
8. Budget Summary and Budget Detail/Narrative attached? □ □
9. Organizational Chart attached? □ □
10. If project will require participation by or affects another local EMS agency, are letter(s) of support attached? □ □
11. Does the proposal have statewide applicability □ or local □?
12. Has your EMS Plan been submitted to EMSA? □ □
13. Check One: (Proposal Category)
   □ Evaluation Project
   □ Local EMS Needs Project
   □ Vision Implementation Project
14. Check One: (Type of Proposal)
   □ New single year proposal
   □ New two year proposal
      (Estimate cost of 2nd year funding: $_________)
   □ Request for second year funding of a two year project
15. If you have a Trauma System, have you submitted your trauma system plan? If this question does not apply, circle N/A □ □
# STATE OF CALIFORNIA
EMS AUTHORITY
FEDERAL BLOCK GRANT SPECIAL PROJECT
SUMMARY SHEET
(To be submitted with proposal)

<table>
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<tr>
<th>1. LOCAL EMS AGENCY (include all other counties involved)</th>
<th>2. PROJECT TITLE</th>
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<th>3. FISCAL YEAR</th>
<th>4. PROJECT AMOUNT</th>
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<th>5. PROJECT DESCRIPTION (Summarize the proposed project in approximately 100 words)</th>
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<th>6. PROJECT CONTACT PERSON</th>
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<th>7. AUTHORIZING OFFICIAL OF APPLICANT AGENCY</th>
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<td>Name:</td>
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| Phone:                                      |
| Signature:                                  |
NEEDS STATEMENT
PROBLEM STATEMENT

Section I

Introduction
In 1995, Santa Clara County received a grant from the State EMS Authority to fund the first year (1995-96) of a proposed two year project to plan, develop, and implement a comprehensive EMS for Children (EMSC) system. The experience of other EMSC projects in California indicates that it generally takes at least two years to develop and implement an EMSC system.

The first year of the Santa Clara EMSC project focused on development of a preliminary EMSC system plan; development of specific standards, guidelines, and recommendations for major components of the EMSC system based on State EMSC guidelines; and establishment of staff and resources within the EMS Agency to develop and implement a comprehensive EMSC system.

A great deal of progress was achieved during the first year on EMSC system planning and development. The current grant application seeks funding for the second year of the project. Funding is needed in order to implement the various standards, guidelines, and recommendations initiated in the first year and to complete development of other components of a comprehensive EMSC system for Santa Clara County.

Background
An effective EMSC Program for improving the lives of children in the community must start with an understanding of the context for action. The following profile of Santa Clara County presents a broad overview of socio-demographic and health trends in the county.

Santa Clara County is the fourth most populated county in California with a 1.7 million population and a geographical area of 1312 square miles. There are 15 incorporated cities within the County. Santa Clara County is bound on the east by the Diablo Range of Coastal Mountains which rise 3,000 to 4,000 feet. On the west are the Santa Cruz mountains with an elevation of 2,000 to 3,000 feet. This diverse topography makes EMS planning a complex issue in that both rural and urban populations, adult and pediatric, must be served.

The pediatric population 14 years or younger in 1990 (U.S. census) was 304,192. This is the largest pediatric population for any county in Northern and Central CA. State census data show that this pediatric population has increased by 125,309 (70%) since 1980. According to the most recent population estimates (1990 U.S. Census), children under the age of 15 comprise one-fifth (20%) of Santa Clara County’s population. That proportion will continue to rise until the year 2010.

Significant statistics reflect the increasingly diverse ethnic distribution of Santa Clara County’s pediatric population. In the age group 14 years and younger, 142,185 (46.7%) are white, non-Hispanic; 88,746 (29.2%) are Hispanic; 61,552 (20.2%) are Asian; 13,739 (4.5%) are African-American; and 2,136 (0.7%) are American Indian, Eskimo or Aleut (1990 U.S. census).
Economically, the population in Santa Clara County ranges from the affluent communities of Silicon Valley to the poor urban and rural areas. Consistent with the growth of child poverty, the number of children receiving Aid to Families with Dependent Children has grown steadily from 1990 to 1994 (Santa Clara County Social Services Department). There was a 39% increase in this vulnerable population during that four-year period, while the population at-large grew only by 3%. Most of those receiving AFDC in 1994 were Hispanic or Asian reflecting the concentration of child poverty in the County's communities of color. The cultural and socioeconomic diversity in Santa Clara County thus results in portions of the pediatric population being at "high risk" for injury and illness.

Injuries are by far the largest single contributory cause of childhood deaths (37.2% of all childhood deaths in Santa Clara County — See Attachment A) The leading cause of hospitalization due to injury for children was falls followed closely by motor vehicle accidents. Suicide and self-inflicted injury ranked third among all injury hospitalizations. Moreover, because of the cultural and socioeconomic diversity many of our residents in Santa Clara County may not feel comfortable in seeking health care and will be greatly in need of education regarding health care services for their children.

Many agencies, organizations, institutions, and providers in Santa Clara County have been working for a number of years to improve emergency and critical care services for children. Various studies have been conducted to document problems and develop recommendations for improving pediatric EMS for the County. For example, the Santa Clara County Emergency Medical Care Commission (EMCC) appointed by the Board of Supervisors has been very active in documenting problems and encouraging the development of a pediatric EMS system. In 1993, the EMCC issued a report which reviewed efforts to improve pediatric EMS and presented specific recommendations for an EMSC system. These efforts have led to strong community, professional and institutional support for the development of an EMS for Children system.

In addition, the Santa Clara Valley Health and Hospital System (SCVH&HS) was established in 1994. This has resulted in outstanding leadership and support for the development of an EMS system for the County, and the County has made a strong commitment to work with all interested parties in the development of the system. The Health and Hospital Systems of Santa Clara Valley is a health systems conglomerate responsible for a wide variety of health care services. The EMS Agency of Santa Clara County is an integral part of the Santa Clara Valley Health and Hospital Systems. This system also includes Alcohol and Drug Services, Mental Health Services, Prevention Programs, Ambulatory and Community Services, Public Health, and the Santa Clara Valley Medical Center (see Attachment B). The inclusion of all these programs under one administrative umbrella has resulted in closer communication and integration of EMS services and other related County health care programs and activities.

Despite interest and commitment, Santa Clara County did not have the resources to develop an EMSC system until 1995, when Santa Clara County received the first year EMSC Grant. The EMSC Grant has allowed the County to truly begin laying a firm foundation toward the development of a comprehensive EMSC system for critically ill and injured pediatric patients. This task is, however, far from complete as we now embark on our second year. The second year holds great promise for the children of Santa Clara County as we begin to implement what was developed in the first year.

The strong commitment of Santa Clara County to a comprehensive EMSC system is illustrated by the energetic continuance of a multi-disciplinary EMSC Task Force, which was formed in 1994 to advise the County EMS Agency on the development of an EMSC system. The Task Force includes representatives from major agencies, organizations, institutions, providers, and consumers involved in pediatric emergency and critical care. The Task Force
also includes expert consultants from the National EMSC Resource Alliance and the Pediatric Intensive Care Network of Northern and Central California (see Attachment C).

In 1994, with advice and input from the EMSC Task Force, the EMS agency developed and submitted a successful grant application to the State EMS Authority to provide funds needed to fully plan, develop, and implement a comprehensive EMSC system for the County. The grant application stated that two years would be required to develop the Santa Clara County EMSC system. Project goals and objectives thus covered a two-year time frame. Funding for the first year of the project was approved.

The Santa Clara County EMSC Project has continued to experience strong community and professional support for the development of the EMSC system. The EMSC Task Force meets bi-monthly and provides active support and direction for the project. The four Task Force subcommittees meet regularly and are developing the basic standards and guidelines needed for an EMSC system. The subcommittees are: 1) Prehospital subcommittee, 2) Emergency Department subcommittee, 3) Interfacility subcommittee, and 4) Pediatric Critical Care and Trauma Centers (PCCC/TC) subcommittee. Due to the active participation of many agencies, organizations, institutions, and professional groups in the County, the goals and objectives for the first year of the project are being met or exceeded.

Most EMSC systems in California have required at least two years of funding to plan, develop, and implement. A second year of funding for the Santa Clara County EMSC system is vital in order to implement the standards, guidelines, and policies that have been developed during the first year of the project and to integrate the EMSC system into the overall EMS and trauma care systems, thus providing a comprehensive EMSC system in Santa Clara County. The current grant application is submitted to request those funds that are needed to ensure the success of this important endeavor.

Specific Problems Identified

1. **EMSC Administrative and Organizational Structure**
   As stated above, the need to establish an administrative and organizational structure with appropriate EMSC staff and resources has been identified in order to plan, develop, and implement an EMSC system in Santa Clara County. An on-going structure for maintaining the system when the grant has ended is in the process of being developed. The State EMSC guidelines for "System Planning, Implementation and Management Model for the Integration of EMSC into Local EMS Systems" are being used as a guide for developing this structure.

2. **EMSC Plan**
   A preliminary plan for the development of an EMSC system in Santa Clara County has been developed as part of the recently revised EMS Agency plan. However, a comprehensive plan for an EMSC system that includes implementation and maintenance of all major components of the EMSC system, and that integrates the EMS system with the overall EMS system, needs to be developed.

3. **Prehospital Services**
   Various studies in both California and the nation have indicated that many prehospital services are adult oriented and are often inadequate in providing pediatric care. They do not always have appropriate pediatric equipment and supplies, pediatric protocols, and sufficient pediatric training for prehospital personnel. Santa Clara County is committed to assuring that prehospital services meet the needs of critically ill and injured children.
In 1995, the county revised its prehospital equipment and supply list and included many items related to the care of pediatric patients. During the first year of the EMSC project, this list was compared with the State EMSC recommendations and changes were made where appropriate. The list, including pediatric equipment and supplies, is now included in the EMS Agency policy manual. During the second year implementation phase, the EMS Agency will work with prehospital providers to assure that appropriate pediatric equipment and supplies are available on all transport vehicles.

The Prehospital subcommittee has been working diligently on the revision of pediatric prehospital treatment protocols based on recommended State EMSC protocols and protocols from other EMSC projects (see Attachment D). These will be completed in the spring of 1996 and presented to the EMSC Task Force and EMS Agency for approval and adoption. The second year of the project will focus on implementing the protocols and incorporating them into prehospital training programs.

The county has made a commitment to appropriate pediatric training for paramedics. Currently, all Santa Clara County accredited paramedics are trained in Pediatric Advanced Life Support (PALS). This has been a major effort and achievement. However, we recognize that PALS does not adequately address all pediatric emergencies (e.g., trauma and seizures). Representatives from paramedic training programs for the County are active members of the EMSC Task Force and subcommittees. They are committed to improving prehospital ALS and BLS education including revised pediatric prehospital treatment protocols, pediatric equipment and supplies, skills training, etc. During the second year of the EMSC project, State EMSC prehospital education guidelines will be reviewed as well as other training programs (e.g. the recently developed PEP program). Prehospital pediatric education and training programs will be revised and implemented as appropriate.

4. Pediatric Capabilities of Emergency Departments (EDs)

Emergency departments are particularly important in pediatric EMS systems because most ill and injured children are brought directly to the ED in local hospitals by their parents or caretakers. Relatively few children are transported to EDs through the EMS system. Therefore, it is imperative that all EDs have appropriately trained staff, equipment, and supplies for the evaluation, stabilization and transport (when indicated) of children.

Santa Clara County has twelve acute care facilities capable of receiving ALS patients. Facility assessments of receiving hospitals are based solely on State requirements for approval as a basic or comprehensive emergency department. There is strong support for the development and implementation of pediatric ED guidelines from all hospitals, the EMCC and many other groups in the County.

During the first year of the EMSC project, pediatric guidelines for community hospital EDs were developed (See Attachment E) based on State EMSC guidelines and guidelines from other EMSC projects. It is expected that these guidelines will be approved and adopted in February 1996. Plans are currently being developed for the implementation of these guidelines through consultation visits to all EDs in the County. The first on-site evaluation of the pediatric capabilities of emergency departments in the County is scheduled for March 1996. As many visits as possible will be conducted during the first year of the project, but approximately four visits will need to be done in the second year.
5. Interfacility Pediatric Consultation/Transfer Guidelines and Transfer Agreement

The State EMSC project as well as other EMSC projects in California have developed pediatric consultation/transfer guidelines to assist physicians and hospitals in identifying children who might benefit from consultation with pediatric critical care or trauma specialists. Such guidelines help to promote appropriate consultation and transfer, when indicated, to pediatric critical care and trauma referral centers.

Pediatric interfacility transfer agreements also help to establish closer working relationships between referral centers and community hospitals. In Santa Clara County a few centers and community hospitals have developed such agreements, but most have not. Studies conducted by the Pediatric Intensive Care Network of Northern and Central California show that transports of critically ill and injured children from community hospitals to pediatric referral centers are significantly greater for designated centers that are part of an organized EMSC system and have signed transfer agreements with community hospitals (see Attachment G).

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding

The EMSC project developed pediatric interfacility consultation/transfer guidelines in the first year of the project (See Attachment F). These are expected to be adopted in the spring of 1996. A major goal of the second year of the project will be to implement these guidelines. This will be done by 1) requesting that the EMSC Task Force representatives educate their respective agencies, organizations, hospitals, etc. about the guidelines, 2) including a review and explanation of the guidelines in the consultation visits to all EDs in the County, 3) developing a poster listing the guidelines to be posted in all EDs in the County.

The first year of the EMSC project also focused on assisting all pediatric referral centers in Santa Clara County to develop interfacility transfer agreements based on the State EMSC model agreement. The second year of the project will focus on implementing these agreements and assuring that all community hospitals have agreements with one or more pediatric critical care centers and one or more trauma centers of their choice.

6. Pediatric Interfacility Transport Services

Children brought directly to EDs by their parents may require a higher level of care or specialized services not available at community hospitals. To obtain optimal care, these children may need to be transferred from the receiving ED to pediatric critical care centers or trauma centers. In addition, the condition of pediatric patients already admitted to community hospitals may deteriorate and they may also require transfer to these specialized centers.

Interfacility transport of critically ill and injured children involves mobile intensive care for a variety of complex pediatric medical and trauma conditions, and interfacility transport providers should have appropriately trained personnel and the capabilities for the management of pediatric patients during transport. Many pediatric interfacility transports are done by specialized, center-based pediatric transport teams. However, private ground and air transport providers are also involved in Santa Clara County. These include a contracted ALS ambulance provider and two air ambulance helicopter services.

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding

During the first year of the EMSC project, guidelines for pediatric interfacility ground and air transport programs were developed. It is anticipated that these will be approved and adopted in the spring of 1996. The second year of the project will focus on implementing these guidelines and assuring that all interfacility transport providers meet these guidelines.
7. Pediatric Referral Centers - Pediatric Critical Care Centers (PCCCs) and Trauma Centers
Santa Clara County has four major medical centers with separate distinct pediatric intensive care units (PICUs). These are Lucille Salter Packard Children's Hospital, Santa Clara Valley Medical Center, San Jose Medical Center, and Kaiser Permanente Medical Center - Santa Clara. All of these centers are interested in being designated PCCCs. These centers provide specialized personnel and services for critically ill and injured children. Two of these have PICUs approved by California Children Services (CCS). Two of these centers are also designated trauma centers: Santa Clara Valley Medical Center and San Jose Medical Center. Stanford Health Services is the third designated trauma center in Santa Clara County and has an affiliation with Lucille Salter Packard Children’s Hospital. In addition, Santa Clara Valley Medical Center serves as a referral center for burn, spinal cord injured, and pediatric rehabilitation. (Data on admissions and transports of critically ill and injured pediatric patients to these centers are provided in Attachment G).

These facilities serve as referral centers for critically ill and injured children. However, they are not designated or officially recognized as specialized pediatric centers, and they are not fully integrated into an organized system of care for critically ill and injured children. It should be noted that these centers not only serve as important referral centers for Santa Clara County, but are also major referral centers for neighboring counties that do not have tertiary-level pediatric centers. These include San Mateo, Santa Cruz, San Benito and Monterey counties.

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding
During the first year of the EMSC project, standards for Pediatric Critical Care Centers were developed based on State PCCC guidelines and CCS-PICU standards. None of the Santa Clara County designated trauma centers meet State EMSC guidelines for the Pediatric Trauma Centers. Therefore, the County does not plan to develop standards or designate pediatric trauma centers at the present time. Instead, the EMSC project plans to develop pediatric guidelines for general trauma centers that serve as the major referral centers for pediatric trauma in Santa Clara County.

A major objective of the second year of the EMSC project is to develop and implement pediatric guidelines for the general trauma centers. These will include all of the Santa Clara County pediatric critical care center standards plus additional guidelines specifically related to pediatric trauma care. During the second year of the EMSC project, both the PCCC standards and pediatric guidelines for general trauma centers will be jointly implemented through site visits. Centers meeting the standards and guidelines will be designated and integrated into the Santa Clara County EMSC and trauma care systems.

8. Pediatric Rehabilitation
Santa Clara County is fortunate to have an excellent pediatric rehabilitation program approved by California Children Services at Santa Clara Valley Medical Center. This program is coordinated with the Lucille Salter Packard Children's Hospital and utilized by all hospitals in the County.

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding
During the second year of the EMSC project, State EMSC recommendations for pediatric rehabilitation programs and other relevant guidelines will be reviewed and guidelines for pediatric rehabilitation programs for Santa Clara County developed. These guidelines will be implemented in conjunction with the PCCC standards and pediatric guidelines for general trauma centers during the site visit to Santa Clara Valley Medical Center.
9. Illness and Injury Prevention Programs/Public Information and Education

Santa Clara County has a strong commitment to illness and injury prevention programs. For example, Santa Clara County participated in a pilot project for day care centers. In addition, the EMS Agency strongly supports the important role that Public Information and Education (PI&E) plays in ensuring system efficiency and effectiveness. PI&E programs are conducted within the County by various provider agencies through a health fair, PTA, and school based EMS awareness programs. In an attempt to increase the knowledge of the public about the EMS system, Santa Clara County EMS has worked diligently in the development of a County wide EMS Fair scheduled concurrently with National EMS Week. The 1995 EMS Fair drew over 30 different participants and had exhibits ranging from injury and illness prevention, trauma care, and earthquake preparedness. There is a need to strengthen the linkages of these programs with the EMS system, and to assure appropriate pediatric medical and trauma prevention programs as an integral component of the EMSC system.

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding

Crucial relationships were established during the first year between EMSC and other existing County prevention programs. As the ED site visits commence, EMSC will act as an informational conduit between Public Health Nursing and the EDs in efforts to provide important prevention materials to parents and other caregivers. During the second year, EMSC will continue to work cooperatively with community organizations and County departments to integrate existing prevention programs specific to EMSC.

10. Prehospital Information Management/Data

In 1995, the EMS Agency of Santa Clara County received a Prevention 2000 Block Grant to implement a prehospital information management data system. The EMS Agency is committed to fund the continuation of this resource. Currently a lack of prehospital information management severely limits our ability to monitor our EMSC system.

First-Year Grant Accomplishments Leading to a Need for Second-Year Grant Funding

During the first year of the EMSC project, coordination was established between the EMSC project and the prehospital information management data system project in order to identify specific pediatric EMS data that need to be included in the system. The second year of the EMSC project will focus on further refinement and collection of appropriate pediatric EMS data needed to monitor the EMSC system.
Summary of Proposed Project

PROJECT DESCRIPTION

Section II

Introduction

The broad based multidisciplinary EMSC Task Force will continue to provide expert advice on the development and implementation of the EMSC system at no cost to the project. Implementation strategies for each component of the system are being developed by the EMSC Task Force and EMS Agency. The second year of the project will focus on full realization of all EMSC system components based on the EMSC standards, guidelines, and recommendations developed during the first year, and education programs for EMSC system participants will be conducted to prepare for implementation of the system. (See Sections III and IV for details on the timetable for development, implementation, and implementation methodology for each component of the system.)

The implementation strategies outlined below correspond with the second-year objectives for Santa Clara County's EMSC Project, as delineated in Section III.

1. On-going EMSC Administrative and Management Capability -- Objectives 1.1, 1.3, 1.4
   The EMS Agency will establish and maintain an administrative and management capability for EMSC within the EMS Agency.

2. A Comprehensive EMSC System Plan -- Objective 2.1
   The EMS Agency will complete a comprehensive EMSC System Plan to be used for future system planning and development efforts.

3. Prehospital Pediatric Equipment and Supplies for BLS/ALS Support Units -- Objective 3.1
   The EMS Agency will work with prehospital providers to implement the EMSC recommendations and to survey transport vehicles to determine if appropriate pediatric equipment and supplies are provided.

4. Pediatric Prehospital Treatment Protocols and Education Guidelines for Paramedics and Other Prehospital Personnel -- Objectives 3.2, 3.3
   The EMS Agency will work with existing prehospital BLS and ALS training/education programs to incorporate EMSC guidelines and pediatric protocols into current training/education programs.

5. Pediatric Guidelines for Emergency Departments -- Objective 4.1
   Consultation visits will be conducted in all Santa Clara County hospital emergency departments to assist them in meeting the guidelines. Consultant teams will consist of an emergency physician (or pediatric critical care specialist) and an emergency department nurse from pediatric referral centers selected by the hospital. Consultants from pediatric referral centers will be used to promote communication and closer working relationships between hospital emergency departments and referral centers. The EMSC Project Coordinator will participate in all emergency department visits, will prepare feedback letters to hospital emergency departments on findings and recommendations, and will follow up to assure that all emergency departments meet the EMSC emergency department guidelines.
6. **Pediatric Interfacility Consultation/Transfer Guidelines and Transfer Agreements -- Objectives 5.1, 5.2**  
These guidelines and agreements will be implemented in conjunction with the emergency department consultation visits and the site visits to pediatric critical care centers and trauma centers. In addition, members of the EMSC Task Force will educate their respective agencies, organizations, and institutions regarding these documents. The pediatric referral center outreach programs will provide an ongoing mechanism for further education about these documents. Finally, the EMS Agency is considering developing a poster depicting the consultation/transfer guidelines and a list of approved pediatric referral centers in the County for use in the 12 emergency departments.

7. **Guidelines for Pediatric Interfacility Transport Programs -- Objective 5.3**  
The EMSC project will work cooperatively to implement these guidelines with ground and air transport providers that provide interfacility transport for critically ill and injured children. A survey of providers to determine if guidelines are met as is being planned.

8. **Pediatric Critical Care Center Standards, Pediatric Guidelines for General Trauma Centers, and Guidelines for Pediatric Rehabilitation Programs -- Objective 6.1, 7.1, 8.1, 8.2**  
All of these standards and guidelines relate to clinical capabilities of pediatric referral centers and will be implemented together through site visits to centers. Centers that meet the standards and guidelines will be designated or approved by the EMS Agency and integrated into the overall EMS system.

9. **Illness and Injury Prevention Programs -- Objective 9.1, 9.2**  
The EMSC Program Coordinator will establish linkages with current Santa Clara County prevention programs. These programs will be more effectively linked to EMS programs through cooperative development of program plans, EMSC system implementation, and education efforts. For example, appropriate prevention materials will be included in materials distributed during emergency department consultation visits, prehospital education and training programs, etc. EMSC information materials (such as how to use the 911 system) will be included in County prevention programs such as the annual health fair.

10. **EMSC Data Collection and Information Management System -- Objective 10.1**  
Appropriate data elements for monitoring and evaluating the EMSC system will be included in the overall Santa Clara County EMS data management system. This will be done in conjunction with the Data Grant awarded to Santa Clara County EMS Agency.

EMSC system standards, guidelines, and recommendations will be reviewed and approved by the EMSC Task Force and EMS Agency staff. They will also be reviewed by other appropriate EMS Agency committees and circulated for public comment. Final documents will be adopted by the appropriate governing body, incorporated into the EMS Agency policies, and implemented.

Santa Clara County's EMSC Project is unique since we plan to implement three objectives which have not yet been addressed by other EMSC systems in Northern and Central California. The three objectives to be implemented during the second year of our grant are:
1) Developing and Implementing Guidelines for General Trauma Centers
2) Developing and Implementing Guidelines for Pediatric Rehabilitation Centers
3) Developing and Implementing Interfacility Transport Guidelines

The State EMSC had intended to develop guidelines for general trauma centers, but this objective was never fully completed. Since Santa Clara County has three trauma centers that serve our pediatric population, it is crucial to develop these guidelines. As we are developing standards for the Pediatric Critical Care Centers, it is a logical step to develop and incorporate Pediatric Guidelines for General Trauma Centers. Further, Santa Clara County Valley Medical Center is fortunate to have a renowned rehabilitation center serving its pediatric patients, which prompts the need for development of these important guidelines. The presence of twelve hospitals within Santa Clara County, three of which will be designated Pediatric Critical Care Centers, makes the development and implementation of Interfacility Transport Guidelines a crucial endeavor of the EMSC project. Developing and implementing the three guidelines mentioned above will serve not only Santa Clara County but may also assist other EMSC systems.

The EMSC project is under the direction of the Santa Clara EMS Agency with guidance from the multi-disciplinary EMS Task Force and its subcommittees. The EMS agency has recently undergone a substantial change in leadership and is in the process of reorganization. This has resulted in an even stronger commitment to the development and implementation of an EMSC system.

An organizational and administrative structure has been established within the EMS Agency which is responsible for the planning, development and implementation of the EMSC system. A highly qualified and dedicated EMSC Coordinator has been hired and is providing excellent leadership for the EMSC project (see Attachment H). In addition, Santa Clara County has contracted with the Pediatric Intensive Care Network of Northern and Central California to provide consultation on the development and implementation of the EMSC system. State EMSC grant funds are essential to maintain this structure until the EMSC system is fully developed. The EMS Agency is working on establishing an on-going structure within the Agency to maintain and monitor the EMSC system after the phase out of grant funds.

The EMSC program will be integrated with the overall EMS and trauma systems through the development of appropriate EMS policies and procedures and through a variety of education and training programs. Community support for a comprehensive EMSC system has been extensive and will continue throughout the development and implementation of the system. The dedicated participation and support of hospital representatives, members of the Emergency Medical Care Commission, prehospital personnel, and other groups will result in a strong EMSC system for the County (see Attachment I).

Santa Clara County is attempting to develop and implement an EMSC system designed to be easily accessible and available to all children in the County in need of emergency and critical care. Included in the design are the following:

1) a comprehensive range of services
2) provision of high quality care
3) development of an efficient and cost effective management structure for EMSC
4) provision of public education and information
5) establishment of adequate personnel training programs related to EMSC
6) responsiveness to local needs.

It is anticipated that this project will establish an organized system of care for all critically ill and injured children in the County as an integral part of the Santa Clara County EMS and trauma systems.
PROPOSED OBJECTIVES

Section III

Objective 1

To establish within the EMS Agency an organizational and administrative structure for the planning, development, and implementation of a comprehensive EMSC system. (The State EMSC "System Planning, Implementation, and Management Model for the Integration of EMSC into Local EMS Systems" will be used as a model.)

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Employment of EMSC Program Coordinator with annual performance review.</td>
<td>EMSC Coordinator and clerical assistance. EMS Administrator to oversee the process. County personnel to process needs of employment and needs incidental to the project (i.e. use of intra-county institutional mailings). Office supplies &amp; equipment.</td>
<td>July 1995 to June 1997.</td>
<td>Productive resolution of EMSC objectives as measured by work-product and annual performance review.</td>
</tr>
<tr>
<td>1.2</td>
<td>Contract signed with EMSC Consultant with annual performance review.</td>
<td>EMS Administrator, Medical Director, EMSC Coordinator, clerical assistance. County personnel and contracting process. EMS Administrator to oversee this process. Office supplies &amp; equipment.</td>
<td>July 1995 to June 1997.</td>
<td>EMSC Consultant contract signed. Productive resolution of the objectives as measured by work-product and annual performance review.</td>
</tr>
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</table>

*Please note: Dates in this column will attempt to be reflective of the second year Grant Proposal. However, due to the dynamic, fluid nature of the EMSC Project, it is often necessary to reflect the first-year grant period as well.*
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<tr>
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<tr>
<td>1.3 To continue the multi-disciplinary EMSC Task Force and subcommittees to advise on the development and implementation of a comprehensive EMSC system appropriate for the County.</td>
<td>The EMSC Task Force will meet bi-monthly, and the subcommittees will meet as needed. Minutes will be maintained monitoring attendance and business conducted.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, &amp; clerical support. Meeting rooms. Office supplies &amp; equipment. EMS Coordinator to oversee this process.</td>
<td>July 1995 to June 1997.</td>
<td>Review materials and make recommendations on the development and implementation of the EMSC system.</td>
</tr>
<tr>
<td>1.4 To develop on-going EMSC system planning, management, and evaluation capabilities.</td>
<td>Award of State grant. Integration of EMSC into the overall Santa Clara County EMS System resulting in continuance of the EMSC Program after the grant has ended.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, DISA, &amp; clerical support. State recommended guidelines. Office supplies &amp; equipment. EMS Administrator to oversee this process.</td>
<td>July 1995 to June 1997.</td>
<td>Establishment of an ongoing EMSC system planning, management, and evaluation capability integrated into the overall EMS system to maintain the EMSC program after the grant has ended.</td>
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**Objective 2**

To develop and implement an EMSC system plan.

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<tr>
<td>2.1 To develop an EMSC system plan.</td>
<td>Review of other successful EMSC projects. Development &amp; integration of an appropriate EMSC system plan for Santa Clara County. Review and revision as needed on an ongoing basis.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, DISA, &amp; clerical support. State recommended guidelines. Existing EMSC system plans. Office supplies &amp; equipment. EMS Administrator to oversee this process.</td>
<td>July 1995 to June 1997.</td>
<td>Completed EMSC Plan to be revised every two years for integration into Santa Clara County's EMS Plan.</td>
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**Objective 3**

To implement appropriate prehospital services for children.

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<tr>
<th>Activity/Task</th>
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<tbody>
<tr>
<td><strong>3.1</strong> To implement Prehospital Pediatric Equipment and Supplies for BLS/ALS Support Units.</td>
<td>Conduct a survey in conjunction with the prehospital providers for compliance.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, &amp; clerical support. State recommended guidelines. Existing equipment list. Office supplies &amp; equipment. EMSC Coordinator to oversee this process.</td>
<td>Implement: Feb 1996 to June 1997.</td>
<td>Assure implementation and maintenance of Prehospital Pediatric Equipment and Supplies for BLS/ALS Support Units: 75% of all ALS units &amp; 50% of all BLS units.</td>
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<tr>
<td><strong>3.2</strong> To develop and implement appropriate pediatric education guidelines including the revised Pediatric Prehospital Treatment Protocols and other education for paramedics and other prehospital personnel.</td>
<td>Completion of Education Guidelines &amp; verification of training by at least 75% of paramedics and other prehospital personnel accomplished through a train-the-trainer program. Implement with prehospital providers.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, &amp; clerical support. State recommended guidelines. Existing education protocols. Office supplies &amp; equipment. State recommended guidelines. Training protocols and evaluation test. EMSC Coordinator to oversee this process.</td>
<td>Conduct education: July 1996 to June 1997.</td>
<td>Strive for 100% of ALS personnel trained by November 1997 and 50% of BLS personnel trained by January 1997.</td>
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<td>3.3</td>
<td>Train-the-trainers' program to be implemented in conjunction with prehospital providers and related agencies. Evaluation forms to be completed by class participants and annual survey to be distributed to prehospital providers for further evaluation.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, Medical Director, Task Force Members, &amp; clerical support. State recommended guidelines. Existing education protocols, Office supplies &amp; equipment. State recommended guidelines. Training protocols and evaluation test. EMSC Coordinator to oversee this process.</td>
<td>Protocol development completed: June 1996. Implement: July 1996 to June 1997.</td>
<td>Protocols implemented among prehospital providers.</td>
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### Objective 4

To complete implementation of administration, personnel, equipment and supplies, and policy standards/guidelines for the care of Pediatric Patients in the Emergency Department.

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<tr>
<td>4.1</td>
<td>Consultation visits will be completed to all emergency departments in the County (12 hospitals) to assure compliance with ED Guidelines.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits. EMSC Coordinator to oversee this process.</td>
<td>ED Site Visits: March 1996 to December 1996.</td>
<td>100% of site visits completed by December 1996.</td>
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## Objective 5

To implement interfacility pediatric consultation and transfer guidelines, transfer agreements, and guidelines for transport services between community hospitals and pediatric critical care and trauma referral centers.

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<td>5.1</td>
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<tr>
<td>To implement appropriate interfacility pediatric trauma and critical care consultation and transfer guidelines for Santa Clara County.</td>
<td>1. Complete review of guidelines with all major agencies, organizations, and professional groups by EMSC Task Force representatives.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits. EMSC Coordinator to oversee this process.</td>
<td>ED Site Visits completed by November 1996 &amp; PCCC/Trauma Center Site Visits completed by June 1997.</td>
<td>15% increase in transports to pediatric referral centers by June 1998.</td>
</tr>
<tr>
<td>Activity/Task</td>
<td>Evaluation Methodology</td>
<td>Resources Needed</td>
<td>Implementation Schedule</td>
<td>Outcome</td>
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</tr>
<tr>
<td>5.2</td>
<td>To implement pediatric interfacility transfer agreements between community hospitals and one or more pediatric critical care centers and one or more trauma centers.</td>
<td>One or more interfacility transfer agreements will be signed by each hospital in the County with a PCCC and a trauma center.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits.</td>
<td>Implement February 1996 - November 1996</td>
</tr>
<tr>
<td>5.3</td>
<td>To implement guidelines for pediatric interfacility transport programs in Santa Clara County, and encourage all interfacility transport programs to meet guidelines.</td>
<td>Survey the pediatric interfacility providers (ground &amp; air) to assure compliance with the guidelines.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits.</td>
<td>Implement: July 1996 to June 1997.</td>
</tr>
</tbody>
</table>
**Objective 6**

To implement Standards for Pediatric Critical Care Centers and designate PCCC's for Santa Clara County.

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Completion of PCCC Site Visits to determine compliance with standards and formal designation of centers meeting standards as PCCCs.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits. EMSC Coordinator to oversee this process.</td>
<td>Development of Standards: Completed: June 1996. Implement: January 1997 - June 1997. (Implementation will begin January once the trauma center guidelines are completed to allow simultaneous implementation of PCCCs &amp; trauma centers.)</td>
<td>100% of qualified critical care referral centers designated as PCCCs.</td>
</tr>
</tbody>
</table>
Objective 7

To develop pediatric standards for general trauma centers and encourage all trauma centers in Santa Clara County to meet the guidelines.

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Completion of Site Visits to all trauma centers (3 hospitals) in Santa Clara County to assure compliance with the guidelines. This will be done in conjunction with the PCCC Site Visits.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. Recruitment process and use of outside personnel for consultation visits. EMSC Coordinator to oversee this process.</td>
<td>Development of Guidelines Completed: December 1996. Implement: January 1997 - June 1997.</td>
<td>100% compliance of trauma centers with pediatric guidelines.</td>
</tr>
</tbody>
</table>
## Objective 8

To develop and implement guidelines for pediatric rehabilitation services and thus assure adequate pediatric rehabilitation services for Santa Clara County.

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2</td>
<td>Completion of Site Visit to pediatric rehabilitation program at Santa Clara Valley Medical Center to assure compliance with the guidelines (in conjunction with the PCCC/Trauma Center Site Visit.)</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. EMSC Coordinator to oversee this process.</td>
<td>Implement: January 1997 - June 1997.</td>
<td>Pediatric rehabilitation services that meet EMSC recommendations by June 1997.</td>
</tr>
</tbody>
</table>
### Objective 9

To develop recommendations for EMSC injury and illness prevention programs and integrate existing prevention programs with the EMSC system.

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>Complete development of EMSC injury and illness prevention recommendations.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. EMSC Coordinator to oversee this process.</td>
<td>Development: January 1996 to June 1996.</td>
<td>Completion of injury and illness recommendations.</td>
</tr>
<tr>
<td></td>
<td>Integration of EMSC recommendations into County Illness/Injury Prevention Programs.</td>
<td>EMSC Coordinator, EMSC Consultant, EMS Administrator, EMS Staff, Medical Director, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. EMSC Coordinator to oversee this process</td>
<td>Implement: July 1996 to July 1997.</td>
<td>Effective integration of EMSC and existing prevention programs.</td>
</tr>
<tr>
<td>9.2</td>
<td></td>
<td></td>
<td>Some preliminary implementation will commence in March 1996 as EMSC integrates the ED Site Visits with Public Health Department Prevention Programs.</td>
<td></td>
</tr>
</tbody>
</table>
### Objective 10

To develop recommendations for prehospital information management in an EMSC system and data collection for evaluation of the EMSC system.

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Evaluation Methodology</th>
<th>Resources Needed</th>
<th>Implementation Schedule</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>To coordinate with the EMS Data Grant and thereby assure collection of appropriate prehospital data.</td>
<td>EMSC Coordinator, EMS Consultant, EMS Administrator, EMS Staff, Medical Director, DISA, Task Force Members, &amp; clerical support. Office supplies &amp; equipment. EMSC Coordinator to oversee this process.</td>
<td>Develop in conjunction with the EMS Data Collection Grant awarded to Santa Clara County: February 1996 to December 1996. Implement: January 1997 to June 1997.</td>
<td>Implement a data entry system for each of the receiving facilities as well as for the prehospital component.</td>
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<tr>
<td></td>
<td>2014</td>
<td>2015</td>
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<tr>
<td>Hire EMS Coordinator</td>
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<tr>
<td>Contract with EMS Consultant</td>
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<tr>
<td>Continue Multidisciplinary Task Force</td>
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<tr>
<td>Ems System Planning and Management</td>
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<tr>
<td>Develop EMS System Plan</td>
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<tr>
<td>Prehospital Equipment</td>
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<table>
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<tr>
<th>Status</th>
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<tr>
<td>Not Yet Begun</td>
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<td>Develop</td>
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<td>Implement</td>
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<tr>
<td>Development Completed</td>
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**STATE OF CALIFORNIA**  
**EMS AUTHORITY**  
**FEDERAL BLOCK GRANT SPECIAL PROJECT**  
**IMPLEMENTATION TIMETABLES AND MILESTONES**
<table>
<thead>
<tr>
<th>EMS Component</th>
<th>Timeframe for Completion</th>
<th>Detailed Update</th>
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</thead>
<tbody>
<tr>
<td>Continue Multidisciplinary Task Force</td>
<td>Ongoing</td>
<td>The task force and subcommittees have been meeting regularly with productive results for each component of EMS.</td>
</tr>
<tr>
<td>EMS System Planning and Management</td>
<td>Ongoing</td>
<td>Four separate subcommittees have been established to draft EMS policies.</td>
</tr>
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</table>
PROJECT EVALUATION

Section V

Project objectives and activities will be evaluated to determine if they have been successfully completed. The specific evaluation criteria (performance indicators) that will be used are listed below.

Evaluation will be based primarily on the successful development, adoption, and implementation of proposed products (standards, guidelines, and recommendations) for each component of Santa Clara County’s comprehensive EMSC system. Performance indicators will include successful completion and implementation of these products.

In addition, the project will also attempt to evaluate outcomes and benefits in terms of project impact where possible. Currently, the EMS Agency collects very little data related to EMS for Children. As each component of the EMSC system is developed, appropriate pediatric equipment and supplies for all BLS/ALS support units, increases in transfers to specialized pediatric referral centers, etc. will be measured and evaluated prior to the end of the project. Other types of outcome evaluation (e.g. impact on mortality and morbidity) will depend on establishing an EMSC data base and long term evaluation processes.

The person responsible for evaluation of the EMSC project will be the EMSC Project Coordinator, under the overall direction of the EMS Agency Administrator. The EMSC Task Force will also participate in the review and evaluation of the EMSC system. It is the intent of the Santa Clara County EMSC program to measure the success of each implemented objective to ensure that the project has achieved its stated goals.

Objective 1

To establish within the EMS Agency an organizational and administrative structure for the planning, development, and implementation of a comprehensive EMSC system. (The State EMSC “System Planning, Implementation, and Management Model for the integration of EMSC into Local EMS Systems” will be used as a model.)

Activity 1.1: To continue employment of full time coordinator with overall responsibilities for the EMSC project.

Evaluation: Employment of EMSC Project Coordinator during second year of project with an annual performance review.

Activity 1.2: Continue contract with the Pediatric Intensive Care Network of Northern and Central California to advise the EMS Agency on EMSC system development and implementation.

Evaluation: Contract signed with Pediatric Intensive Care Network of Northern and Central California for consultation and advice for second year of project.
Activity 1.3: To continue the multidisciplinary EMSC Task Force and subcommittees to advise on the development and implementation of a comprehensive EMSC system appropriate for the County.

Evaluation: Bi-monthly meetings of the EMSC Task Force and meetings of the subcommittees as needed. Minutes recording meeting attendance and business conducted will be maintained.

Activity 1.4: To develop ongoing EMSC system planning, management, and evaluation capabilities.

Evaluation: Integration of an ongoing EMSC system planning, management, and evaluation capability into the overall EMS system.

Objective 2

To develop and implement an EMSC system plan.

Activity 2.1: Development and implementation of an EMSC system plan.

Evaluation: Development and integration of an EMSC System Plan into the overall EMS System and Trauma Care System Plan.

Objective 3

To implement appropriate prehospital services for children.

Activity 3.1: To implement prehospital pediatric equipment and supplies policies for BLS/ALS support units.

Evaluation: Conduct survey in conjunction with prehospital providers, for compliance. Target compliance 75% of all ALS units and 50% of all BLS units by June, 1996.

Activity 3.2: To develop and implement appropriate pediatric education guidelines, including revised pediatric prehospital treatment protocols, for paramedics and other prehospital personnel.


b. Verification of training of 75% of paramedics and other prehospital personnel in the revised pediatric prehospital treatment protocols as well as other education/training recommendations as they are developed.
Activity 3.3: To implement appropriate Pediatric Prehospital Treatment Protocols.

Evaluation: Train-the-trainers' program is to be implemented in conjunction with prehospital providers and related agencies. Evaluation forms will be completed by class participants, and an annual survey will be distributed to prehospital providers for further evaluation.

Objective 4

To complete implementation of administration, personnel, equipment and supplies, and policy standards/guidelines for the care of Pediatric Patients in the Emergency Department.

Activity 4.1: As stated above.

Evaluation: Consultation visits will be conducted in all emergency departments within the County to assure compliance with emergency department guidelines.

Objective 5

To implement interfacility pediatric consultation and/or transfer guidelines, transfer agreements, and guidelines for pediatric transport services between community hospitals and pediatric critical care and trauma referral centers.

Activity 5.1: To implement appropriate interfacility pediatric trauma and critical care consultation and transfer guidelines for Santa Clara County.

Evaluation: a. Completion of review of guidelines with all major agencies, organizations and professional groups by EMSC Task Force representatives.

b. Review of guidelines during ED Consultation Visits and PCCC/Trauma Center Site Visits.

c. 15% increase in transports to pediatric referral centers by June, 1998.

Activity 5.2: To implement pediatric interfacility transfer agreements between community hospitals and one or more pediatric critical care centers and one or more trauma centers.

Evaluation: One or more pediatric interfacility transfer agreements signed by each hospital in the County with a PCCC and a trauma center.
Activity 5.3: To implement guidelines for pediatric interfacility transport programs in Santa Clara County and encourage all interfacility transport programs to meet guidelines.

Evaluation: Survey of pediatric interfacility (ground and air) to assure compliance with guidelines.

Objective 6

To implement Standards for Pediatric Critical Care Centers and designate PCCC's for Santa Clara County.

Activity 6.1: As stated above.

Evaluation: Completion of site visits to PCCCs to determine compliance with standards and designation of centers meeting standards.

Objective 7

To develop pediatric guidelines for general trauma centers and encourage all trauma centers in Santa Clara County to meet guidelines.

Activity 7.1: As stated above.

Evaluation: Completion of site visits to all trauma centers in the County to assure compliance with the guidelines.

Objective 8

To develop and implement guidelines for pediatric rehabilitation services.

Activity 8.1: To develop guidelines for pediatric rehabilitation services.

Evaluation: Completion of pediatric rehabilitation guidelines

Activity 8.2: To implement pediatric rehabilitation guidelines.

Evaluation: Completion of site visits to rehabilitation centers in the County to assure compliance with guidelines (in conjunction with PCCC, trauma center site visits).
Objective 9

To develop recommendations for EMSC injury and illness prevention programs and the integration of existing prevention programs with the EMSC system.

Activity 9.1: Develop recommendations for EMSC illness/injury prevention programs in conjunction with County Health Department programs.

Evaluation: Completion of development of EMSC injury/illness prevention recommendations.

Activity 9.2: Integrate EMSC recommendations with County illness/injury prevention program.

Evaluation: Integration of EMSC recommendations into County illness/injury prevention programs.

Objective 10

To develop recommendations for prehospital information management in an EMSC system and data collection for evaluation of the EMSC system.

Activity 10.1: As stated above.

Evaluation: Inclusion of appropriate data elements for EMSC system components into the Santa Clara County data management system.
STATEMENT OF INTENT

Section VI

Santa Clara County is committed to establishing and continuing an EMS for Children program. As directed by the Santa Clara County Board of Supervisors, the EMS Agency will develop, implement and ensure the continued support of an EMS for Children System. Santa Clara County has made this commitment as demonstrated by establishing a broad-based, multi-disciplinary Task Force for EMS for Children. We anticipate the majority of cost to be within the first two years of implementation of this program. We will continue our commitment to periodically revise EMSC standards and guidelines and to support the EMSC system as an ongoing program after the EMS for Children project has ended.
<table>
<thead>
<tr>
<th>Budget Categories</th>
<th>Total Block Grant Funds</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
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<tr>
<td>Fringe Benefits</td>
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<td>Accounting</td>
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<td>Advertising</td>
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<td>Budgeting</td>
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<td>Communications</td>
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<tr>
<td>Equipment</td>
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<td>Legal Expenses</td>
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<td>Maintenance &amp; Repairs</td>
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<tr>
<td>Materials &amp; Supplies</td>
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<tr>
<td>Memberships, Subscriptions &amp; Professional Activities</td>
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<tr>
<td>Motor Pools</td>
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<td>Printing &amp; Reproduction</td>
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<tr>
<td>Professional Services (Consultants)</td>
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<tr>
<td>Space (Rental)</td>
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<td>Training</td>
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<td>Travel</td>
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<td>In-State</td>
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<td>Out-of-State</td>
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<tr>
<td>Administrative/Indirect Cost 10%:</td>
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<td>(figured only on personnel/benefits)</td>
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<td>TOTALS</td>
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<td>Budget Categories</td>
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<td>Personnel</td>
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<td>Fringe Benefits</td>
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<td>Maintenance &amp; Repairs</td>
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<tr>
<td>Administrative/Indirect Cost 10%:</td>
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<td>(figured only on personnel/benefits)</td>
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<tr>
<td>TOTALS</td>
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</tbody>
</table>
BUDGET DETAIL/NARRATIVE

The budget detail/narrative has been combined to eliminate duplication efforts. The budget detail/narrative needs to be in the order listed below. Explain how each budget item will be used to fulfill the grant objectives.

Personnel:
Discuss the roles and responsibilities of each position funded under the grant. Identify the monthly, weekly, or hourly rates, and personnel classifications. Listed below are possible samples of personnel costs:

Example:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement</td>
<td>11.65%</td>
</tr>
<tr>
<td>Health</td>
<td>7.65%</td>
</tr>
<tr>
<td>Workers Comp.</td>
<td>2.74%</td>
</tr>
<tr>
<td>OASDI</td>
<td>6.20%</td>
</tr>
<tr>
<td>Dental</td>
<td>1.02%</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>2.74%</td>
</tr>
<tr>
<td></td>
<td>32.00%</td>
</tr>
</tbody>
</table>

Program Coordinator, 1.0 FTE
40 hours @ $25.42 = $52,873.60

Office Assistant (1,040 hours on project)
$7.33 hour @ 1,040 hours = $7,623.20

Fringe Benefits:
Itemize individual components that make up the benefits category (e.g., retirement, health plan, workers Comp., OASDI, dental). The total fringe benefits may not exceed 32% of salaries.

Accounting:
The cost of establishing and maintaining accounting systems, preparing payroll and maintaining necessary related wage records. Explain how the accounting costs were calculated.

Advertising:
The costs for recruitment of personnel required for the grant, solicitation of bids for the procurement of services and for any other purpose specifically provided for in the grant. Explain how the advertising costs were calculated.

Budget:
The costs for the development, preparation, presentation, and execution of the project budget. Explain how the budget costs were calculated.

Communications:
The costs for telephone calls, mail, messenger service, and similar expenses. Itemize and explain how the communication costs were calculated.

Equipment:
Itemize the equipment to be purchased under the grant, including a discussion of how the equipment will be used to fulfill the grant objectives. Equipment is defined as an item costing $5,000 or more.

Legal Expense:
The costs required in the administration of the grant program. Identify the rate per hour and number of hours needed for the grant.
Maintenance and Repairs:
Itemized the maintenance and repairs to be used under this grant and explain how these costs were calculated.

Materials and Supplies:
Itemize all materials and supplies to be purchased under this grant. All purchases should be charged after deducting all cash discounts, trade discounts, rebates, and allowances received. Explain how these items were calculated.

Memberships, Subscriptions, and Professional activities:
Itemized the memberships, subscriptions, and professional activities to be purchased under this grant.

Motor Pools:
Itemized the costs of the provision of an automobile for use directly for the project, include the date, time of departure and return, number of miles at .31/mi, vehicle maintenance inspection, and repair service.

Printing & Reproduction:
Itemize the costs of printing and reproduction services when directly related to the project. Explain how the costs were calculated.

Professional Services (Consultants):
Identify the monthly, weekly, or hourly rate of all consultants to be incurred under the grant and explain the role of each consultant to be funded under this grant. Identify all expenses incurred by the consultant (i.e., travel, lodging, per diem).

Space (Rental):
Explain how the costs of space in privately or publicly owned buildings used specifically for the benefit of the project were calculated.

Training:
Identify the cost of in-service training that is to be provided for employee development that directly benefits the project.

Travel:
Itemize what travel will take place under the grant, including number of people, destinations, and purposes of travel in terms of fulfilling the grant objectives.

Administrative/Indirect Cost:
Each LEMSA receiving a grant will be allowed either to direct cost all expenses or to claim a maximum of 10% Administrative/Indirect Cost (figured only on personnel/benefits). A LEMSA that chooses to utilize the 10% method will be required to submit to the EMS Authority an indirect cost rate plan identifying all items included in the 10% with their proposal. Each LEMSA choosing to use the 10% method will not be permitted to direct claim any of the indirect/administrative costs identified below:

- Accounting
- Budgeting
- Communications
- Legal Expense
- Maintenance & Repairs
- Motor Pools
- Space (Rental)
LEMSA
Address
City, State, Zip

Project Title

Progress Report
July to September, 200X

Contract: EMS-XXXX

October 15, 200X
Quarterly Report Format

List all the objectives, use additional sheets to include all objectives established by the contract and work completed each quarter.

Example Objective #1

To establish within the EMS Agency an organizational and administrative structure for the planning, development, and implementation of a comprehensive EMSC system. (The State EMSC “System Planning, Implementation, and Management Model for the Integration of EMSC into Local EMS Systems” will be used as a model.)

(Quarterly reports should describe the status of each objective and activity/task listed in the project. Status information should include at a minimum the following:

What work was done under each activity/task?

What product was produced for the specific activity/task?

How was the activity/task evaluated? Were there any problems encountered in carrying out the activity/task? If so, what steps were taken to overcome the problems?

What was the completion date or is the expected completion date of the activity/task?

How will any delay encountered affect the total project time schedule?)
Introduction:

Give a brief history of the project (e.g., what conditions led to its need).

Project Description:

Briefly describe what the project set out to accomplish and what the major objectives were.

Task/Methodology:

Briefly describe what tasks were undertaken and how work was carried out to complete the project objectives.

Outcome:

Briefly describe what products, data, reports, etc. came out of the project and how these products will be used, or what benefit they have for the LEMSA.

Conclusion:

Briefly describe the net impact of the project on the overall operations of the EMS system, and any recommendations regarding modifications to the process or project as a whole.
## State of California
### EMS Authority
#### Federal Block Grant Special Project

**Invoice Form**

<table>
<thead>
<tr>
<th>Line Items</th>
<th>Total Budget</th>
<th>Expenditures This Period</th>
<th>Expenditures To Date</th>
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<tbody>
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**Totals**

- Expenditures this Period: $
- Amount Available for Payment this Claim: $
- Amount Requested to Date: $
- Advance Amount Received: $

(Advance is considered a credit until expenditures exceed advance)
(Expenditures must exceed the amount of advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

______________________________
Executive Director, EMS Agency
Sample Letter Requesting an Advance

Date

Contracts Manager
EMS Authority
1930 9th Street
Sacramento, CA 95814

Dear:

Please accept this letter as a formal request for the 25% advance on our (Name of Project) Contract EMS-XXXX in the amount of $_______.

Your assistance in obtaining this advance as soon as possible is appreciated. If you have any questions, please do not hesitate to call.

Sincerely,

EMS Administrator
LEMSA
# INVOICE

Sample of Inv. #1 after requesting a 25% advance

**LEMSA**  
**ADDRESS**  
**CITY, STATE ZIP**  

**CONTRACT NUMBER:** EMS-XXXX  
**FOR THE PERIOD COVERED:** July 1, 200X - September 30, 200X  

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<td>Personnel</td>
<td>$43,065.00</td>
<td>$4,800.00</td>
<td>$4,800.00</td>
<td>$38,265.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$13,780.00</td>
<td>$1,536.00</td>
<td>$1,536.00</td>
<td>$12,244.00</td>
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<td>$5,000.00</td>
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<tr>
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<td>Travel</td>
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<tr>
<td>In-State</td>
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<tr>
<td>Out-of-State</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>$80,000.00</td>
<td>$8,221.00</td>
<td>$8,221.00</td>
<td>$71,779.00</td>
</tr>
</tbody>
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Expenditures This Period: $8,221.00  
Amount Available for Payment this Claim: $0.00  
Amount Requested to Date: $20,000.00  
Advance Amount Received: $20,000.00

(Advance is considered a credit until expenditures exceed advance)  
(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

______________________________  
Executive Director  
EMS Agency
## INVOICE

Sample of Inv. #1 not requesting a 25% advance

**LEMSA**

**ADDRESS**

**CITY, STATE ZIP**

**CONTRACT NUMBER:**

**FOR THE PERIOD COVERED:**

<table>
<thead>
<tr>
<th>Line Items</th>
<th>Total Budget</th>
<th>Expenditures this Period</th>
<th>Expenditures to Date</th>
<th>Contract Balance</th>
</tr>
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<tbody>
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<td>Personnel</td>
<td>$43,065.00</td>
<td>$4,800.00</td>
<td>$4,800.00</td>
<td>$38,265.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$13,780.00</td>
<td>$1,536.00</td>
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<tr>
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<td>Memberships, Subscriptions &amp;</td>
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<td>Motor Pools</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$80,000.00</strong></td>
<td><strong>$8,221.00</strong></td>
<td><strong>$8,221.00</strong></td>
<td><strong>$71,779.00</strong></td>
</tr>
</tbody>
</table>

**Expenditures This Period:** **$8,221.00**

**Amount Available for Payment this Claim:** **$8,221.00**

**Amount Requested to Date:** **$8,221.00**

**Advance Amount Received:** **$0.00**

(Advance is considered a credit until expenditures exceed advance)

(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

Executive Director

EMS Agency
Sample of Inv. #2 after requesting a 25% advance

LEMSA
ADDRESS
CITY, STATE ZIP

CONTRACT NUMBER: EMS-XXXX

FOR THE PERIOD COVERED: October 1, 200X - December 31, 200X

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<th>Line Items</th>
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<td>Personnel</td>
<td>$43,065.00</td>
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<tr>
<td>Fringe Benefits</td>
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<td>$9,172.00</td>
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<td>$4,900.00</td>
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<tr>
<td>Memberships, Subscriptions</td>
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<tr>
<td>&amp; Professional Activities</td>
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<td>Professional Services</td>
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Expenditures This Period: $16,677.00
Amount Available for Payment this Claim: $4,898.00
Amount Requested to Date: $24,898.00

Advance Amount Received: $20,000.00

(Advance is considered a credit until expenditures exceed advance)
(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

______________________________
Executive Director
EMS Agency
Sample of Inv. #2 not requesting a 25% advance

**CONTRACT NUMBER:**  
EMS-XXXX

**FOR THE PERIOD COVERED:**  
October 1, 200X - December 31, 200X

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**Expenditures This Period:**  
$16,677.00

**Amount Available for Payment this Claim:**  
$16,677.00

**Amount Requested to Date:**  
$24,898.00

**Advance Amount Received:**  
$0.00

(Advance is considered a credit until expenditures exceed advance)  
(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

Executive Director  
EMS Agency
# INVOICE

Sample of Inv. #3 after requesting a 25% advance

**LEMSA**
**ADDRESS**
**CITY, STATE ZIP**

**CONTRACT NUMBER:**

**FOR THE PERIOD COVERED:**

![Invoice table]

<table>
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<tr>
<th>Line Items</th>
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<th>Expenditures to Date</th>
<th>Contract Balance</th>
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</tr>
<tr>
<td>Professional Services (Consultants)</td>
<td>$15,000.00</td>
<td>$3,750.00</td>
<td>$8,750.00</td>
<td>$6,250.00</td>
</tr>
<tr>
<td>Space (Rental)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Training</td>
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<tr>
<td>Travel</td>
<td></td>
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</tr>
<tr>
<td>In-State</td>
<td>$1,000.00</td>
<td>$200.00</td>
<td>$300.00</td>
<td>$700.00</td>
</tr>
<tr>
<td>Out-of-State</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$80,000.00</td>
<td>$16,927.00</td>
<td>$41,825.00</td>
<td>$38,175.00</td>
</tr>
</tbody>
</table>

**Expenditures This Period:** $16,927.00

**Amount Available for Payment this Claim:** $16,927.00

**Amount Requested to Date:** $41,825.00

**Advance Amount Received:** $20,000.00

(Advance is considered a credit until expenditures exceed advance)

(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

---

Executive Director
EMS Agency
Sample of Inv. #3 not requesting a 25% advance

LEMSA
ADDRESS
CITY, STATE ZIP

CONTRACT NUMBER: EMS-XXXX

FOR THE PERIOD COVERED: January 1, 200X - March 31, 200X

<table>
<thead>
<tr>
<th>Line Items</th>
<th>Total Budget</th>
<th>Expenditures this Period</th>
<th>Expenditures to Date</th>
<th>Contract Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$43,065.00</td>
<td>$9,600.00</td>
<td>$24,000.00</td>
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<td>Fringe Benefits</td>
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<td>Accounting</td>
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<tr>
<td>Advertising</td>
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<td>Budgeting</td>
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<td>Communications</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Legal Expense</td>
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</tr>
<tr>
<td>Maintenance &amp; Repairs</td>
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</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>$5,500.00</td>
<td>$100.00</td>
<td>$700.00</td>
<td>$4,800.00</td>
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<tr>
<td>Memberships, Subscriptions &amp; Professional Activities</td>
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<td>$45.00</td>
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<tr>
<td>Motor Pools</td>
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<td>Printing &amp; Reproduction</td>
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<td>$38,175.00</td>
</tr>
</tbody>
</table>

Expenditures This Period: $16,927.00
Amount Available for Payment this Claim: $16,927.00
Amount Requested to Date: $41,825.00
Advance Amount Received: $0.00

(Advance is considered a credit until expenditures exceed advance)
(Expenditures must exceed the Amt. of Advance to receive payment)

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws and regulations governing its payment.

Executive Director
EMS Agency
Travel Allowance

Reimbursement may be requested for actual transportation expenses by public carrier in connection with services rendered for the project and actual transportation costs for a personal car at the rate of $ .31 per mile or less for travel expenses incurred for the project, while away from the individual’s headquarters. Claims for transportation by scheduled airlines are allowed at the lowest fare available in conformity with the regular published tariffs for scheduled airlines in effect on the date of origination of the flight. Parking, toll bridge expenses, etc., are permissible if in conformance with Department of Personnel Administration regulations.

NOTE: Only those travel expenses specified in the project Contract budget are reimbursable to the Contractor.

In computing the allowance for travel, the following maximum reimbursement will be allowed in any 24 hour period or fractional part thereof:

- Lodging $0.00 without receipt
- Lodging $79.00 with receipt ($110 with receipt per night plus tax for the counties of San Francisco, Santa Clara, Alameda and San Mateo)
- Breakfast up to $6.00
- Lunch up to $10.00
- Dinner up to $18.00
- Incidental up to $6.00

An incidental allowance of up to $6.00 may be claimed for each 24 hour period.

No per diem expenses are allowed at any location within 50 miles of the individual’s headquarters as determined by normal commute distance. Meals are subject to the following:

If trip was:

Less than 24 hours

- Breakfast:
  May be claimed if traveler left at or before 6:00 a.m. and returned at or after 9:00 a.m.

- Lunch:
  Lunch may NOT be claimed for travel of less than 24 hours.

- Dinner:
  May be claimed if traveler left at or before 4:00 p.m. and returned at or after 7:00 p.m.

More than 24 hours

- Breakfast:
May be claimed if traveler left at or before 6:00 a.m. and returned at or after 8:00 a.m.

Lunch:
May be claimed if traveler left at or before 11:00 a.m. and returned at or after 2:00 p.m.

Dinner:
May be claimed if traveler left at or before 5:00 p.m. and returned at or after 7:00 p.m.

Any meals provided for in the registration fee of a conference or in the price of the airline ticket are not separately reimbursable to the Contractor.