COUNTY DEPARTMENT AGENDA REQUEST

Department:	Fire & Emergency Services	Presenter(s):	M. Allen McCullough
Meeting Date:	Thursday, December 9, 2010	Type of Request:	Consent

Wording for the Agenda:

Approval of staff's request to accept an equipment grant funded by the Georgia Trauma Care Network Commission in the amount of $2,166.

Background/History/Details:

Fayette County Fire and Emergency Services has been selected to receive an equipment grant to provide our community with trauma related equipment. This grant, funded by the Georgia Trauma Care Network Commission and administered by the Georgia Association of EMS will be used to pay for equipment that is above the requirements for ambulance licensure.

What action are you seeking from the Board of Commissioners?

Approval of staff's request to accept the grant.

If this item requires funding, please describe:

Has this issue come before the Commissioners in the past?	No	If so, when?	
Do you need audio-visual for the presentation?	No	Back-up Material Submitted?	Yes

STAFF USE ONLY

Approved by Finance	Yes	Reviewed by Legal	Yes
Approved by Purchasing	Not Applicable	Approved by County Clerk	Yes
Administrator's Approval	Yes		

Staff Notes:

The Georgia Association of Emergency Medical Services

"Dedicated to Quality Pre-Hospital Care"

Georgia Association of Emergency Medical Services, Inc.
P.O. Box 4626
Macon, Georgia 31208
Phone (478)633-7514
Fax (478)749-9145
Website: www.ga-ems.com

Congratulations, your service has been selected to receive an equipment grant to provide your community with trauma related equipment. This grant has been funded by the Georgia Trauma Care Network Commission and will be administered by the Georgia Association of EMS. The amount of your grant, based list on the excel spreadsheet that has been sent with this email This grant can be used to pay for equipment that is above the requirements for ambulance licensure. The approved list of equipment includes:

Adult Interosseous Supplies (this includes devices, needles, and related equipment)	Capnography
External Blood Clotting Supplies	ResQGuard
ResQPod	Eject helmet Removal System
Eject helmet Removal System	Pediatric Broselow Resuscitation Items
Scoop Stretcher	Commercially made Tourniquet Devices
Commercially made Pelvic Stabilization Devices	Commercially made Eye Irrigation Devices
Pressure Infusion bags	

This is a list that has already been approved by the Trauma Commission. If you have other equipment or supplies that you feel would be of greater benefit we will be happy to take that to the Trauma Commission for possible acceptance.

What you should do now:

1. Immediately notify GAEMS that you wish to accept this grant by sending an email to: gaemsinc@gmail.com
2. If you wish to purchase equipment from the approved list, then purchase the equipment and send an affidavit (part of this document) confirming this purchase to gaemsinc@gmail.com.
3. If you wish to request equipment or supplies not listed above please send us a written statement requesting this variance. We will forward this to the Trauma Commission for their consideration.
4. When GAEMS receives a copy of the signed affidavit we will send to you the lesser of::
   a. The total amount of the grant listed on the spreadsheet or
   b. The amount listed on the affidavit

On all correspondence please list:

- Your name (please print)
- Your service name
- The entity you wish your check to be made to
- The complete mailing address to send the check.

Affidavit:

I am the Director of _____ EMS. I have been awarded a grant from the Georgia Trauma Care Network Commission in the amount of _____. I have purchased:

Item Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
Total Cost of All Items Purchased			

I_____ do affirm that the above equipment has been purchased and placed
(Printed name)
in service.

_____ _____
Signature Date

_____ _____
Witness Date