

# EMSI

## EMSOF Category IV Provider Equipment Request Packet

### FACE SHEET

*When used electronically, this packet is designed to let you click and type your answers appropriately.*

*Requests must comply with the Pennsylvania EMS Act, the associated Rules & Regulations, and the latest version of the PA DOH EMSOF Funding Priorities published at <http://www.pabulletin.com>.*

For the EMSOF cycle:	beginning July 1, <u>2004</u> and ending June 30, <u>2005</u>		
Service name:	<u>Green Pastures Ambulance Service</u>		
Type of license/recognition: <i>(check all that apply)</i>	<input checked="" type="checkbox"/> QRS <input checked="" type="checkbox"/> BLS Ambulance <input checked="" type="checkbox"/> ALS Ambulance <input checked="" type="checkbox"/> ALS Squad <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Rescue		
Address:	<u>123 Elmstreet Lane</u> <u>Green Pastures, PA 16999</u>		
County:	<u>Washimoreland</u>	<b>EMSI Use Only</b> for RECEIVED stamps <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%; text-align: center;">Initial</div> <div style="width: 45%; text-align: center;">Final</div> </div>	
Affiliate #:	<u>99001</u>		
Federal Employer (tax) ID #:	<u>12-3456789</u>		
Amount of EMSOF money allocated to your service:	<u>\$ 3800</u>		
Contact person's name:	<u>David Westerfall, Director</u>		
Contact person's phone number:	<u>724-555-9999</u>		

### EQUIPMENT DETAIL SHEET

Complete one of these pages for each kind of equipment.

Equipment description: <i>(from EMSOF Funding Priorities Eligible Equipment List)</i>	Stair chair		
Make & model:	Stryker STAIR-PRO 6252		
Place where equipment will be kept:	1st & 2nd line ambulances at main station		
Will equipment be new or refurbished?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Refurbished		
Life expectancy of equipment, in years: <i>(from EMSOF Funding Priorities Eligible Equipment List)</i>	5		
	ANTICIPATED COSTS		*** STOP ***
Unit cost:	\$ 2080	* S T O P *	ACTUAL COSTS (Enter <u>after</u> EMSI returns this form to you and you have placed your order.)
Quantity:	2		\$
<b>TOTAL COST</b> (Unit cost X Quantity): <i>for this set of equipment</i>	\$ 4160		\$
Expected match level: <input type="checkbox"/> Nonrural (50%) <input checked="" type="checkbox"/> Rural (60%)			\$
Portion of TOTAL COST you expect EMSOF to reimburse: <i>(Total Cost X Match Level)</i>	\$ 2496		\$
Balance of TOTAL COST that YOUR SERVICE will pay:	\$ 1664		\$
<p align="center">*** STOP ***</p> <p>Go to another EQUIPMENT DETAIL SHEET or go to the SUMMARY SHEET.</p>			

EQUIPMENT INVENTORY LIST		Complete the following section <u>after</u> EMSI has returned this form to you <u>and</u> you have received the equipment.	Write additional dates and serial numbers on the back of this page if necessary.
Date(s) equipment received	Serial number(s)		

### EQUIPMENT DETAIL SHEET

Complete one of these pages for each kind of equipment.

Equipment description: <i>(from EMSOF Funding Priorities Eligible Equipment List)</i>	Alerting Equipment		
Make & model:	Motorola Miniator IV 2-freq VHF		
Place where equipment will be kept:	With active members		
Will equipment be new or refurbished?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Refurbished		
Life expectancy of equipment, in years: <i>(from EMSOF Funding Priorities Eligible Equipment List)</i>	5		
	ANTICIPATED COSTS	* S T O P *	*** STOP ***
Unit cost:	\$ 399.95		ACTUAL COSTS <i>(Enter after EMSI returns this form to you and you have placed your order.)</i>
Quantity:	5		\$
<b>TOTAL COST</b> (Unit cost X Quantity): <i>for this set of equipment</i>	\$ 1995.75		\$
Expected match level: <input type="checkbox"/> Nonrural (50%) <input checked="" type="checkbox"/> Rural (60%)			\$
Portion of TOTAL COST you expect EMSOF to reimburse: <i>(Total Cost X Match Level)</i>	\$ 1199.85		\$
Balance of TOTAL COST that YOUR SERVICE will pay:	\$ 795.90	\$	
<p style="text-align: center;">*** STOP ***</p> <p>Go to another EQUIPMENT DETAIL SHEET or go to the SUMMARY SHEET.</p>			

EQUIPMENT INVENTORY LIST		Complete the following section <u>after</u> EMSI has returned this form to you <u>and</u> you have received the equipment.	Write additional dates and serial numbers on the back of this page if necessary.
Date(s) equipment received	Serial number(s)		

## SUMMARY SHEET

Complete this sheet after you finish all your Equipment Detail Sheets.

GRAND TOTAL COST: <i>(Add up all TOTAL COSTs on Equipment Details Sheets)</i>	\$ 6155.75
Portion of GRAND TOTAL COST you expect EMSOF to reimburse: <i>(Compare with how much you said you were allotted on the FACE SHEET.)</i>	\$ 3695.85
Balance of GRAND TOTAL COST that YOUR SERVICE will pay:	\$ 2459.90
Are you requesting any items that DO NOT appear in the EMSOF Funding Priorities Eligible Equipment List?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

### SUBMISSION CHECKLIST

	<input checked="" type="checkbox"/>
Have you completed the FACE SHEET?	<input checked="" type="checkbox"/>
Have you completed all your EQUIPMENT DETAIL SHEETS up to the STOP line?	<input checked="" type="checkbox"/>
Have you completed the SUMMARY SHEET up to this point?	<input checked="" type="checkbox"/>
Have you read, and will you comply with the <b>Terms and Conditions</b> as a condition of reimbursement?	<input checked="" type="checkbox"/>
Have you printed or copied all sheets for yourself?	<input checked="" type="checkbox"/>
If you are NOT preparing this packet electronically, have you stapled the originals together, with the FACE SHEET on top and the SUMMARY SHEET on the bottom?	<input checked="" type="checkbox"/>

**SUBMIT THE REQUEST PACKET TO YOUR COUNTY EMS COORDINATOR.  
ELECTRONIC SUBMISSION OF REQUESTS IS ENCOURAGED.**

**\* \* \* STOP \* \* \***

**DO NOT make any purchases and DO NOT sign below until EMSI tells you to.**

To receive your final reimbursement, you must print this document onto paper, apply your hand-written signature, and mail or fax it to EMSI, WITH COPIES OF VENDOR INVOICES AND CANCELED CHECKS for the equipment you received.

By signing below, I affirm that I have read, am in compliance with, and will continue to comply with, the <b>Terms and Conditions of the EMSI EMSOF Category IV Provider Equipment Program</b> . I further affirm that the information provided in this packet is, to the best of my knowledge, correct and true:	
Signature:	Date:
Print your name:	Your title: