



# Government Extraordinary Emergency Fund (EEF)

## BASIS FOR PROPOSALS

- Funding is set aside each fiscal year from the EMS and Trauma Care System Account (911 Funds), the Trauma Facilities and Trauma Care System Fund (enacted by Senate Bill 1131, 78th Legislature) and the Designated Trauma Facility and Emergency Medical Services Account (enacted by House Bill 3588, 78th Legislature) to support the emergent, unexpected needs of EMS providers or DSHS-approved organizations
- Proposals are evaluated based on impact to the regional or statewide EMS/trauma system and must illustrate a degradation of service
- DSHS EMS field staff participate in the evaluation process

# **Eligible applicants include:**

- Licensed EMS providers
- Registered first responder organizations
- Licensed hospitals

# Your application must include a description of the following:

- The [Extraordinary Emergency Fund Checklist](#)
- A written proposal:
  - Describe the recent extraordinary emergency event that has occurred and explain how the impact is causing or will cause a degradation of service to the community
  - Explain how denial of this request for funding will affect your community.
  - Describe alternative solutions you have sought to resolve your emergency
  - Describe the types of subsidy you receive from the community
- Budget documentation for the last quarter (income/expense/savings statements)
- Invoice(s) or quoted price for the item(s) requesting



Department of State Health Services  
Office of EMS & Trauma Systems Coordination  
Extraordinary Emergency Fund (EEF) Checklist

|  |  |
|--|--|
| Name of Organization: _____  |  |
| If legal name is different, list legal name: _____   |  |
| Physical Address (not PO box): _____   |  |
| Mailing Address (if different): _____  |  |
| County of License and RAC/TSA: _____   |  |
| Tax ID#: _____   | Population of Service Area: _____              |
| What is your emergency request? _____  |  |
| What is the total dollar amount of your request? _____   |  |
| Organization Type: <input type="checkbox"/> EMS <input type="checkbox"/> FRO <input type="checkbox"/> Fire Department <input type="checkbox"/> Hospital <input type="checkbox"/> 911                     |  |
| Service Type: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Volunteer Service <input type="checkbox"/> Paid Service <input type="checkbox"/> Emergency Transfer |  |
| Number of miles to nearest EMS: _____  | Level of their service: _____                  |
| Name of nearest EMS service: _____   |  |
| <b>EMS Provider or First Responder Organization, complete this section</b>   |  |
| EMS license or FRO registration #: _____   | _____  |
| Service provides care to the following counties: _____   |  |
| Circle level of care: BLS ALS MICU or ( _____ with _____ capable)  |  |
| _____ % of 911 Calls _____ % of Transfer Calls   | Average medical call distance, in miles: _____ |
| Average medical call volume per month: _____   | Square miles covered: _____                    |
| Number of ground ambulance(s): _____   | Number of air ambulance(s): _____              |
| <b>Contact Information and Signature</b>   |  |
| Print name and title of contact person: _____  |  |
| Work phone ( _____ ) _____ Other phone ( _____ ) _____   |  |
| Email Address: _____   |  |
| Print Alternate Contact and Title: _____   |  |
| Work Phone ( _____ ) _____ Other phone ( _____ ) _____   |  |
| Alternate Email Address: _____   |  |
| By my signature, I attest information submitted for this emergency fund request is accurate and true.  |  |
| Signature: _____   | Date: _____                                    |

# **Answer the following questions:**

- Did this need arise suddenly?
- Will our assistance maintain the level of your service?
- If requesting equipment, describe how the replacement item(s) compares to the original piece of equipment. Is the replacement item an upgrade?
- Does your organization participate in the Regional Advisory Council?
- Does budget documentation represent typical income/revenue funds appropriate for operating an organization of this size?

# Approval Examples

- Provided all documents
- Explained the emergency and how it affected service to the community without or until the funding was awarded
- Used EEF to maintain the level of service
  - EEF funds are not intended to expand service
- RAC participant verified from the RAC
- Case by case
- Following answers also assist in determining EEF Funding:
  - Level of care (BLS/ALS/MICU)
  - Average medical call distance
  - Average medical call volume per month
  - Square miles covered
  - Counties covered
  - Number of ground ambulance(s)
  - Number of air ambulance(s)

# Denial Examples

- No demonstration of an extraordinary emergency
- No prior RAC participation
- DSHS EMS registration expired
- Financial report states having cash balance on hand in the bank
- Already have a good backup on the request
- Provider has access to shares
- The equipment request is an upgrade
- Already applied LPG funding for the same request
- Case by case
- Following answers also assist in determining EEF Funding:
  - Level of care (BLS/ALS/MICU)
  - Average medical call distance
  - Average medical call volume per month
  - Square miles covered
  - Counties covered
  - Number of ground ambulance(s)
  - Number of air ambulance(s)

For more information

<http://www.dshs.state.tx.us/emtraumasystems/EEFfunding.shtm>