

BLS FUNDING

BLS CORE SERVICES

The **BLS Core Services Program** provides funding to help cover unanticipated costs that can't be accommodated within an agency's current budget. This money is in excess of agencies' normal BLS allocation.

- Funds may be used for expenditures related to operations, capacity and/or equipment that are incurred outside standard or planned operations.
- For the 2020-2025 levy span, agencies may "save up" and carryforward previous years' funding to pay for larger purchases.
- Agencies submit applications to the EMS Division for approval on a quarterly basis.
- Funding is divided among fire agencies using the current BLS allocation methodology (50% based on assessed valuation and 50% based on call volume).
- Like the BLS allocation, agencies are reimbursed for their expenses, and must submit a complete and accurate BLS Core Services expenditure invoice.

If you have any questions about the BLS Core Services program, or would like assistance with the application process, please contact Helen Chatalas at 206-263-8560 or Helen.Chatalas@kingcountygov.

EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT (BLS) CORE SERVICES PROGRAM
REQUEST FOR ACCESS

Applicant Name(s) and Title(s):

Agency Name:

Mailing Address:

City:

Zip:

Telephone:

E-mail address:

Please briefly describe the details of the funding request, addressing the following:

1. Basis for requesting access to the BLS Core Services program allotment:

2. Proposed use of funding:

3. Funding level requested:

4. How request meets one or more of the following eligibility criteria:

Operational:

Capacity:

Equipment:

Please return completed form to Helen Chatalas (helen.chatalas@kingcounty.gov)

BLS Core Services Request for Funding - FY 2020

Yr _____
Amount Requested

Operations

| | |
|----------------------------|-------|
| Dispatch/Communications | _____ |
| EMS Student Training | _____ |
| Operational Supplies | _____ |
| Other unplanned expenses | _____ |
| <i>Subtotal Operations</i> | _____ |

Capacity

| | |
|----------------------------------------|-------|
| Facilities | _____ |
| Call Volumes/Utilization | _____ |
| Expanded capacity to meet added demand | _____ |
| Unplanned event | _____ |
| Aid car hours | _____ |
| Consumable supplies | _____ |
| Other | _____ |
| <i>Subtotal Capacity</i> | _____ |

Equipment

| | |
|---------------------------|-------|
| Vehicle | _____ |
| Communications | _____ |
| Medical & Other | _____ |
| Stretchers | _____ |
| Other | _____ |
| <i>Subtotal Equipment</i> | _____ |

TOTAL Yearly REQUEST _____



2020 BLS Invoice - BLS Core Services

Contract Number:

Exhibit: B2 - BLS Core Services Invoice

Contract Period of Performance: 2020

Agency Name:

Address: _____

Contact Person: _____

Phone: _____

email: _____

Submit signed hardcopy invoice or PDF to:

Emergency Medical Services Division

Attn: Mary Won

401 5th Ave., Suite 1200

Seattle, WA 98104

mary.won@kingcounty.gov

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

| King County Accounts Payable Information | |
|------------------------------------------|---------------------------|
| Purchase Order # | _____ |
| Supplier Name | _____ |
| Supplier # | _____ |
| Supplier Pay Site | _____ |
| Remit to Address | _____ |
| Req # and Receipt # | _____ |
| Invoice Date | _____ |
| Invoice # | _____ |
| Amount to be Paid | _____ |
| Note to AP | _____ |
| Payment Type | (Circle One) CHECK or ACH |
| Print on Remittance | _____ |
| PH Program name & phone | _____ |

Start Date End Date

| | |
|--|--|
| | |
|--|--|

MM/DD/YY

Invoice for services rendered under this contract for the period of:

| Project | Organization | Expend Acct | Task | Award | DPH Acct | CPA | CFDA | Amount |
|---------|--------------|-------------|------|--------|----------|-----|------|--------|
| 1127515 | 830000 | 53180 | | 101752 | | | | \$ - |

Attach sheet for multiple POETAs

| OPERATIONAL FUNDS | 2019 Budget | Invoice Amount | Previous Total | Expense To Date | Budget Remaining |
|----------------------------------------|-------------|----------------|----------------|-----------------|------------------|
| Operations | | | | | |
| Dispatch/Communications | \$ - | \$ - | \$ - | \$ - | \$ - |
| EMS Student Training | \$ - | \$ - | \$ - | \$ - | \$ - |
| Operational Supplies | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other Unplanned Expense | \$ - | \$ - | \$ - | \$ - | \$ - |
| Subtotal Operations | \$ - | \$ - | \$ - | \$ - | \$ - |
| Capacity | | | | | |
| Facilities | \$ - | \$ - | \$ - | \$ - | \$ - |
| Call Volume/Utiliation | \$ - | \$ - | \$ - | \$ - | \$ - |
| Expanded Capacity to meet added demand | \$ - | \$ - | \$ - | \$ - | \$ - |
| Unplanned Event | \$ - | \$ - | \$ - | \$ - | \$ - |
| Aid Car Hours | \$ - | \$ - | \$ - | \$ - | \$ - |
| Consumable Supplies | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other Unplanned Expense | \$ - | \$ - | \$ - | \$ - | \$ - |
| Subtotal Capacity | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equipment | | | | | |
| Vehicle | \$ - | \$ - | \$ - | \$ - | \$ - |
| Communications | \$ - | \$ - | \$ - | \$ - | \$ - |
| Medical & Other | \$ - | \$ - | \$ - | \$ - | \$ - |
| Stretchers | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - |
| Subtotal Equipment | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2020 BLS Core Grand Total | \$ - | \$ - | \$ - | \$ - | \$ - |

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed

Date

PH Program Manager Approval

Date

Print Name

| For Public Health Use Only | | | | | |
|----------------------------|----------|---------|--------------|----------|--------------------|
| | Received | Entered | CM/PM Review | M Review | Official Copy Rcvd |
| Date | | | | | |
| Initial | | | | | |