

# Emergency Medical Services (EMS) Needs Assessment Grant

Wyoming Department of Health  
Public Health Division  
Office of Emergency Medical Services

This is a fillable form; handwritten forms will not be accepted.

**Date**

## Section I: Contact Information

---

---

**Primary Contact**

**Title**

**Phone Number**

**E-Mail**

Please refer to Appendix A, *Column C* of the Grant Guidance document for RUCA information.

**RUCA Number**

**List political  
subdivisions  
within the  
RUCA**

**RUCA Number**

**List political  
subdivisions  
within the  
RUCA**

**RUCA Number**

**List political  
subdivisions  
within the  
RUCA**

*If additional space is needed, please attach a type-written document outlining political subdivisions.*

---

## Section II: EMS Agency/Agencies

*If more than one EMS agency is within the RUCA(s), all additional EMS agencies will be **required** to complete and submit EMS Agency Addendum.*

---

---

**Year Established**

**Ambulance License**

**Service Director**

**Physician Medical  
Director**



**Current FY  
Operating Budget**

**FY to Date  
Expenditures**

**List Funding and/or Revenue Sources**

<b>Source 1</b>	<b>Amount</b>
<b>Source 2</b>	<b>Amount</b>
<b>Source 3</b>	<b>Amount</b>
<b>Source 4</b>	<b>Amount</b>
<b>Source 5</b>	<b>Amount</b>
<b>Source 6</b>	<b>Amount</b>

**Outline billing  
practices.**

**Payor Mix Percentage:**

<b>Medicare</b>	<b>Medicaid</b>
<b>Uncompensated</b>	<b>Tribal</b>
<b>Private Insurance</b>	<b>Veterans Administration</b>
<b>Worker's Comp.</b>	<b>Self Pay</b>
<b>Other (list)</b>	<b>Percentage</b>
<b>Other (list)</b>	<b>Percentage</b>

---

## Section IV: Needs Assessment

---

**Provide reasons for effectiveness of services and identify opportunities for improvement.**

**State concerns with maintaining staff and/or volunteer levels.**

**Identify gaps in  
emergency medical  
services delivery  
within service area.**

**Describe concerns  
with maintaining  
certification levels  
of current staff.**

**Define current communication system(s) and identify any interruptions.**

**Discuss demand for services within service area over the last three years.**

**Explain current relationships with local authorities, local dispatch entity or public safety answering point, health care providers, hospitals, and other emergency response entities.**

**Outline the method(s) of service evaluation and/or quality improvement practices. Include whether WATRS is being used.**

**Outline the method(s) of staff evaluation and/or performance improvement practices.**



**Section V: Required Documentation**

---

---

Letter of commitment for \$5,000 of matching funds	Attached
Letter(s) of support from stakeholders	Attached
Assets and liabilities balance sheet	Attached
Projected next FY budget	Attached

---

**Section VI: Signatures**

---

---

Once completed, please print application to obtain signatures.

**PLEASE NOTE:** This application will not considered without signatures from each authorized signatory from each political subdivision within the RUCAs.

Printed Name	Signature	Political Subdivision	Date
Printed Name	Signature	Political Subdivision	Date
Printed Name	Signature	Political Subdivision	Date
Printed Name	Signature	Political Subdivision	Date
Printed Name	Signature	Political Subdivision	Date
Printed Name	Signature	Political Subdivision	Date

---

---

***For Office Use Only:***

*Date Received*

*Application Number*