

# WRETAC Regional Systems Development Policy and Application



## Western Regional Emergency Medical & Trauma Advisory Council (WRETAC)

### Regional Systems Development Application

**WRETAC Mailing address:**

WRETAC  
PO Box 39  
Delta, CO 81426

**EMAIL TO:** [danny@wretac.org](mailto:danny@wretac.org)

**\*\* Please Note: This form is a WORD document. It is designed to be completed from the keyboard, saved and emailed (or printed and mailed) for submittal.**

# WRETAC Regional Systems Development Policy and Application

## Overview

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WRETAC receives annual base funding from CDPHE. Each year, the WRETAC Board of Directors assesses the biennial plan goals and fiscal budget for the following year. At that time, the board assesses the option to provide each county in the WRETAC (Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel) with Systems Development EMTS (*Emergency Medical & Trauma Services/ Hospitals*) funding opportunity. ***The funding amount is based on the approval of the WRETAC Board of Directors and it is subject to change in the future. The grant and/or amount is NOT statutorily driven.***

The WRETAC Board of Directors has developed the process, evaluation, and management of the six-county funding opportunities. The Board includes the County Commissioner-appointed representatives from each of the member counties and a representative from Delta-Montrose Technical College.

The following WRETAC Systems Development funding **application** is open to **3 applications per county (Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel) annually.**

The application forms will be distributed to each appointed county representative on the WRETAC Board of Directors.

Eligible WRETAC Counties that apply for funding shall focus on system development activities within the Colorado EMTS 15 components that demonstrate progressive improvement of the EMTS county system. WRETAC encourages counties to work towards aligning and/or participating in the identified WRETAC Biennial plan goals/priorities. Each county commissioner-appointed WRETAC Board of Directors representative shall communicate and collaborate with their respective EMTS county stakeholders in submitting their application requests.

Each county application shall be endorsed and/or acknowledged by the respective Board of County Commissioners OR THEIR DESIGNEE as a recognition that this application is submitted on behalf of the county and not one individual agency/organization. Please assure that a current copy of the resolution that denotes this delegation is on file with the WRETAC.

**\*\*\* Please read the full application. As each year there are often changes in requirements, due dates and deliverables.**

Please contact the WRETAC office and/or the county representatives for questions.

Thank you!  
WRETAC BOD

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## **INCLUSIONS AND EXCLUSIONS**

### **Systems Development funding expenditures**

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**A. Inclusions for funding include the following expense items that relate to the Colorado 15 EMTS components (Must be EMTS development & improvement).**

*WRETAC Counties that apply for funding shall focus on system development activities within the Colorado EMTS 15 components that demonstrate progressive improvement of the EMTS county system. WRETAC encourages counties to work towards aligning and/or participating in the current WRETAC Biennial plan goals/priorities.*

1. INTEGRATION OF HEALTH SERVICES
2. EMTS RESEARCH
3. LEGISLATION AND REGULATION
4. SYSTEM FINANCE
5. HUMAN RESOURCES
6. EDUCATION SYSTEMS
7. PUBLIC ACCESS
8. COMMUNICATIONS SYSTEMS
9. MEDICAL DIRECTION
10. CLINICAL CARE
11. MASS CASUALTY SYSTEMS
12. PUBLIC EDUCATION
13. PREVENTION
14. INFORMATION SYSTEMS
15. EVALUATION

**B. Exclusions (may not be limited to the below):**

1. Supplanting funds previously allocated by the county or provider agencies for emergency medicine and trauma services.
2. Expenditure for equipment or services that are not directly related to planning, coordination, regulation or provision of emergency medical and trauma services. In addition, expenditure does not afford any direct improvement or maintenance of existing systems.
3. Salaries for personnel that do not have responsibility for planning, coordination, or regulation of emergency medical and trauma services, including both medical and non-medical aspects, included in their written job description.
4. These funds cannot be used as cash match for state EMTS Provider grants; CREATE grants or other programs funded through the HUTF EMS Account.

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### **C. Applications:**

1. Applications will be submitted by the county-appointed WRETAC Board member(s) to the WRETAC Coordinator for distribution to the Board at least 14 days prior to the November, February and/or May meetings. Applications submitted at the May meeting may include the application for the final disbursement of the year on June 30.
2. Any funds not expended by the applicant during the fiscal year will be returned to the WRETAC treasury for re-allocation. In special circumstances, the applicant may submit a plan & request, to the WRETAC Board, to carry over unused granted funds for the following year.
3. The APPLICATION consists of pages 5 through 10 of this document along with a cover letter identifying the applicant organization and a brief description of the project for which funding is being requested.

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County applying for funds: \_\_\_\_\_

Date of application: \_\_\_\_\_ Date/time of submission: \_\_\_\_\_ via: \_\_\_\_\_

<b><i>Individual and Organization responsible for receiving and disbursing funds, financial record-keeping and reporting</i></b>	
<b>Name:</b>	
<b>Organization:</b>	<b>Title:</b>
<b>Mailing Address:</b>	<b>Town/City/Zip:</b>
<b>Phone:</b>	<b>E-mail:</b>

<b><i>County appointed WRETAC Representative</i></b>	
<b>Name:</b>	
<b>Mailing Address:</b>	<b>Town/City/Zip:</b>
<b>Phone:</b>	<b>E-mail:</b>

<b><i>Agency &amp; Individual responsible for the application</i></b>	
<b>Name:</b>	
<b>Organization:</b>	<b>Title:</b>
<b>Mailing Address:</b>	<b>Town/City/Zip:</b>
<b>Phone:</b>	<b>E-mail:</b>

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## **WRETAC County SYSTEM DEVELOPMENT ACTIVITY**

*Please describe below all of the EMTS System Improvements participation, projects or programs your county is planning to commit to. Describe the project/ programs associated with the funding request. If no system improvement is being made for a particular component area, leave it blank. Please see the FY2019-2021 WRETAC Biennial Plan (or the current plan) as a resource for priority systems improvement components, it may be found under Planning at WRETAC.ORG*

### **1. INTEGRATION OF HEALTH SERVICES**

### **2. EMTS RESEARCH**

### **3. LEGISLATION AND REGULATION**

### **4. SYSTEM FINANCE**

### **5. HUMAN RESOURCES**

### **6. EDUCATION SYSTEMS**

### **7. PUBLIC ACCESS**

### **8. COMMUNICATIONS SYSTEMS**

### **9. MEDICAL DIRECTION**

### **10. CLINICAL CARE**

### **11. MASS CASUALTY SYSTEMS**

### **12. PUBLIC EDUCATION**

### **13. PREVENTION**

### **14. INFORMATION SYSTEMS**

### **15. EVALUATION**

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**Western Regional Emergency  
Medical & Trauma Advisory Council  
(WRETAC)  
Funding Agreement**

For the purpose and use of the WRETAC Regional Systems Development funds awarded for calendar year:

I, \_\_\_\_\_, as a representative of  
\_\_\_\_\_ (Organization), do hereby

agree to the following terms of the WRETAC Systems Development Grant:

- 1. The funds received through this grant will only be used as outlined in the grant application request and may only be changed with prior approval from the WRETAC Board of Directors. Changes must be reported using this application form.**
- 2. Deliverables and deadlines will be required of each agency, facility, and/or organization that receives funding. Failure to comply may delay or discontinue funding or result in request to return funding.**
- 3. Unless the WRETAC Board has reviewed and approved an application with a request for advance payment, this is a reimbursement grant. Funds will be disbursed to the requesting county/agency based on well-documented invoices and receipts.**
- 4. I attest to the fact that information contained in the financial section is accurate and that the county or assigns has documentation for all expenditures:**

By signing this form, you agree to abide by all the above terms within this application. You are responsible for completion and execution of said deliverables:

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

County: \_\_\_\_\_

Date: \_\_\_\_\_

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**Western Regional Emergency  
Medical & Trauma Advisory Council  
(WRETAC)  
County representation validation**

For the purpose and use of the WRETAC Regional Systems Development funds awarded for this year, either demonstrate respective County Commissioner acknowledgement of funding request (sign below) **OR** attached County resolution or other document that demonstrates authority for applicant to represent the County on EMTS funding requests & allocation:

I, \_\_\_\_\_(Print), as a

County Commissioner of \_\_\_\_\_(County) do

hereby deem the applicant represents \_\_\_\_\_ County on the WRETAC Regional Systems Development funding request for Emergency Medical & Trauma Service Systems.

Signature: \_\_\_\_\_

County Title: \_\_\_\_\_

Date: \_\_\_\_\_

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