



## FUNDING ELIGIBILITY FOR EMS SERVICE

### EXERCISE PARTICIPATION

September 1, 2008 to August 1, 2009

Reimbursement is available to Emergency Medical Services providers that participate in tabletop or field/full scale exercises related to emergency preparedness, e.g., PEMA exercises. EMS services can request reimbursement for expenses provided they qualify as identified below. The reimbursement requested must be **less than \$3000 per service**.

#### A. Executive Summary

The Bureau of Emergency Medical Services of the Department of Health, using funds from Centers for Disease Control (CDC) grant for public health emergency preparedness, is implementing a time-limited expense reimbursement program for ambulance services that participate in tabletop and field exercises related to pandemic and all-hazard response such as chemical, biological and radiological exercises. The Bureau of EMS will distribute funding to the EMS services (ambulance and QRS) directly from the PA Department of Health. This program supports improved ambulance service preparedness for response to a pandemic or catastrophic casualty event that exceeds local, county and regional resources. Eligible Exercises include:

- \* Pandemic Tabletop and Functional / Full Scale Exercises
- \* PEMA Tabletop and Functional / Full Scale Exercises
- \* Regional Bioterrorism Tabletop and Functional / Full Scale Exercises
- \* Regional Counter Terrorism tabletop and field/full scale exercises authorized by the RCTTF related to chemical, bioterrorism and/or radiological.
- \* MS1 Exercises

*NOTE: Additional exercises may be submitted to the Bureau of EMS to determine eligibility for reimbursement.*

#### B. Project Activities

Services participating in approved exercises are eligible for a maximum of \$2999 per service:

**\$1000 for participation in a tabletop;**

**\$1999 for participation in a field or full scale exercise.**

#### C. Budget/Invoices

A maximum of \$2999 can be allotted to any one service. Funds are limited and will be provided based upon eligibility and in the order they are received in the Bureau of EMS.

Services that have participated in a tabletop or field exercise **between September 1, 2008 and August 1, 2009** must submit an invoice to their regional EMS council by, August 15<sup>th</sup>, 2009.

All invoices must be submitted to the regional EMS council responsible for the area in which the service operates from. Regional EMS councils will verify service participation and exercise eligibility.

Questions regarding this reimbursement opportunity may be directed to the PA Department of Health, Bureau of EMS at (717) 787-8740 to Beth McAteer or Jay Taylor.



**pennsylvania**  
DEPARTMENT OF HEALTH

**INVOICE  
EXERCISE REIMBURSEMENT**

<b>Payee Name:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone :</b>		<b>Billing Period:</b>	
<b>SAP Vendor No:</b>		<b>SSN/TIN No:</b>	

**NOTE:** Payee must have their Tax Identification Number (TIN) and the actual name associated with that TIN or the reimbursement will not be processed. An IRS Form W-9 Request for Taxpayer Identification Number and Certification shall be submitted with each invoice.

**DESCRIPTION OF ACTIVITY**  
ONLY ONE EXERCISE PER FORM

<b>Date(s) of Exercise:</b>		<b>Exercise Name</b>	
<b>Location:</b>			
<b>Type:</b>	<input type="checkbox"/> Functional/Full Scale Exercise (\$1,999) <input type="checkbox"/> Tabletop Exercise (\$1,000)	<input type="checkbox"/> Pandemic <input type="checkbox"/> MCI <input type="checkbox"/> Other	
<b>No. of Service Participants:</b>		<b>Type of EMS Service:</b>	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> QRS

**CERTIFIED:** I certify all information listed is correct and complete as stated:

<i>Vendor's Signature</i>	<i>Date</i>
<i>Regional EMS Council's Authorized Signature</i>	<i>Date</i>
<i>Bureau of EMS Authorized Signature</i>	<i>Date</i>