



***NASEMSO Special Report  
December 2006***

# The Status of State EMS Funding



*National Association of State Emergency Medical Services Officials*

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## ***Background and Introduction***

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The 1966 landmark white paper by the National Academy of Sciences, “Accidental Death and Disability: the Neglected Disease of Modern Society” served as an impetus to the establishment of formal systems of emergency medical services nationwide.

The Highway Safety Act of 1966 and the Emergency Medical Services Systems Act of 1973 provided needed direction and funding to stimulate the establishment and improvement of EMS systems in the states.

As a result, each of the states and all U.S. territories have established emergency medical services systems. EMS systems in the U.S. are under the jurisdictions of the states and territories. Each has a governmental unit responsible for various elements of system development and maintenance. Each of them has developed a system architecture specific to the identified needs, priorities, and political realities of their jurisdictions. Each has *adapted* to varying extents, national guidelines and recommendations for configuration of an EMS system.

While one can say with credibility that each of the 56 EMS offices shares the broad mission of developing and maintaining a system of care and transportation of sick and injured persons, how this is accomplished varies widely from jurisdiction to jurisdiction. One can argue that the system architectures developed by each state and territory may have evolved from the unique environment of each locality, and as such represent a model of “best practice” given the specifics of the area. An equally credible argument can also be put forward that these are simply default systems — that each state and territory has only done what it *can do* given its resources and political realities.

Before September 11, 2001, this may not have been a major issue. Self-contained systems may have made more sense when a large-scale multi-jurisdictional response could be seen as a distant and indistinct possibility. In short, the expectations for EMS system preparedness have changed, and a critical examination of the system as it exists is required.

Terrorism preparedness has significantly raised the bar for the expectations of the EMS system. Assumptions are that the EMS system will function as intended if and when needed; that these individual and independent components will come together in an unprecedented fashion to form the required system. Issues of jurisdiction, reporting, command and control, medical direction, communications interoperability, local nomenclature, field treatment protocols, variations in equipment and certification levels are expected to melt away and become inconsequential considerations when and if the need arises.

Because the central mission of EMS is widely understood to be the emergency care and transportation of the sick and injured, flawed assumptions are made about the needs of the EMS system for terrorism and disaster preparedness and response. EMS systems have been designed around meeting the usual, customary and reasonably predictable volume and mix of patients within discrete localities. A coordinated disaster response represents not merely the challenge of how to do more of the same and faster, but instead requires a dramatic and immediate change in the organizational and operational paradigm — coordinated disaster response represents a *virtual* organization of assets, authorities and functions that exist at no other time.

The dynamic of disaster response transcends the local design paradigm of emergency medical services, requiring a level of coordination that must occur above the local level. It therefore requires something more of the system than it was originally conceptualized and designed to readily render.

In 2003, the National Association of State Emergency Medical Services Directors (NASEMSD) undertook a study of the status of these systems with funding support from the Centers for Disease Control and Prevention. The study included an examination of several key indicators of state and territorial EMS system status. One of these key indicators was state EMS office funding sources and levels.

Program funding is but one of several measures of preparedness; but it is an important one. After all, *programs can only do what they are authorized and funded to do*. **The Status of State EMS Funding** revisits the issue of how each of these offices is currently funded, and compares findings to our study in 2003 of the same subject to ascertain whether funding is increasing or decreasing generally and specifically to the sources of revenue.

The survey instrument (attachment 1) was designed to elicit information as to the amount and source of revenues that support state EMS office operations, services and products. The survey population consisted of the EMS Directors of the States, Territories<sup>1</sup> and the District of Columbia. Of the potential pool of 56 directors, 47 surveys were returned, for an 84% rate of return<sup>2</sup>.

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<sup>1</sup> Territories include Guam, Puerto Rico, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands

<sup>2</sup> Surveys were not returned by Alaska, American Samoa, California, Guam, Hawaii, Illinois, Puerto Rico, Texas, and the U.S. Virgin Islands

## ***Executive Summary***

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State EMS office budgets can come from one or a combination of up to three sources:

Federal grants;

State general revenues; and

Special funds (fees, fines, special taxes, etc. designated specifically for use by EMS).

The only area of net improvement in overall state EMS funding in the 2006 study came from the area of federal contribution. The total combined federal contribution to EMS offices increased by \$48,090,675 over the 2003 figures, but 63% of that increase went to only two states. Both other areas of resource (state general revenue and state special funds) showed net declines over 2003.

There is a significant difference between the federal and state funding mechanisms in terms of use. Federal dollars, particularly in the form of grants, are generally categorical in nature. This means the money may only be spent in certain ways or in certain areas. This funding stream varies significantly from year to year in both available amounts and purpose. Federal funds have been responsible for programmatic innovation in state EMS systems. Some examples of this include improving emergency medical services for children, development of trauma care systems, and purchase and placement of automatic defibrillators. None of these improvements would likely have occurred without federal support to the states.

Traditionally, the state funding streams have been steadier, but are tied to the purpose of maintaining rather than innovating. In other words, these funding streams are provided by states so that each EMS office can continue to execute its respective mandated and regulatory functions.

In 2006:

34% of the states that received federal funding of any kind reported a decrease in the amount of federal funds received.

43% of the states that receive a portion of their funding from state general revenue experienced a decrease in the amount of general revenue funds received.

33% of the states that report receiving a portion of their revenues from state special funds reported a decrease in the amount of special funds revenue received.

Coupled with the evidence of declining revenues in this study, our 2005 monograph, *The Organization, Staffing and Function of State and Territorial EMS Offices* finds twenty-two of fifty-three respondents (41.5%) indicated a net decrease of staff positions over the last five years.

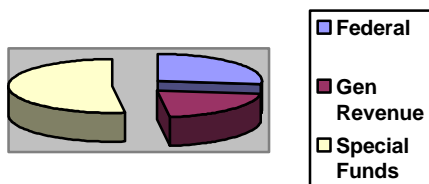
This significant dwindling of resources, combined with the mercurial nature of federal dollars may foreshadow problems for a number of state EMS systems.

## 2006 Survey Findings

Forty-six of fifty-six eligible entities provided calculable data<sup>3</sup> for this study. State EMS office budgets can come from one or a combination of up to three sources: federal grants, state general revenues, and special funds (fees, fines, special taxes, etc. designated specifically for use by EMS). For purposes of this report, the calculation of the total budget is derived by totaling the amounts reported from the three revenue sources.

The combined total of the budgets of these forty-six offices is **\$265,008,025**. This figure combines all sources of revenue, state and federal. The total *federal* contribution to this figure is **\$70,795,378** (approximately 27%). The total *state general revenue* contribution to this figure is **\$56,810,131** (approximately 21%). The total *state special fund* contribution to this figure is **\$137,402,516** (approximately 52%).

State EMS Funding By Source



*The chart at left illustrates the proportion of funding from each of the revenue sources contributing to the budgets of state EMS offices.*

The average budget for a state EMS office is **\$5,638,469**. Fourteen states report a budget larger than average and thirty-three states report a budget smaller than average. The median budget is **\$2,745,454**.

### Federal Funding

Forty-four states (approximately 96%) reported receiving some federal funding. Among these, the highest amount of total federal funding reported is **\$15,362,077** and the lowest amount is **\$40,000**. The median amount of federal dollars received is **\$637,733**.

The highest number of federal agencies from which any single EMS office received funding was five and the highest number of different federal program sources from which an agency reported receiving funding was nine.

Twenty-six states reported receiving federal funding specifically for domestic preparedness. The total amount received by these states is **\$51,883,326**. The highest amount received by any state is **\$14,661,760** (about 28% of the total amount received by all states that reported receiving federal funds for domestic preparedness). The lowest amount reported among those states receiving any such funds was **\$30,000**.

### State General Revenue Funding

Forty-three states (approximately 93%) reported receiving some portion of their budget from state general revenues. Among these, the highest amount of total state general revenue funding

<sup>3</sup> The District of Columbia responded to the survey, but since the EMS office there is not separately budgeted, was unable to provide data.

reported is **\$11,382,943** and the lowest amount is **\$47,000**. The median amount of general revenue dollars received is **\$909,922**.

Eight states reported receiving general revenue funding specifically for domestic preparedness. The total amount received by these states is **\$4,747,378**. The highest amount received by any state is **\$2,021,051**(about 43% of the total amount received by all states that reported receiving federal funds for domestic preparedness). The lowest amount reported among those states receiving any such funds is **\$3,064**.

### *State Special Funds*

Thirty-six (approximately 78%) of the respondents indicated receiving some portion of their budget from special funds. Of these, twenty-five reported fees as the special revenue source, eleven reported fines, six reported a special tax as the source, one reported donations and twelve reported “other” as the source of special revenue dollars.

Among this group, the highest amount of total state special funds revenue reported is **\$22,000,000** and the lowest amount is **\$8,417**. The median amount of general revenue dollars received is **\$1,100,000**.

Seven states reported receiving state special funds revenue specifically for domestic preparedness. The total amount received by these states for this purpose is **\$1,569,825**. The highest amount received by any state is **\$623,600** (about 40% of the total amount received by all states that reported receiving federal funds for domestic preparedness). The lowest amount reported among those states receiving any such funds was **\$65,000**.

### *Passthrough Funds*

Passthrough funds are monies in the budget that are allocated to local or regional organizations or providers. Often, these funds are used for the purchase of equipment by local providers, or for training scholarships. Though the funding for these purposes is included in the state budgets, the EMS office serves only as a financial conduit for the disbursement of these funds. As such, these funds do not contribute to the operational budget of the state EMS office.

Thirty-three (approximately 72%) of the respondents indicate passing through a portion of their budgets to local or regional entities. The total amount of passthrough funds is **\$95,544,283**. This is 36% of the combined total state EMS budgets, and an amount equal to 135% of the total federal contribution to EMS and 168% of the state general revenue contribution.

Among this group, the highest amount of total passthrough funds reported is **\$13,810,602** and the lowest amount is **\$25,000**. The median amount of passthrough dollars is **\$1,250,000**.

Before calculating passthrough funds, we find eleven states with total budgets over ten million dollars, and seven states with budgets of less than one million dollars. After factoring in the effect of passthrough funds on these budgets, we find only five states with budgets over ten million and twelve states with budgets less than one million.

Twelve (36%) of the thirty-three states that have passthrough funds report that a portion of the funding is specified for domestic preparedness (See table 1). Of the total passthrough dollars, **\$37,207,712** (approximately 39%) is used specifically for domestic preparedness.

**Table 1 Passthrough Specifically for Domestic preparedness (by state in descending order)**

State	Total Budget in Dollars	Passthrough in Dollars	Dollars of Passthrough for domestic preparedness	Percent of Passthrough spent on domestic preparedness
North Carolina	\$19,138,048	\$12,088,142	\$12,088,142	100%
Georgia	\$18,439,032	\$13,810,602	\$11,135,512	81%
Pennsylvania	\$16,000,000	\$9,000,000	\$5,500,000	61%
Ohio	\$10,760,000	\$8,220,000	\$4,620,000	56%
Massachusetts	\$2,745,454	\$1,250,000	\$1,250,000	100%
Maryland	\$13,700,000	\$1,250,000	\$800,000	64%
Iowa	\$2,707,678	\$1,811,730	\$699,058	39%
West Virginia	\$3,415,990	\$400,000	\$400,000	100%
Indiana	\$1,305,000	\$350,000	\$350,000	100%
Oregon	\$4,094,000	\$300,000	\$150,000	50%
Kansas	\$1,655,799	\$316,250	\$115,000	36%
Virginia	\$21,729,240	\$100,000	\$100,000	100%

### *Per Capita Information*

To offer an additional perspective to assist in understanding state EMS budgets, the study looks at the budget dollars per capita. Using state population data from the official 2000 U.S. Census, the combined total population of the 45 states participating in the study was 211,868,617 and the total combined EMS office budgets of these states is **\$264,763,025**, yielding an annual per capita cost of \$1.25.

By source of revenue, the annual per capita cost in:

- ❖ Federal contributions is \$0.37;
- ❖ State general revenue contributions is \$0.45;
- ❖ State special fund contributions is \$0.73;

Table 2 shows the actual total annual per capita funding (before deduction of passthrough funds) of the state EMS offices by state in descending order.

**Table 2. Total State EMS Budget Per Capita (by state in descending order)**

State	Total Budget Per Capita	State	Total Budget Per Capita
Delaware	\$14.95	Vermont	\$0.98
Mississippi	\$4.92	New Hampshire	\$0.97
Idaho	\$4.70	Ohio	\$0.95
Utah	\$4.02	Iowa	\$0.93
Wyoming	\$3.91	Kentucky	\$0.91
Virginia	\$3.07	South Dakota	\$0.79
Maryland	\$2.59	Florida	\$0.75
North Carolina	\$2.38	Arizona	\$0.63
Georgia	\$2.25	Kansas	\$0.62
Washington	\$2.18	Wisconsin	\$0.62
New Mexico	\$2.15	Alabama	\$0.57
West Virginia	\$1.89	Nevada	\$0.57
Montana	\$1.72	Rhode Island	\$0.43
Maine	\$1.60	Massachusetts	\$0.43
North Dakota	\$1.58	Tennessee	\$0.34
Pennsylvania	\$1.30	Arkansas	\$0.32
Oregon	\$1.20	Louisiana	\$0.31
New York	\$1.16	Connecticut	\$0.30
New Jersey	\$1.15	Indiana	\$0.21
Colorado	\$1.13	Michigan	\$0.20
Nebraska	\$1.07	Oklahoma	\$0.20
Minnesota	\$1.03	Missouri	\$0.16
South Carolina	\$0.99	<b>Total Group Per Capita</b>	<b>\$1.25</b>

Note the highest per capita budget is \$14.95 (Delaware). The total state EMS budget for Delaware is \$11.7 million dollars, but the state has a population of only 783,600. The median for the group is represented by South Carolina at a per capita budget of \$0.99. Vermont has a total EMS budget of about \$600,000, but a population of only about 608,827. The lowest per capita budget in the group is represented by Missouri – population 5,595,211; total EMS budget of \$894,374.

Table 3 shows the adjusted total annual per capita funding (after deduction of passthrough funds) of the state EMS offices by state in descending order. This table illustrates the dramatic impact of adjusting the budgets by accounting for passthrough dollars. Note how far down the list Delaware fell after passthrough dollars were calculated out of the budgets. It is now close to the median of \$0.59. Missouri does not have passthrough dollars in its budget, so it remains unchanged and still very low on the list.

**Table 3. Adjusted Total Annual Per Capita Funding (after deduction of passthrough funds) of the State EMS Offices (by state in descending order).**

State	Adjusted Total Budget Per Capita	State	Adjusted Total Budget Per Capita
Utah	\$4.02	Pennsylvania	\$0.57
Wyoming	\$3.91	Wisconsin	\$0.57
Idaho	\$3.65	Georgia	\$0.57
Virginia	\$3.06	Nevada	\$0.55
Maryland	\$2.35	Arizona	\$0.51
New Mexico	\$2.15	Kansas	\$0.50
Mississippi	\$1.90	Florida	\$0.46
Washington	\$1.89	Rhode Island	\$0.43
Montana	\$1.72	Alabama	\$0.35
West Virginia	\$1.67	Minnesota	\$0.35
Maine	\$1.58	Louisiana	\$0.31
New York	\$1.16	Arkansas	\$0.31
Oregon	\$1.11	Colorado	\$0.31
Vermont	\$0.98	Iowa	\$0.31
New Hampshire	\$0.97	Tennessee	\$0.30
North Carolina	\$0.88	Massachusetts	\$0.24
South Dakota	\$0.79	Ohio	\$0.22
Nebraska	\$0.78	Oklahoma	\$0.20
North Dakota	\$0.75	Missouri	\$0.16
Delaware	\$0.62	Indiana	\$0.16
South Carolina	\$0.59	Michigan	\$0.12
Kentucky	\$0.59	Connecticut	\$0.10
New Jersey	\$0.59	<b>Total Group Per Capita</b>	<b>\$0.80</b>

Table 4 shows the federal annual per capita funding of the state EMS offices by state in descending order. Note that Wyoming is highest in per capita dollars. This is due to Wyoming's low population. Georgia and North Carolina received far more in federal dollars than Wyoming (about 15 million each to Wyoming's \$1.2 million). Note also that three of the respondents do not receive any federal funding.

The median value for the group receiving funding from this source is \$0.19, and the average is \$0.46.

**Table 4. Federal Annual Per Capita Funding of the State EMS Offices (by state in descending order).**

State	Total Federal Funding Per Capita	State	Total Federal Funding Per Capita
Wyoming	\$2.62	Michigan	\$0.16
Utah	\$2.27	Rhode Island	\$0.15
Georgia	\$1.88	Oregon	\$0.14
North Carolina	\$1.87	Nevada	\$0.14
Idaho	\$1.41	Minnesota	\$0.13
Montana	\$1.17	Mississippi	\$0.12
Vermont	\$0.56	Arkansas	\$0.12
Maine	\$0.54	Tennessee	\$0.12
Nebraska	\$0.46	Massachusetts	\$0.11
North Dakota	\$0.45	Washington	\$0.09
Pennsylvania	\$0.45	Missouri	\$0.08
New Mexico	\$0.44	Indiana	\$0.07
Ohio	\$0.42	Alabama	\$0.06
Delaware	\$0.42	Arizona	\$0.04
West Virginia	\$0.40	Kentucky	\$0.04
Iowa	\$0.36	Kansas	\$0.04
New Jersey	\$0.34	Colorado	\$0.03
South Dakota	\$0.32	Virginia	\$0.01
South Carolina	\$0.29	New York	\$0.01
Louisiana	\$0.27	New Hampshire	\$0.00
Maryland	\$0.21	Florida	\$0.00
Connecticut	\$0.18	Oklahoma	\$0.00
Wisconsin	\$0.16	<b>Total Group Per Capita<sup>4</sup></b>	<b>\$0.37</b>

<sup>4</sup> This value is calculated using only the populations of the states that reported receiving federal monies as part of their budgets.

Table 5 shows the state general revenue annual per capita funding of the state EMS offices by state in descending order. Note that as in table 2, Delaware is first. This table shows that the vast preponderance of Delaware’s funding is from state general revenue. Note also that eleven of the respondents do not receive any funding from state general revenue.

The median value for the group receiving funding from this source is \$0.43, and the average is \$0.85.

**Table 5. State General Revenue Annual Per Capita Funding of the State EMS Offices (by state in descending order).**

State	Total State GR Funding Per Capita	State	Total State GR Funding Per Capita
Delaware	\$14.53	Massachusetts	\$0.20
Wyoming	\$1.29	Arkansas	\$0.20
West Virginia	\$1.15	Oklahoma	\$0.17
North Dakota	\$1.03	Indiana	\$0.14
Washington	\$1.03	Pennsylvania	\$0.12
Maine	\$1.02	Connecticut	\$0.12
Kentucky	\$0.72	Tennessee	\$0.10
South Carolina	\$0.66	Missouri	\$0.08
Minnesota	\$0.63	New Mexico	\$0.06
Montana	\$0.56	Louisiana	\$0.04
Iowa	\$0.53	Nebraska	\$0.03
Alabama	\$0.48	Ohio	\$0.00
South Dakota	\$0.48	Maryland	\$0.00
Oregon	\$0.47	Michigan	\$0.00
Wisconsin	\$0.45	Mississippi	\$0.00
North Carolina	\$0.44	Arizona	\$0.00
Utah	\$0.43	Kansas	\$0.00
Nevada	\$0.43	Colorado	\$0.00
Vermont	\$0.41	Virginia	\$0.00
Georgia	\$0.37	New York	\$0.00
Rhode Island	\$0.28	New Hampshire	\$0.00
Idaho	\$0.23	Florida	\$0.00
New Jersey	\$0.21	<b>Total Group Per Capita<sup>5</sup></b>	<b>\$0.45</b>

<sup>5</sup> This value is calculated using only the populations of the states that reported receiving state general revenue monies as part of their budgets.

Table 6 shows the state special funds annual per capita contribution to the state EMS offices by state in descending order. Note also that ten of the respondents do not receive any funding from state general revenue.

The median value for the group receiving funding from this source is \$0.53, and the average is \$0.77.

**Table 6. State Special Fund Annual Per Capita Contribution to the State EMS Offices (by state in descending order).**

State	Total State SF Funding Per Capita	State	Total State SF Funding Per Capita
Mississippi	\$4.80	North Dakota	\$0.10
Idaho	\$3.07	North Carolina	\$0.07
Virginia	\$3.06	Michigan	\$0.04
Maryland	\$2.38	Iowa	\$0.04
New Mexico	\$1.65	Maine	\$0.04
Utah	\$1.31	South Carolina	\$0.03
New York	\$1.16	Oklahoma	\$0.03
Colorado	\$1.09	Alabama	\$0.02
Washington	\$1.06	Vermont	\$0.01
New Hampshire	\$0.97	Indiana	\$0.01
Florida	\$0.75	Georgia	\$0.01
Pennsylvania	\$0.73	Arkansas	\$0.01
New Jersey	\$0.60	Louisiana	\$0.00
Arizona	\$0.59	Delaware	\$0.00
Oregon	\$0.58	Wyoming	\$0.00
Nebraska	\$0.58	Montana	\$0.00
Kansas	\$0.58	South Dakota	\$0.00
Ohio	\$0.53	Wisconsin	\$0.00
West Virginia	\$0.34	Nevada	\$0.00
Minnesota	\$0.27	Rhode Island	\$0.00
Kentucky	\$0.15	Connecticut	\$0.00
Massachusetts	\$0.13	Missouri	\$0.00
Tennessee	\$0.12	<b>Total Group Per Capita<sup>6</sup></b>	<b>\$0.73</b>

<sup>6</sup> This value is calculated using only the populations of the states that reported receiving state special fund revenues as part of their budgets.

## ***2003-2006 Comparison***

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The data definitions for the first four survey items (total budget, federal, state general revenue and state special funds) make possible a direct comparison with our 2003 EMS funding survey.

At first glance, the fiscal picture appears to have improved. In 2003, the total budget figure for the 45 states (responding in both studies) was **\$224,091,118**. In 2006, that budget figure increased to **\$265,008,025**. This represents an eighteen percent net gain.

A more detailed analysis illustrates why this apparent improvement is less encouraging than it may seem.

### *Federal Funding*

The 2006 study shows a threefold increase in the federal contribution to the state EMS budget portfolio over the 2003 figures. In dollars, this is **\$48,090,675** more than received in 2003.

Of this amount, **\$30,414,820** (43% of all 2006 federal funding<sup>7</sup> for EMS and 63% of the increase) is accounted for by the federal dollars received by two states (Georgia and North Carolina). As previously indicated, three of the respondents received no federal funding; and of the remaining forty-one that did receive federal funding, fourteen (34%) of these received lower amounts of federal funding than in 2003. These fourteen states combined report a net decrease in federal funding of **\$4,037,130**.

### *State General Revenue Funding*

State general revenue contributions to state EMS funding actually showed a net decrease of 12% between 2003 and 2006 from **\$64,821,507** to **\$56,810,131**. In dollars, this is a total reduction of **\$8,011,376**. This is the net number; some states experienced increases and others decreases in state general revenues. Of the thirty-seven states that receive a portion of their funding from state general revenue, sixteen (43%) experienced decreased state general revenue contributions totaling **\$13,187,147**.

### *State Special Funds*

Between 2003 and 2006, the net funding from state special funds decreased by **\$525,866** from **\$137,928,382** to **\$137,402,516**. Of the thirty-nine states that report receiving a portion of their revenues from state special funds, thirteen (33%) reported a decrease totaling **\$25,358,185**.

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<sup>7</sup> Of funding reported by participants in the study.

***Appendix***

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**2006 NASEMSO State EMS Systems Funding Survey Instrument**

## NAEMSO Survey: Status of State EMS Systems Funding

Name of State/Territory	Name of Person Completing Survey	Title of Person Completing Survey
Phone Number	Fax	E-mail address
1. What is the total budget figure for your EMS Office for the most recent complete fiscal year?	2. What dollar amount is derived from Federal Funds?	3. What dollar amount is derived from State General Revenue Funds?
4. What dollar amount is derived from non-federal special funds?	5. Check below the source of all non-federal special funds: <input type="checkbox"/> Fees <input type="checkbox"/> Fines <input type="checkbox"/> Special Tax Funds <input type="checkbox"/> Private Donations <input type="checkbox"/> Other	
6. What number of federal agencies contributes to the total <b>Federal Funding</b> received by your EMS office??		
7. What number of funding sources contributes to the total <b>Federal Funding</b> received by your EMS office?		
8. What dollar amount of <b>Federal Funds</b> received by the EMS office is specifically dedicated domestic preparedness and response activity?		
9. What dollar amount of <b>State General Revenue Funds</b> received by the EMS office is specifically dedicated to domestic preparedness and response activity?		
10. What dollar amount of <b>Non-Federal Special Funds</b> received by the EMS office is specifically dedicated to domestic preparedness and response activity?		
11. Are any of the funds in the State EMS Office budget "passed through" or earmarked for such purposes as provider grants, training scholarships, regional or local support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what amount?		
12. What dollar amount of <b>Pass-Through Funds</b> received by the EMS office is specifically tied to domestic preparedness and response activity at the regional or local level?		
13. Please list the grant program name, granting agency and dollar amount for any federal grants currently received by the EMS office:		
<b>Grant Program</b>	<b>Federal Granting Agency</b>	<b>Dollar Amount</b>
A		
B		
C		
D		
E		
F		
14. General Comments:		

**Instructions:**

**GENERAL:** This is an on-screen survey instrument. You should be able to enter data by tabbing through the fields. If only approximate amounts are known, enter the approximations. When you have completed the survey, save it and return it to me at [stephenhise@cox.net](mailto:stephenhise@cox.net).

If you prefer, you can print the form out, complete it and fax it to me at 623-434-4166.

Please contact me at 623-434-5489 if you have any questions regarding the items or instructions on the instrument.

**Field 1, the total budget should include all dollars in the EMS budget, including dollars distributed in provider grants, regional contracts, etc... The value in field 1 should be equal to the sum of fields 2, 3 and 4. IF THE EMS OFFICE IS NOT SEPARATELY BUDGETED, INDICATE "UNKNOWN" IN THE FIELD, AND SKIP THE REST OF THE SURVEY.**

**Field 2 should include all sources of federal funding, including grants, cooperative agreements, etc...**

**Field 3 should include only general revenue dollars, and not special appropriations, earmarked funds, or any other special revenues.**

**Field 4 should include all *state* revenue that is not general revenue (i.e., earmarked funds, fine revenues, fees, etc...)**

**Field 6 should indicate the number of federal agencies providing grants or other funding to the EMS office**

**Field 7 should indicate the number of grants or other funding venues received from all federal agencies. This assumes the possibility that some agencies may make more than one funding stream available to state EMS offices.**

**Field 11 Pass-through funds means those funds identified as part of the EMS office budget that are distributed to local or regional systems or entities for the purposes indicated. Do not include funding to local or regional systems from other sources.**

**Field 12 should indicate the specific amount of pass-through funds specifically targeted to domestic preparedness and response at the local or regional level. If unknown, indicate "Unknown." If your state does not pass through funding to local or regional systems or entities, indicate "not applicable." If none of the funds passed through are specifically tied to domestic preparedness, indicate "none"**