



The **American Rescue Plan Act** provides the Boone County Commission with \$4,167,771 in direct federal aid to assist our community in its recovery from the COVID-19 pandemic. Boone County received the first round of funding, approximately \$2 million, in 2021. In general, the American Rescue Plan Funds can be used to respond to the ongoing COVID-19 pandemic, to replace lost public revenues, to support economic stabilization, and to make necessary investments in water, sewer, public health and broadband infrastructure. For additional information please see ARP State and Local Rules.¹

Please complete the application below in its entirety. You may attach additional pages if needed. Once submitted this application and any supporting document is considered a public record and will be made available to the public and media upon request.

☐ PLEASE CERTIFY THAT YOU HAVE REVIEWED THE US TREASURY GUIDELINES REGARDING THE ELIGIBLE USES OF AMERICAN RESCUE PLAN STATE AND LOCAL RECOVERY FUNDS

Section One: Contact information

Name:

Boone County Ambulance Authority

Address:

**1 EMS Circle
Racine, WV 25165**

Phone number:

(304)837-3911

¹ <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>

Email address:
jsmith@thebcaa.com

Section Two: Project Summary

Please provide a narrative overview or summary of your proposal, including but not limited to the following:

1. Brief description of the proposal
2. Purpose and key anticipated outcomes
3. Individuals or communities served
4. How the COVID-19 pandemic has necessitated this request
5. Amount of funding requested
6. Amount of any bids or cost estimates received to date, if applicable
7. Amount and source of matching funds raised or committed by your organization
8. How ARP funds, if awarded, will be used
9. How long it will take you to complete the project if awarded funding

Since 1980, the Boone County Ambulance Authority (BCAA) has been dedicated to providing the citizens of Boone County with the best possible pre-hospital care. As part of this dedication, we are constantly striving to improve the level of care and the equipment we use to provide that care to our patients. Maintenance of equipment is key to ensuring a long useful life of the equipment and keeping replacement costs under control. Currently, we are looking for assistance from the Boone County Commission in securing funding to pay for a service plan for our agency's eight Lucas CPR devices and one of our seven LifePak 15 cardiac monitors. These devices are crucial in providing emergency care to the patients we serve on a daily basis. This equipment is stationed throughout the county and has the potential to treat patients in every community in the 503 square miles of Boone County.

Like most of the county, state, and country, our agency is still working to recover from the Covid Pandemic. During the Covid Pandemic, many physicians' offices weren't taking in person appointments and moved to a tele-health type patient care platform, which has continued in many cases, which has in turn decreased our agency's scheduled non-emergency transports. Coupled with the downturn of the local economy, decreased tax base, and workforce, our agency has had to cut costs in every area of our operations which has resulted in significant decreases in revenue. We are requesting that the county commission assist us in paying the 4-year service agreement with Stryker for the Lucas Devices and cardiac monitor. The total cost of the service agreement is \$38,722.02 and we're asking for an 80% match of \$30,977.62 and the BCAA would match the remaining 20% of \$7,744.40. This 20% match would be much more manageable for our agency and would be provided through our billing revenue. If awarded, these funds could be put to use within a matter of 60 days, this would allow time for the agency to accept the quotation provided by the sole provider of this service and have the company to invoice our agency for the service agreement. This would allow our vital equipment to be protected by manufacturer service technicians for the next four years.

Section Three: Proposal details

1. Please describe the problem or need which your project seeks to address.
Ongoing maintenance of equipment is a must. In order to ensure that our medical equipment remains ever-ready to serve the needs of our patients, annual preventative maintenance coupled with repair services is crucial. In the event that one of the medical devices malfunctions, this agreement allows us the ability to have certified loaner medical equipment sent to us, repairs completed to our equipment on site, and free of additional charges. This helps to ensure that no ambulance is placed out of service due to a lack of available equipment.
2. Please describe goals and expected outcomes of your proposal.
When this equipment was purchased, we included on-site service in the initial purchase, however the timeframe allotted at that time has since expired. To ensure the ability to continue use of this equipment, this maintenance agreement has to be executed. With our past experiences with the service agreements, we can attest that the level of service provided for this equipment is top of the line and has never left us without this needed equipment when unexpected failures have occurred.
3. Please provide your project timeline, e.g., if funded when the project or proposal be fully implemented
As stated before, if awarded, the project could be fully implemented within 60 days of approval. This allows enough time for our agency to accept the quotation from the sole provider of this service and allows the company time to invoice our agency for the service agreement. The entire agreement would cover the next four years of service for this equipment.

4. Please provide your total proposed budget.

Total project cost - \$38,722.02

ARP Funding (80%) - \$30,977.62

BCAA Matching Funds (20%) - \$7,744.40

5. Please list any partners in this proposal, and the partner's role and your relationship with them.

This would be a collaborative project solely between the Boone County Ambulance Authority and the Boone County Commission.

6. Please describe your plan for sustainability of the project or initiative after the grant award has been exhausted.

This service agreement would allow us to keep this equipment operational for the next four years. At that time, most, if not all of the equipment would be due for routine replacement due to the equipment's overall age. Our agency would then be utilizing our equipment procurement/replacement plan along with state & federal grant programs.

Section Four: Organization information

1. Please provide your organization's mission statement.

The BCAA's mission is to provide appropriate and timely pre-hospital care and transport for the sick and injured within the boundaries of Boone County, West Virginia and neighboring areas. Furthermore, the BCAA will maintain a high standard of care and will continually strive to improve its service by offering continuing education and community outreach programs as it pertains to the public's safety and wellness. This service shall be on a 24-hour basis and free of discrimination. The BCAA shall cooperate with all outside agencies, be they federal, state, county, or city in providing mutual aid, adhering to state standards, ensuring employees continuing education, certification and other programs that are beneficial to the citizens of Boone County.

2. Describe the history of your organization, tell us about your current programs and activities.

Formed in 1980 by the Boone County Commission, the BCAA has maintained 24-hour coverage for the citizens of Boone County for nearly 44 years. In 2018 the BCAA was named the West Virginia EMS Agency of the Year and both the EMT and Paramedic of the Year were from Boone County. Currently, the BCAA operates four ambulances on a 24-hour basis stationed around the county, 3 of which are staffed with Advanced Life Support providers and 1 being staffed critical care, the agency also operates 1 basic life support staffed ambulance 5 days per week, along with a 24-hour roving paramedic supervisor for rapid response.

3. Please describe three significant accomplishments of your organization.

2016 – Addition of Critical Care Transport capabilities in Boone County

2018 – West Virginia EMS Agency of the Year

2021 – FEMA Assistance to Firefighters Grant of over \$270,000 for new radio equipment

4. Please list your Owner(s), Board of Directors, senior staff members, or other key members of your organization:

Fred Harless – Board President

Chad Barker – Board Vice President

Penny Byrnside – Board Secretary

David Warren – Board Member

James Green – Board Member

Adam Richardson – Board Member

Michael Mayhorn – Board Member

Joseph Smith – Executive Director

5. Please list the staff involved with this project and describe their roles and responsibilities:

Joseph Smith – Project Oversight

Chandler Castle – Project Implementation

6. Please upload/attach the following financial documents, if applicable: cash flow statement for applicant's most recent fiscal year, two years of audited financial statements, current operating budget. If the applicant has not been audited, please include an unaudited balance sheet and income statement as prepared by the applicant.

On file with commission office

7. List any federal, state, local or private grant awards or funding received in the last three years and the current status of those funds. If your organization has previously received funds from Boone County, please list the amount, nature of the project(s) and current status of the funding and project(s).

YEAR	SOURCE	AMOUNT	STATUS
2023	BCCF	\$6,651	Fully Implemented
2022	BCCF	\$5,000	Fully Implemented
2022	Haddad Foundation	\$2,500	Fully Implemented
2022	BCC – ARP Funds	\$180,000	Ongoing (awaiting delivery)
2021	BCCF	\$7,500	Fully Implemented
2021	HillCrest HealthCare	\$1,184.38	Fully Implemented
2021	FEMA – AFG	\$272,363.63	Fully Implemented

8. If you have made application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.

No other applications exist for these projects

Section Five: Impact of the COVID-19 Pandemic

1. Please explain the impact of the COVID-19 pandemic and how it relates to your request, e.g., reduction in services, closures, increased costs, impacts to the community.

Due to the Covid 19 Pandemic, the BCAA's scheduled/non-emergent services were severely decreased due to an increase in tele-health type physician care. This decrease along with an overall decrease in emergency call volume due to patients being scared to go to emergency rooms resulted in a decrease in billing revenue for our agency. While these revenue sources were decreased, the BCAA has had to maintain a constant state of readiness to respond to emergency situations. These things coupled with an increase in costs due to inflation and a decrease in the county's tax base has caused the BCAA to reduce operational costs in all aspects of our agency and seek additional funding from outside sources to complete needed projects.

2. If you are requesting lost revenue due to COVID-19, provide that information here.
Attach documentation sufficient to verify your request.

Not applicable.

3. How will ARP funding, if awarded, aid in the recovery from the COVID-19 pandemic?

This funding will allow us the opportunity to continue preventative maintenance coverage and equipment repair at a much lower cost than if we have to pay for it ourselves in its entirety. This assistance would free up some of our budget to allow for the replacement of other equipment or other needed upkeep items within our agency.

Section Six: Supplementary information

1. Please enter at least one third-party reference.

Ray Bryant, Director of Operations – Logan Emergency Ambulance Service Authority
(304)752-0917

2. Please include any supplementary information or documentation (such as letters of support, newspaper articles, etc.) which you feel will be essential to the County's review.

Attachment 1 – Quote for Service Agreement from Stryker

Signature: _____

Name (Print): Joseph D. Smith

Title: Executive Director Date: 01/18/2024

➤ How to Submit an ARP Application to Boone County?

You may email it to pwhite@boonecountywv.net or mail to:

Boone County Commission

Attention County Administrator

206 Court St.

Madison, WV 25130.

For questions, call 304-369-7301 or email pwhite@boonecountywv.net