

Amendment of Solicitation

Date of Issuance: 04/23/2021	Solicitation No. <u>3400001722</u>			
Requisition No.	Amendment No. 1			
Hour and date specified for receipt of offers is chang	ed: No	⊠ Yes, to: <u>May 25, 2021</u>	3:00 PM CST	
Pursuant to OAC 260:115-7-30(d), this document sha above. Such notice is being provided to all suppliers Suppliers submitting bids or quotations shall acknow date specified in the solicitation as follows: (1) Sign and return a copy of this amendment with (2) If the supplier has already submitted a responsable the solicitation deadline. All amendment acknowledges and bid opening date printed clearly	to which the origi ledge receipt of the ith the solicitation onse, this acknowledgements s	nal solicitation was sent. nis solicitation amendment <u>prior</u> the response being submitted; or, edgement must be signed and resubmitted separately shall have the second	to the hour and eturned prior to	
ISSUED BY and RETURN SEALED BID TO: U.S. Postal Delivery: OKLAHOMA STATE DEPARTMENT OF HEALTH PROCUREMENT Personal or Common Carrier Delivery: OKLAHOMA STATE DEPARTMENT OF HEALTH Procurement Attn: Barbara Traylor 123 Robert S. Kerr STE. 1702 Oklahoma City, OK 73102 Description of Amendment:	Barbara Traylor Contracting Office 405-426-8619 Phone Number BarbaraAT@hea E-Mail Address	alth.ok.gov		
a. This is to incorporate the following:				
Amendment 1 attached replaces Attachment A – FY revised copy attached.	2021 with revised	FY-2022 OERSSIRF Attachme	nt A. Please use	
Page 1-3.: Brief Description of Requirement: Ch	ange			
From: The conference will be held over ZOOM at 1:3	30 PM on April 28	3, 2021. Click on the link below to	link ZOOM.	
To: The conference will be held over Teams at 1:30 I	PM on April 28, 2	021. Click on link below to get to	the link Teams:	
Page 23 E.7. Change From: Click on the link below to get to the link to ZO To: Clink on the link below to get to the link Teams	ОМ			

From: Any questions regarding this solicitation must be sent by email to rubyS@health.ok.gov

To: Any questions regarding this solicitation must be sent by email to BarbaraAT@health.ok.gov

and received by close of business March 25, 2021.

and received by close of business May 5, 2021

Page 24 G. Other - Change

Attachment A Change:				
Page 9 , Section 5 – Population Density Change				
Link to Population Density by Zip Code				
From: https://www.ok.gov/health2/documents/Population%20and%20Density%	%20By%20Zip%20Code.pdf			
To: https://oklahoma.gov/content/dam/ok/en/health/health2/documents/popul	ation-and-density-by-zip-code.pdf			
Page 12 Section 7: Number of EMTs in Project Area – Change				
Bottom of Page: Web page link with number of EMT's and Population De	nsity is at this link:			
From: https://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Divisi Response_Systems_Stabilization_and_Improvement_Revolving_Fund/index.h To: https://oklahoma.gov/health/protective-health/emergency-systems/ems-division	<u>ıtml</u>			
b. All other terms and conditions remain unchanged.				
Supplier Company Name (PRINT)	Date			
Authorized Representative Name (PRINT) Title	Authorized Representative Signature			

Attachment A - FY 2022 Response to the Request for Proposals and Solicitation for OERSSIRF								
	Section 1 - General Information and Project Requirements							
Name of Subr	nitting Entity:							
response is	ount (matching +							
Requested OEF	RSSIRF Amount							
Mailing Address o	f Submitting Entity	,						
Entity Pho	ne Number							
Contac	t Name							
Contact Pho	one Number							
Contact Em	nail Address							
		Demog	raphic Qu	estions				
The submitting entity is asked, BUT NOT REQUIRED, to provide the following information. A score will not be assigned to any of the submitted information. However, the information may be useful to the review panel. If some of the requested information is not applicable, enter NA. In cases where more than one response to a question is applicable, check all that apply.				panel. If				
Certificat	ion and Licensure	Level of Em	ergency M	edical Per	sonnel at t	he submitt	ting entity	
EMR					BLS			
Intermediate				Ad	vanced EN	ΛΤ		
Paramedic				Special	lty Care or Care	Critical		
Number of res	ponse vehicles (E Ambulan	•	nse Vehicle	es or				
Number of	substations or pos	ts operated	by the enti	ty				
N	lumber of respons	es in CY 20°	18					
How is the agency funded?								
Charges		Sale	Sale Tax			Subsc	riptions	
Property Tax		Utility Ass	Utility Assessments			Ot	her	
FY 2022 OERSSIRF Attachment A and supporting documentation is to be limited to 55 pages.								
	See Guidebook for additional details and explanations. (page 8)							

Section 2 Part A Statutory Eligibility (63 O.S. 1-2512.1)

The proposed project must comply with 63 O.S. 1-2512.1. The applicant must possess all necessary and incidental legal rights and privileges for project commencement and completion. The application must reflect the eligibility as well as statutory purposes of the project.

These requirements must be documented in Section 2 of the application. Proposals that do not meet the statutory requirements will be returned to the applicant.

Section 2 Part A - Qualified Entity					
Qualified Entity (check applicable boxes) O.A.C. 310:641-1-3:					
EMS Personnel		Emergency Medical Dispatch			
Certified Emergency Medical Response Agency		Approved Medical Director			
Licensed Ambulance Service		An Association			
Approved Training Institution		Sponsoring Agency			

A sponsoring agency can be an EMS District; a city or county operating a certified emergency response; a licensed ambulance service; an education system operating EMS training institutions, etc. Explain qualifying relationship or criteria below:

Section 2 Part B. Local Need, Support, and Priority (310:641-3-1 (c) (3))

- "The applicant shall demonstrate that the project is needed in the area to be served and is sufficient, as proposed, to serve such needs. Applicant shall demonstrate local support, interest and commitment in and to the proposed project."
- (a) The qualifying entity must demonstrate the project is needed in the area to be served, as supported by needs identified in a needs assessment. The description of the project must clearly show how the project will appropriately address the identified need(s), and include the assessment referencing the project needs.
- (b) The qualifying entity must demonstrate local support, interest, and commitment to the proposed project. Letters from the involved entities (e.g. cities, counties, companies shall be included, as applicable.

Please use the space below to describe the project, the local needs, support and priority. Additional documentation may be attached.

Section 2 Part B. Local Need, Support, and Priority (310:641-3-1 (c) (3)) (continued)	

Section 2 Part C. Availability of other Assistance (310:642-3-1 (c) (4))

Applicant shall demonstrate appropriate due diligence to ensure no alternative sources of revenue could be obtained and utilized for project financing.

Efforts to determine alternative sources of revenue must be documented in a narrative summary. Identify all measure and efforts to seek alternative funding sources.

The documentation for alternative sources of funding is to include, but not be limited to: (a) formations of "522" or Ambulance Service Districts; (b) formation of Title 19 Funding District, (c) Additional Public Monies, (d) Grants.

Please use the space below to describe steps taken to identify additional resources. Additional documentation may be attached.

Section 2 Part D. Project Feasibility (310:641-3-1 (c) (5) and (6)

Applicant shall not be considered an expert or financial consultation for the purpose of attesting to project feasibility and cost-effectiveness.

Application will be reviewed prior to scoring to ensure guidance was followed.

"The Department shall be under a continuing obligation to ensure the following standards and criteria are satisfied before any proposal is approved for funding and may determine compliance with these standards and criteria during preliminary review, scoring and selection, or during a post selection review."

Applicant must demonstrate the project is feasible and cost effective. The project description shall establish all items to be completed and purchased during the project period. All items to be purchased must be detailed in the Budget Section and Benchmark Section.

Documentation must be provided that demonstrates purchasing timetables and costs for all project items.

Appropriately credentialed expert or consultant must provide attestations to the feasibility and cost effectiveness of the project must be provided. Credentials of financial consultant(s) and expert(s) shall be submitted with attestation(s).

Section 2 Part E. Statewide Needs and Public Interest. (310:641-3-1 (c) (7))

Applicant must show how the project will serve the public interest and welfare by demonstrating the relationship between the project and "Stabilization and Improvement" within the State of Oklahoma, as identified in a needs assessment.

Needs Assessments may include reports from Bishop and Associates, National Highway Transportation and Safety Administration, OSU Cooperative Extension Service, or other reports regarding EMS.

Attestations of the benefits of the project to the public interest and welfare shall be provided by an appropriately credentialed consultant or other expert. Credentials of financial consultant(s) and expert(s) shall be submitted with the attestations(s).

The applicant shall not be considered an expert or financial consultant for the purpose of attesting to the project need. Real and potential conflicts of interest will need to be declared in the attestation with steps taken to address the conflicts. Application will be reviewed prior to scoring to ensure guidance was followed.

Section 2 Part E. Statewide Needs and Public Interest. (310:641-3-1 (c) (7)) (Continued) Use the area below to describe the needs assessment process and documentation. Additional Attestations or supporting documentation may be attached.

Section 3 - Statutory Purpose(s) (Check all applicable activities)

Statutory Reference (63 O.S. § 1-2512.1)

....All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the purpose of funding assessment activities, stabilization and/or reorganization of at-risk emergency medical services, development of regional emergency medical services, training for emergency medical directors, access to training front line emergency medical services personnel, capital and equipment needs.

Regulatory Reference and Scoring (O.A.C. 310:642-5-1 OERSSIRF funding priority point system (2) (A) Statutory purposes (S): (i) - (vi))

Points shall be awarded for each of the relevant statutory purposes of the proposal as follows:

All applicable statutory purposes must be included in the Benchmark Section.					
Statutory Purpose	Value	Is this part of the Proposal ?			
Funding Assessment Activities	50 Points				
Stabilization and/or Reorganization of At-Risk Emergency Medical Services	100 Points				
Development of Regional Emergency Medical Services	50 Points				
Training for Emergency Medical Director	50 Points				
Access to Training for Front Line Emergency Medical Services Personnel	100 Points				
Capital and Equipment Needs	50 points				

Applicant Self Score

Statutory Reference (63 O.S. § 1-2512.1)
In narrative form, describe the project statutory purpose(s) and include any documentation that
supports the awarding of points for the Statutory Purpose(s). Continue on next page

Section 3 Statutory Reference (63 O.S. § 1-2512.1) (continued)

S	ection 3 Statutory Reference (63 O.S. § 1-2512.1) (continued)

Section 4 - Multiple Jurisdictions

O.A.C. 310:642-5-1 (2) (B) states: Points shall be awarded for projects addressing the EMS needs of multiple jurisdictions, as follows:

If more than one jurisdiction will benefit from the project, list them all and describe the proposed benefits.

Include a map and highlight jurisdictions benefitting from the project. For every jurisdiction included in the Proposal, document that verify their inclusion and/or support must be submitted.

JURISDICTIONS	Points	√
Two Cities or Towns	25	
Three Cities or Towns	50	
County Wide	100	
Multi-County	150	
State Wide	200	

Applicant Self Score

Section 5 - Population Density

Source document for population density by zip code:

http://www.census.gov/geo/maps-data/data/gazetteer2014.html

Link to Population Density by Zip Code:

https://www.ok.gov/health2/documents/Population%20and%20Density%20By%20Zip%20Code.pdf

O.A.C. 310:642-5-1 (2) (C) states: Points shall be awarded for projects encompassing areas of lowest per-mile population density as recorded by the United States Census Bureau, as follows:

The population density of the proposed project area shall be determined by the zip codes within the posed project area. Use the link above to go to the OSDH OERSSIRF Page. The Document detailing Population Density for all reported zip codes in Oklahoma. To determine the population density for the project, identify all zip codes in the proposed and find the population density detailed on the Document Enter all Zip Codes and their corresponding Population Density in the fields below.

The score for this section will be the zip code in the proposed area with the lowest population density.

If the Proposal is for a state wide project, the population will be 54.7 persons per square mile.

Zip Code	Population Density		Zip Code		Population Density
Scoring	Criteria	Po	ints		Applicant Self Score
Less tha	n 10/mile	1	00		
10/mile to	29.9/mile	5	50		
30/mile to	79.5/mile	4	-0		
79.6 to 1	99.9/mile	30			
200/mile to	999.9/mile	20			
1000/mile to	4,999.0/mile	10			
	5,000.00/mile to 8,968.1/mile		0		

Section 5 Population Density (continued)
In narrative form, use this page to describe the Multiple Jurisdictions and Population Density within
this proposal. Include any documentation that supports the awarding of points for the Multiple
Jurisdiction and Population Density.

Section 6- Distance to trauma center

O.A.C. 310:642-5-1 (D) Points shall be awarded for project areas where the average distance between the furthest and closest points within the project area to a trauma center classified by the State of Oklahoma or the American College of Surgeons as level I or II, as follows:

Level 1 and Level II Trauma Centers are located in Oklahoma City and Tulsa, respectively. The OU Medical Center, 700 NE 13th Street, Oklahoma City, OK 73104
St. John Medical Center, 1923 South Utica Avenue, Tulsa, OK 74104
St. Francis Hospital, 6161 South Yale, Tulsa, OK 74136

Utilize MapQuest to determine distances within the proposed project area.

website: https://www.mapquest.com/

Most Distant Point - Address

Determine the most distant point with a physical address within the proposed project area from the closest Level 1 or Level II Trauma Center

Determine the closest point with a physical address within the proposed project area from the closest Level 1 or Level II Trauma Center

Miles to Closest Trauma Center

Closest Point - Address

Miles to Closest Trauma Center

Average distance within proposed area to the closest Trauma Center

Scoring Criteria	Points	
0-25 Miles	0	
25 to 49 Miles	10	
50-74 Miles	20	
75 - 99 Miles	30	
100 - 124 Miles	40	
125-149 Miles	50	
150 Miles and over	100	

Applicant Self Score

Amendment 2: Statewide projects use 171.9 miles as the average distance to the Closest Trauma Center in OK

Include copies of the MapQuest maps, routes, and distances used to support the awarding of points for this section. A narrative description may also be included below.

Section 7 Number of EMTS in Project Area O.A.C 310:642-5-1 (E) states: Points shall be awarded for proposals encompassing project areas with fewer resident licensed EMTs at any level of licensure as recorded by the Department as follows: The number of EMT's in the project area shall be the sum total of EMT's in each zip code within the defined project area. The total number of EMT's within the project area shall be determined using the information below: Zip Code Number of EMT's Zip Code **Number of EMT's Applicant Self Score** Scoring Criteria **Points** 0-24 resident EMT's 60 25 -49 resident EMT's 40 50 -99 resident EMT's 20 100 or more resident EMT's 0

100 of more regident Emil 6						
				Requested		
O.A.C. 310:641 -5-1 (F) sta	tes: Point	s under th	is category	v for amount of fundir	ng request	ed are
	d	etermined	as follows	:		
Applicants should request f	unding eq	ual to the t	otal cost o	f the project minus th	ne amount	of any
	ded	dicated ma	atching fun	ds.		
Amount of funding requested	Points	1	Amount o	f funding requested	Points	\checkmark
\$20,000.00 to \$39,999.00	50		\$100,001	.00 to \$200,000.00	-20	
\$40,000.00 to 59,999.00	30		\$200,001	.00 to \$300,000.00	-30	
\$60,000.00 to 79,999.00	20		\$300,001	.00 to \$400,000.00	-40	
\$80,000.00 to \$100,000.00	10		\$400,001	.00 to \$500,000.00	-50	
			To the second se			
				Applicant Self S	Score	

Amendment 2: : Web page link with number of EMT's and Population Density is at this link:

https://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Division/OERSSIRF_-_Oklahoma_Emergency_Response_Systems_Stabilization_and_Improvement_Revolving_Fund/index.html

Section 9 - Project Matching

O.A.C. 310:641-5-1 (G) states: If the proposal proposes the use of matching funds, points shall be awarded consistent with the following formula:

Matching fund formula: Total encumbered matching dollars / total project amount = % of matching dollars. Encumbered matching dollars means the total dollar amount of both in hand and in kind matching funds.

Total project amount is the sum of the total encumbered matching dollars and the amount of requested funds from Section 7.

Example: \$25,000.00 (Total encumbered matching dollar)/\$100,000.00 (Encumbered and requested funds) = 25% matching dollars

Entities providing matching funds shall provide documentation that verifies a commitment to provide matching funds and the amount to be provided. There are two types of matching funds: 1) "In Hand", which are funds set aside to accomplish the goals and benchmarks of the project; and 2) "In kind" contributions, that have been received to complete the proposal. In-kind matching funds will be required to have a monetary value for budgeting purposes.

In kind matching funds are services or goods that are donated to the grantee agency by a third party.

Note: that one division/department within an agency/organization CANNOT donate goods or services to another division/department with that same agency/organization.

Examples of "In kind" matching funds or contributions include: 1) Personnel time given to the project (no cash payment for time); 2) Person on loan from another organization/corporation; 3) Use of existing equipment; 4) Use of existing laboratory equipment or facilities; 5) donations from a third party- (excluding cash)

The matching fund allocation will need to be detailed in the proposed expenditures in Section 10 of this application.

Failure of the applicant to clearly detail the budget, to include matching funds and expenditures, may result in the application being rejected.

Scoring Criteria	Points	1	Scoring Criteria	Points	1
10% of the requested funds (10% to 19.99%)	10		60% of the requested funds (60% to 69.99%)	60	
20% of the requested funds (20% to 29.99%)	20		70% of the requested funds (70% to 79.99%)	70	
30% of the requested funds (30% to 39.99%)	30		80% of the requested funds (80% to 89.99%)	80	
40% of the requested funds (40% to 49.99%)	40		90% of the requested funds (90% to 99.99%)	90	
50% of the requested funds (50% to 59.99%)	50				

Applicant Self Score

FY 2022 OERSSIRF Attachment A

Amendment 1

Section 10 Budget / Proposed Expenditures

Describe all goods and services to be purchased with the requested funding. As a contracted vendor, these are your deliverables to the Department. Assign a separate item number to each line/deliverable. Enter the statutory purpose of each item, the estimated receive by date of each item, and the associated benchmark number (See Section 13) Attach copies of bids received and label the bid with the corresponding item number.

1			CC	ricopondi	ig item nui	TIDOT.				
Item No.	Description	Statutory Purpose	Bid Attached	Quantity	Cost / Unit	Total Cost	Amount Matching Fund	Amount OERSSIRF Request	Estimated Delivery Date	Benchmark
Example	Handheld Radios	Capital	Yes	10	\$500.00	\$5,000.00		\$2,500.00		6

Applicants submitting an invoice to the Department for reimbursement of deliverables must include documentation the vendor participated in and/or received the deliverable.

FY 2022 OERSSIRF Attachment A

	Section 10 Budget / Proposed Expenditures (continued)									
Item No.	Description	Statutory Purpose	Bid Attached	Quantity	Cost / Unit	Total Cost	Amount Matching Fund	Amount OERSSIRF Request	Estimated Delivery Date	Benchmark
Example	Handheld Radios	Capital	Yes	10	\$500.00	\$5,000.00	\$2,500.00			6
·										
	Totals									

Applicants submitting an invoice to the Department for reimbursement of deliverables must include documentation the vendor participated in and/or received the deliverable.

Section 11 - Previous Funding Assistance

O.A.C. 310:642- 5-1 (H) states: If a qualified entity has been approved for one (1) or more OERSSIF proposals from the Department for projects awarded in the past, points shall be deducted from the proposal according to all of the following provisions that apply unless the previous proposal was for an assessment of the need for the establishment of EMS or stabilization of an at-risk EMS:

If a qualified applicant has been approved for one or more OERSSIRF grants in the past, points shall be deducted; unless the previous proposal(s) was for an assessment of the need to establish an EMS agency or the stabilization of an at-risk EMS. (O.A.C. 310:642-5-1 (H)

To help ensure accuracy, Department staff and the review panel will score this section together. The Score will be based on the Department document that includes the previous awards, benchmark awards, and at-risk exemptions.

Criteria	Points Deducted	1
One (1) funded project in the preceding twelve (12) month period, or FY 20120	-80	
More than one (1) OERSSIRF project in the preceding twelve (12) month period, or FY 2020	-100	
One (1) OERSSIRF funded project more than twelve (12) months in the past, or FY 11, 12, 13, 14, 15, 16, 17,18, 19, or 20	-50	
Two (2) OERSSIRF funded projects more than twelve (12) months in the past, or FY 11, 12, 13, 14, 15, 16, 17, 18, 19, or 20	-80	
Three (3) OERSSIRF funded projects more than twelve (12) months in the past, or FY 11, 12, 13, 14, 15, 16, 17, 18, 19, or 20	-100	
Four (4) OERSSIRF funded projects more than twelve (12) months in the past, or FY 11, 12, 13, 14, 15, 16, 17, 18, 19, or 20	-150	
Five (5) or more OERSSIRF funded projects more than twelve (12) months in the past, or FY 11, 12, 13, 14, 15, 16, 17, 18, 19, or 20	-175	

Section 12 - Previous Funding Evaluation

O.A.C. 310:642- 5 -1 (I) states: The project score established through the Department's evaluation required by OAC 642-9-1(a) for each previously completed OERSSIRF project shall earn the following points:

The project score established through the OSDH evaluation required by O.A.C. 310:642-9-1 (a) for each previously completed OERSSIRF project shall earn the following points. Applicants shall submit copies of letters verifying the OSDH benchmark ratings.

Rating	Points / Rating	Number of Benchmark Letters With This Rating	Total Points
Significantly Improved	100		
Improved	50		
Not Improved	-50		
Worsened	-100		

Self Score from Previous Awards	
Self Score for Benchmarks	Applicant Self Score
Total point deduction or additions	

FY 2022 OERSSIRF Attachment A

Amendment 1

	Section Self S	core Summary
Section	Self Score	
Statutory Purposes		
Multiple Jurisdictions		Draft Total Score
Population Density		
Distance to Nearest Trauma Center		
Number of EMTs in Project Area		
Amount of Funding Requested		
Project Matching		
Previous Funding Assistance		,
Previous Funding Evaluation		

Section 13 - Benchmarks

A benchmark is a standard by which a measurement can me made. It is a point of reference for evaluating performance. Benchmarks must be stated in measurable terms.

Regulatory Text: (b) Each proposal shall include a section setting forth the criteria that will be used to evaluate the success of the project. The criteria shall include:

- (1) Specific, objective metrics for evaluation of the project. For example: a percentage decline in response time or improvement in the number of available EMTs within a region, measured against the same metric at the start of the project.
- (2) A clear methodology and a description of data sources for computing the performance measures proposed in the project plan, for example, comparing responder response times or the total number of EMTs in a region against the same metric at the end of the project.
 - (3) Benchmark measures for each of the following assessment levels:

(A) Significantly improved.

(B) Improved.

(C) Not Improved.

(D) Worsened.

Answering the questions below will help establish the benchmark for each statutory purpose detailed in the proposal. Additional pages may be included.

Benchmarks are required for a proposal to be reviewed and scored by the panel.

Statutory Purpose: Funding Assessment Activities

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

Statutory Purpose: Stabilization and/or Reorganization of At-Risk Emergency Medical Services

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

Statutory Purpose: Development of Regional Emergency Medical Services

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

Statutory Purpose: Training for Emergency Medical Director

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

Statutory Purpose: Access to Training for Front Line Emergency Medical Services Personnel

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

Statutory Purpose: Capital and Equipment Needs

What will be improved through the proposal?

What is the current condition of the item to be improved?

How did you determine the current condition of the item to be improved?

How will the proposal improve the current condition of the item?

When will the current condition of the item be improved?

How will you measure improvement?

To measure Significant Improvement for this item, what is required?

To measure improvement in this item, what is required?

To measure no improvement in this item, what will have occurred?

To measure a worsening condition for this item, what will have occurred?

FY 2022 OERSSIRF Attachment A

Proposal Benchmarks

Pr	oposal Benchmarks (Continued)