

SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA



Regular Meeting of the SFRAC Board of Directors
Friday, October 30, 2020, 10:00 a.m.
Webinar via WebEx (A call number/link for the Webinar will be emailed to the members)

SFRAC Board of Directors Agenda

- 21-16 <u>Item 21-16</u> Call to Order Chairman, Guillermo Heard.
 - a. Roll Call Chairman.
 - b. Introduction of Guests Chairman.
- **21-17** (*Tab 1*) <u>Item 21-17</u>: Presented to the Board for Review and Possible Action is the approval of the Minutes to the SFRAC Board meeting held September 29, 2020 Chairman.
- 21-18 (Tab 2) Item 21-18: Presented to the Board for Review and Possible Action is the Approval of the September 2020 Bank Fund Account Statements and Program Expense Report – Juan Canavati, Treasurer.
- 21-19(Tab 3) <u>Item 21-19</u>: Presented to the Board for Review and Possible Action is the Approval of the FY22 Seven Flags Regional Advisory Council EMS Entity Eligibility List for EMS County Assistance Grant Funding to be submitted to DSHS – Chairman.
- 21-20(Tab 4) Item 21-20: Presented to the Board for Review and Possible Action is the Approval of Nominations for the Selection of SFRAC Stroke/STEMI Committee Chairman Position for the Fiscal Year 2021 Chairman.
- **21-21**(*Tab 5*) Item 21-21: Presented to the Board for Review and Possible Action is the Approval to Accept Jenesis Emergency Service, Inc. Request to join as an Official, Participating and Paying Member of the SFRAC Board and Organization Chairman.
- 21-22(Tab 6) <u>Item 21-22:</u> Presented to the Board for Review and Possible Action is the Approval to Contract with Pixl Labs, LLC for the Purpose of Developing a 30-second Public Service Announcement (PSA) for the Seven Flags RAC (SFRAC) and that the Cost of this Project be Paid Through the SFRAC's General Fund Account Ricardo Jaime, Secretary.
- 21-23(Tab 7) Item 21-23: Presented to the Board for Review and Possible Action is the Approval to Transfer Training Equipment Purchased by the Seven Flags RAC under the FY21 Local Planning Grant (LPG) for Training Purposes to City of Laredo Fire Department Fire/EMS for the Purpose of Implementing a Regional CPR/Code Blue Infant and HAL PPR+D Adult Training and Certification Program Chairman.
- 21-24(Tab 8) Item 21-24: Presented to the Board for Review and Possible Action is the Approval of the Third Quarter Senate Bill 500 Financial Report Chairman.

- 21-25(Tab 9) Item 21-25: Presented to the Board for Review and Possible Action is the Approval of the Revised Final FY20 Program Financial Report as Re-Submitted to DSHS Consisting of the EMS RAC, System Development (Tobacco) and Local Planning Grant (LPG) Chairman.
- 21-26(Tab 10) <u>Item 21-26</u>: Presented to the Board for Review and Possible Action is the Approval of the FY20 Annual Year-End EMS RAC and System Development Narrative Reports – Chairman.
- 21-27: SFRAC Committees Reports Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)
Perinatal/NICU Committee (Chairman: Amy Guerra; Vice-Chairman: Gilda Villarreal)
EMS/Prehospital Committee: (Chairman - Chief Juan Meza; Vice-Chairman - Victor Villarreal)
Stroke/STEMI Committee: (Chairman: Jennifer Garcia; Vice-Chairman: Geovanni Melchor)

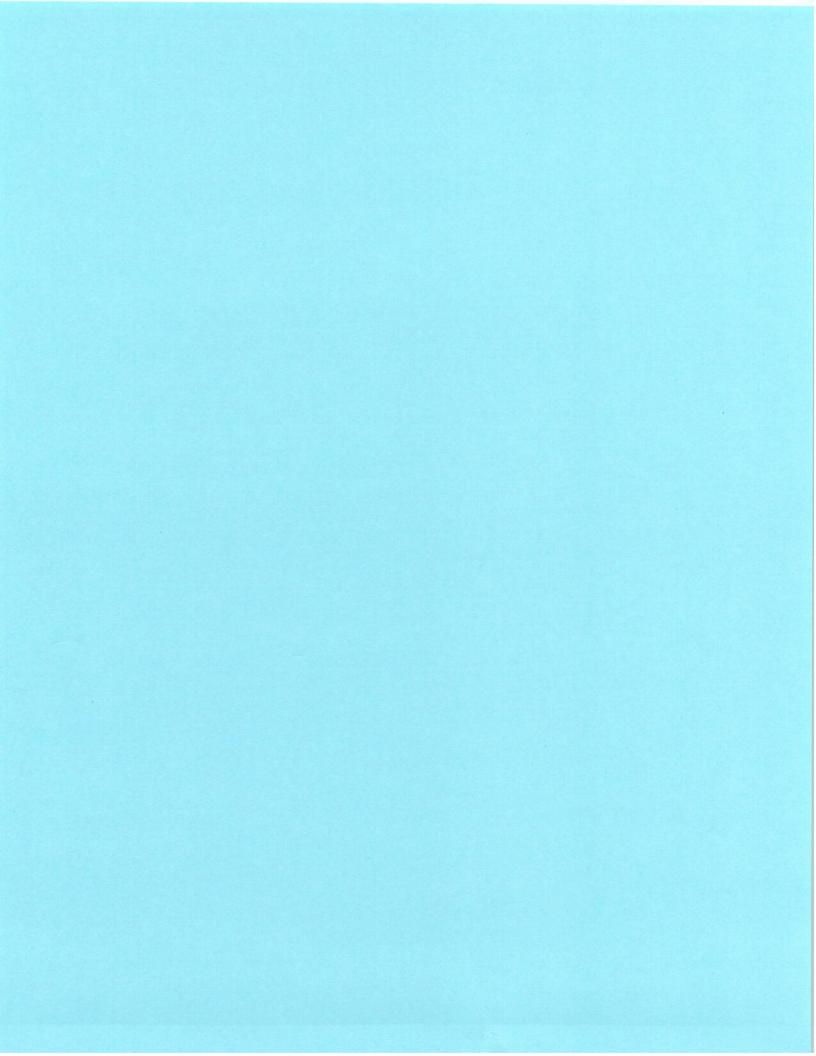
- 21-28(Tab 11) <u>Item 21-28</u>: Other Business Chairman.
 - a. Report on FY21 October Membership Summary
 - b. City of Laredo Health Department Report on COVID-19 Status.
 - c. Report on Hospital Preparedness Program: Coastal Bend RAC Representative.
- 21-29 <u>Item 21-29</u> Communications/Correspondence Chairman.
- 21-30 <u>Item 21-30</u>: Open Forum Chairman.
- 21-31 <u>Item 21-31</u>: Next SFRAC Board meeting Chairman.

| | FY21 Meeting Schedule |
|--------------------------|-----------------------|
| Date | Location |
| Friday, October 30, 2020 | TBD |
| Friday, January 29, 2021 | TBD |
| Tuesday, March 30, 2021 | TBD |
| Friday, May 28, 2021 | TBD |
| Friday, July 30, 2021 | TBD |
| Monday, August 30, 2021 | TBD |
| | |
| | |



| Name | Title/Location | Cell |
|------------------------|---------------------|----------------|
| Guillermo Heard | TSA-T Chair | (956) 236-3254 |
| John Keiser | TSA-T Administrator | (956) 693-0536 |

21-32 Item 21-32: Adjournment – Chairman.





SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

ITEM 21-17 (TAB 1)



Regular Meeting of the SFRAC Board of Directors Tuesday, September 29, 2020, 10:00 a.m. Webinar via Zoom

SFRAC Board of Directors Agenda

Minutes

21-01 <u>Item 21-01</u> Call to Order – Chairman, Guillermo Heard.

Vice-Chairman Jorge Delgado presided over the meeting and called the meeting to order at 10:10 a.m.

Roll Call – Chairman.

Presiding Chairman, Jorge Delgado asked John Keiser, SFRAC Administrator to call roll. Administrator proceeded in calling roll of the Board members:

Air Evac Lifeteam: Jason Delattre - Absent (Director)

Angel Care Ambulance: Present – Ricardo Jaime (Secretary)
Angel Care Ambulance: Present – Adolfo Martinez (Alternate)
Bronze Star Ambulance: Present – Hector Medina (Director)

City of Laredo Fire Department EMS: Present – Guillermo Heard (Chairman)

Doctors Hospital Of Laredo: Present – Letisia Colon (Director)
Doctors Hospital of Laredo: Present – Gilda Villarreal (Alternate)

Prestige EMS: Present – Jorge Delgado (Vice-Chairman)
Laredo Medical Center: Present – Joe Gonzalez (Alternate)
Laredo Medical Center: Present – Jennifer Garcia (Alternate)

Medpoint Ambulance: Present – Roy Arriaga (Director)

South Texas Ambulance Response: Present – Juan Canavati (Treasurer)
South Texas Ambulance Response: Present – Robert Gonzalez (Alternate)
Webb County Volunteer Fire/EMS: Present – Ricardo Rangel (Director)
Webb County Volunteer Fire/EMS: Present – Francisco Martinez (Alternate)

Zapata County Fire/EMS: Absent

Victorious Care Ambulance Service: Absent

Laredo Lifeline: Present – Peter Gonzalez (Director)

Lalitas Ambulance Care: Absent

Capital Care EMS: Present - Mike Martinez (Director)

Member-At-Large: Present - Julie Tijerina

Texas Superior Ambulance: Absent

b. Introduction of Guests – Chairman

No guest present during the meeting.



21-02 (*Tab 1*) <u>Item 21-02</u>: Presented to the Board for Review and Possible Action is the approval of the Minutes to the SFRAC Board meeting held August 18, 2020 – Chairman.

A motion to accept the minutes as presented was made by Ricardo Rangel and seconded by Juan Canavati. Motion carries, unanimously.

21-03 (*Tab 2*) Item 21-03: Presented to the Board for Review and Possible Action is the Approval of the August 2020 Bank Fund Account Statements and Program Expense Report – Juan Canavati, Treasurer.

Mr. Canavati, Treasurer presented the SFRAC Board with the August 2020 Bank Fund Account Statements and Program Expense Report. Mr. Keiser provided the Board with more detail regarding the monthly statements. A motion to accept the report was made by Juan Canavati and seconded by Hector Medina. Motion carries, unanimously.

21-04(Tab 3) Item 21-04: Presented to the Board for Review and Possible Action is a Request from Doctors Hospital for the Board's Consideration in Approving and Allowing Issuance of the System Development (Tobacco) Fund in the Amount of \$3,809.04 which had Originally Been Allocated to Doctors Hospital but Remained Unclaimed Past the RAC Imposed Deadline – Chairman.

Ms. Letisia Colon addressed the Board with this request explaining that she was on sick leave and was not able to meet the deadline. A motion to allow issuance of the System Development check for a total of \$3,809.04 to Doctors Hospital was made by Joe Gonzalez and seconded by Hector Medina. Motion carries, unanimously.

21-05(*Tab 4*) <u>Item 21-05:</u> Presented to the Board for Review and Possible Action is the Approval of Nominations for the Selection of SFRAC Committees' Chairman and Vice-Chairman Positions for the Fiscal Year 2021 – Chairman.

Discussion ensued for this item regarding the nominating of Chairman and Vice-Chairman of the Seven Flags RAC Committees. After discussion and the nomination process the results were as follows:

EMS/Prehospital: Officers remain the same – Juan Meza (Chair) / Victor Villarreal (Vice-Chair).

Trauma/Injury Prevention: Officers remain the same – Letisia Colon (Chair) / Joe Gonzalez (Vice-Chair).

Stroke/STEMI: Chairman remains the same – Jennifer Garcia (Chair) / Vice-Chair received a new nomination – Geovanni Melchor (Vice-Chair).

Perinatal/NICU: Committee members from this committee requested that the nomination for this committee be postponed until next board meeting so as to have time to discuss possible nomination.

A motion to accept the nomination for the Seven Flags Standing Committees Chairpersons and Vice-Chairpersons and to allow the Perinatal/NICU Committee to submit a nomination during the October meeting was made by Juan Canavati and seconded by Ricardo Jaime. Motion carries, unanimously.

21-06(Tab 5) <u>Item 21-06</u>: Presented to the Board for Review and Possible Action is the Approval of the FY21 First (1st) Quarter DSHS Financial Report for the EMS RAC Program, the System Development (Tobacco) Program and the Local Planning Grant (LPG) Program – Chairman.

Motion to accept the 1st Quarter DSHS Financial Report for EMS RAC, System Development and Local Planning Grant programs was made by Ricardo Rangel and seconded by Peter Gonzalez. Motion carries, unanimously.

21-07 <u>Item 21-07</u>: SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

No items to report from committee.

Perinatal/NICU Committee (Chairman: Amy Guerra; Vice-Chairman: Gilda Villarreal)

No items to report from committee.

EMS/Prehospital Committee: (Chairman - Chief Juan Meza; Vice-Chairman - Victor Villarreal)

No items to report from committee.

Stroke/STEMI Committee: (Chairman: Jennifer Garcia; Vice-Chairman: Edgar Martinez)

No items to report from committee.

21-08(*Tab 6*) <u>Item 21-08:</u> Presented to the Board for Review and Possible Action is the Approval of the Final FY20 Program Financial Report as Submitted to DSHS Consisting of the EMS RAC and Local Planning Grant (LPG) - Chairman.

A motion to accept the Final FY20 Financial Report consisting of EMS RAC and Local Planning Grant was made by Juan Canavati and seconded by Robert Gonzalez. Motion carries, unanimously.

21-09(*Tab 7*) <u>Item 21-09</u>: Presented to the Board for Review and Possible Action is a Request to Approve the Renewal of the GoDaddy Account Consisting of Office 365 Email, Website, and Domain for a Period of One (1) year for a Total of \$353.63 - Chairman.

A motion to approve the GoDaddy Website Account for one (1) year was made by Juan Canavati and seconded by Letisia Colon. Motion carries, unanimously.

21-10(Tab 8) <u>Item 21-10:</u> Presented to the Board for Review and Possible Action is the Approval of the Adjusted Fiscal Year 2021 Seven Flags Regional Advisory Council Operating Program Budget - Chairman.

Mr. Keiser addressed the Board explaining that due to certain adjustments made to the budget since the Board last approved the program operating budget in August 2020, saving were able to be realized in cutting travel which meant that no administrative funds



needed to be shared as a percentage under System Development (Tobacco). All funds will be allocated 100% to participating eligible SFRAC entities. Other adjustments were also made and presented at the time. A motion to accept the adjusted program operating budget for FY21 was made by Juan Canavati and seconded by Guillermo Heard. Motion carries, unanimously.

21-11(*Tab 9*) <u>Item 21-11</u>: Other Business – Chairman.

a. Report on Close-Out of FY20 Membership Standings and Opening of the New Fiscal Year 2021, September 2020 Membership Summary Report.

Mr. Keiser presented the Board with two summary reports, one as a close-out to FY20 and a second as a summary for the new FY21. He reported that as a closing for FY20 several entities had not submitted required forms and had not paid the member RAC dues which put them in a position as a member not in good standing, which could ultimately affect their ability to receive program funds in the future. Mr. Keiser also briefly touched on the new fiscal year's status.

b. City of Laredo Health Department Report on COVID-19 Status.

Members from the City of Laredo Health Department were not present for the meeting, however, Guillermo Heard provided the Board with a synopsis report. Information provided by Mr. Heard initiated comments from Laredo Medical Center's, Joe Gonzalez regarding several issues including: contact tracing; lack of public information/education on what to do when individuals are found to be positive; and lack of communication from the State and local authority (i.e., Health Department) on follow up.

Ms. Julie Tijerina and Ms. Brenda Lopez also provided comments during the discussion regarding contact tracing and follow up calls from the City related to positive cases.

c. Report on Hospital Preparedness Program: Coastal Bend RAC Representative.

Mr. Nathan Rubio was present during the meeting and delivered a verbal report. He indicated that there was a primary issue which he had been dealing with namely the transfer of patients from hospitals to other destination locations and the fact that local EMS units were experiencing trouble in being able to complete the transfers due to EMS transfer units not having the capability in being able to fit the bipap unit into the unit. He indicated that he had checked with the State, which apparently does have a unit capable of accommodating hospital bipap units, but that a more practical approach would be taken as an option in assessing whether small bipap transfer machines could be gotten and utilized regionally in the transfer process, which would include needed training. Indicating additionally, that the smaller transfer bipap units which had been purchased for the region were allocated to Zapata County.



He also reported on the status of De-Con system which had initially been on back order and were soon to be received. Finally, he indicated that the HPP program will be addressing revisions to their by-laws at their next coalition meeting.

21-12(Tab 10) Item 21-12 Communications/Correspondence - Chairman.

Mr. Keiser reported that the only correspondence to share with the Board was a letter written to Doctors Hospital of Laredo for their trauma re-designation.

21-13 <u>Item 21-13</u>: Open Forum – Chairman.

Ms. Letisia Colon noted that members from the Maternal Committee were present during the meeting, namely: Lupita Cisneros, Gabriel Azuaga and Rochelle Gonzalez, from Doctors Hospital.

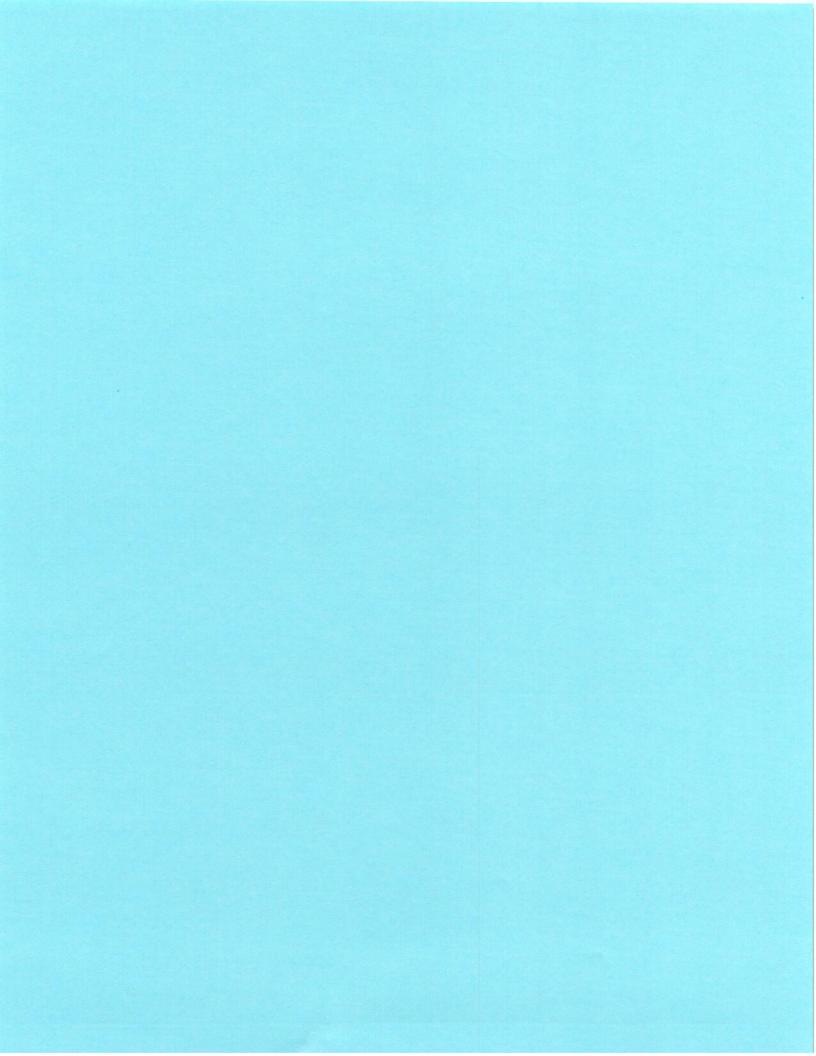
21-14 Item 21-14: Next SFRAC Board meeting - Chairman.

| Date | Location |
|--------------------------|----------------------|
| Friday, October 30, 2020 | Via Virtual Platform |
| Friday, January 29, 2021 | TBD |
| Tuesday, March 30, 2021 | TBD |
| Friday, May 28, 2021 | TBD |
| Friday, July 30, 2021 | TBD |
| Monday, August 30, 2021 | TBD |
| | |

| Name | Title/Location | Cell |
|-----------------|---------------------|----------------|
| Guillermo Heard | TSA-T Chair | (956) 236-3254 |
| John Keiser | TSA-T Administrator | (956) 693-0536 |

21-15 Item 21-15: Adjournment – Chairman.

Motion to adjourn was made by Juan Canavati and seconded by Joe Gonzalez. Motion carries, unanimously. Meeting was adjourned.





SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

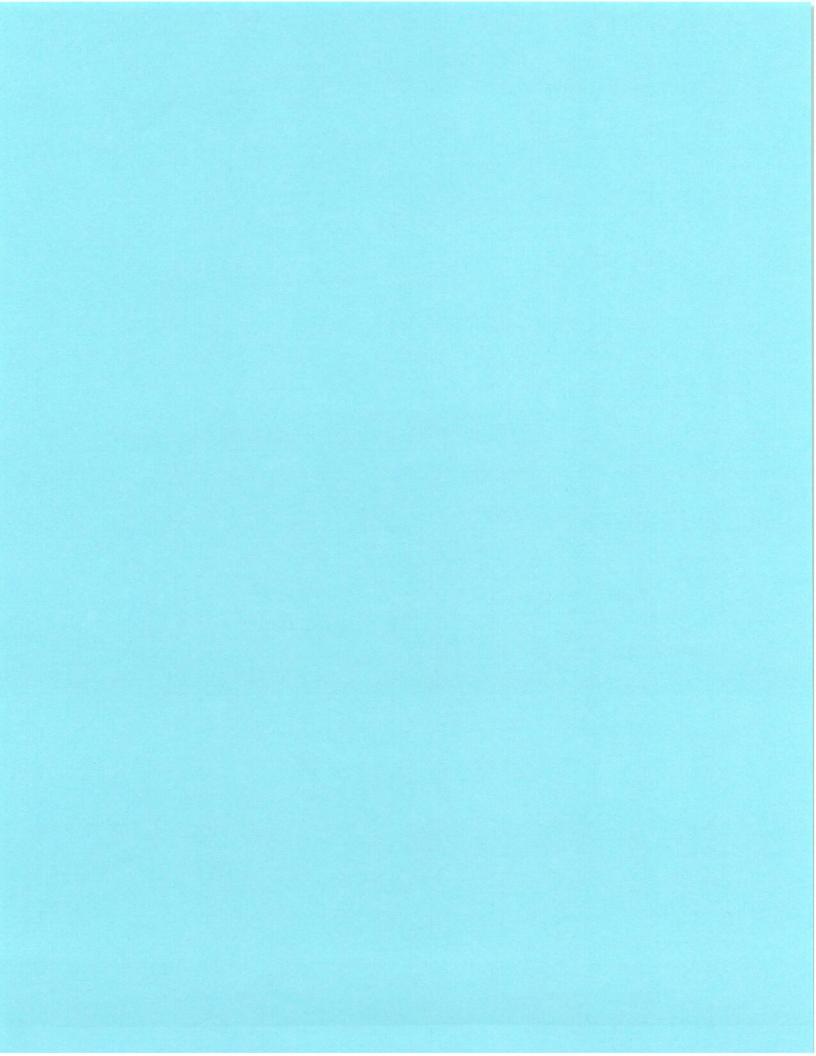
ITEM 21-18 (TAB 2)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL TRAUMA SERVICE AREA "T"

Wednesday, August 19, 2019, 10:00 A.M.

ACCOUNTS STATEMENT REPORT

| SFR. | SFRAC BANK PROGR | | JNTS SUMMAR | Y AND ENDING | AM FUND ACCOUNTS SUMMARY AND ENDING BALANCE REPORT | RT |
|--------------------|--|---------------------------------|------------------------------------|------------------------------------|--|--------------|
| Period Ending | EMS County Assistance Fund Closing Balance | EMS RAC Fund Closing Balance | General Fund Closing Balance | Tobacco Fund Closing Balance | CVD Fund Closing Balance | TOTAL |
| August 31, 2019 | \$8,638.40 | \$0.00 | \$11,025.40 | \$21,267.65 | \$0.01 | \$40,931.46 |
| September 30, 2019 | \$26.40 | \$0.00 | \$10,617.12 | \$21,267.65 | \$0.00 | \$31,911.17 |
| October 31, 2019 | \$66,386.40 | \$22,623.00 | \$16,196.15 | \$19,735.23 | \$0.02 | \$124,940.80 |
| November 30, 2019 | \$66,386.40 | \$22,632.00 | \$21,100.13 | \$11,132.51 | \$0.02 | \$121,251.06 |
| December 31, 2019 | \$66,386.40 | \$22,632.00 | \$19,048.99 | \$11,132.51 | \$0.02 | \$119,199.92 |
| January 31, 2020 | \$66,381.40 | \$22,627.00 | \$19,048.99 | \$7,295.36 | \$0.02 | \$115,352.77 |
| February 28, 2020 | \$66,376.40 | \$22,622.00 | \$18,699.04 | \$7,295.36 | \$0.02 | \$114,992.82 |
| March 31, 2020 | \$60,077.40 | \$22,617.00 | \$17,692.04 | \$7,295.36 | \$0.02 | \$107,681.82 |
| April 30, 2020 | \$60,057.40 | \$1.00 | \$18,457.04 | \$31,081.86 | \$0.02 | \$109,597.32 |
| May 31, 2020 | \$60,057.40 | \$1.00 | \$15,967.04 | \$42,985.11 | \$0.02 | \$119,010.57 |
| June 30, 2020 | \$24,422.40 | \$6.00 | \$11,620.64 | \$31,557.99 | \$0.02 | \$67,607.05 |
| July 31, 2020 | \$24,422.40 | \$6.00 | \$11,620.64 | \$31,557.99 | \$0.02 | \$67,607.05 |
| August 31, 2020 | \$24,422.40 | \$6.00 | \$12,741.64 | 39,652,20 | \$111,523.02 | \$148,693.06 |
| September 30, 2020 | \$11,824.40 | \$32,085.00 | \$16,191.64 | \$11,084.40 | \$68,588.02 | \$139,773.46 |
| | | | | | | |





P.O. Box 659507 San Antonio, Texas 78265-9507 00000216 TI307S10012004315800 07 000000000 0000000 003

SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON P O BOX 450094 Laredo TX 78045

Customer Number: Statement Date: Statement Period: Enclosure Items: Page Number:

2210910129 09/30/2020 09/01/2020 - 09/30/2020

1 of 3 EMS County Assistance

Contact Information



Address:

Commerce Bank 5800 SAN DARIO LAREDO TX 78041

Bank Phone:

Visit us Online:

1- (956) 724-1616 1- (956) 791-1616

www.IBC.com

Mobile Banking:

Download app or visit at: www.myIBC.com

Please examine and report any discrepancies within 14 days from your statement date.

| Biz Rite | | | | Account Recap | | | Account Number: 2210910129 | |
|---|-------------------|----------------------|------------------------------------|--------------------------|--------------------------------|---------------------------------|----------------------------|--|
| Beginning Number of Balance Credits 24,422.40 0 | | Depos Cred 0.0 | dits | Number of Debits 2 | Withdrawals & Debits 12,598.00 | Closing Balance 11,824.40 | | |
| | | | E | Balance Sui | nmary | | | |
| Average | Collected Balance |) | 16,4 | 143.67 | | | | |
| | | | | Checks (De | ebits) | | | |
| Date 09/21 | Check # | Amount 6,299.00 | | Check # | Amoun 6,299.00 | 7 | | |
| | | * In | dicates a s | kip in check | number sequ | ence | | |
| | | | Da | ily Ending | Balance | | | |
| Date 09/01 | 7.11.104.11. | | Date Amount 09/03 18,123.40 | | Date 09/21 | Amount 11,824.40 | | |





Customer Number: Statement Date: Statement Period: Page Number: 2210910129 09/30/20 09/01/20 - 09/30/20 3 of 3



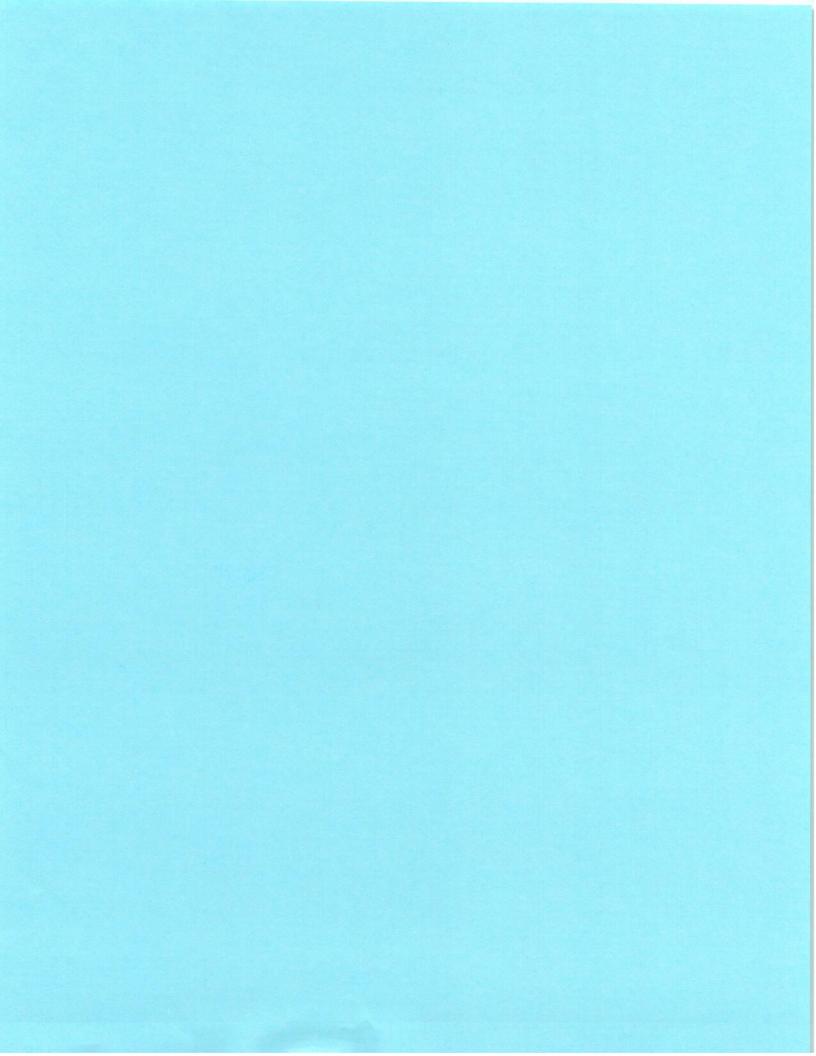


\$6,299.00 09/21/2020



0007 \$6,299.00 09/03/2020







P.O. Box 659507 San Antonio, Texas 78265-9507 00000220 Tl307S10012004315800 07 000000000 0000000 002

SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON TRAUMA TRAUMA SERVICE AREA T PO BOX 450094 LAREDO TX 78045 Customer Number: Statement Date: Statement Period: Enclosure Items: Page Number: 2210910161 09/30/2020 09/01/2020 - 09/30/2020 0 1 of 2

EMS RAC

Contact Information



Commerce Bank 5800 SAN DARIO LAREDO TX 78041

Mobile Banking:

Bank Phone:

Visit us Online:

1- (956) 724-1616 1- (956) 791-1616

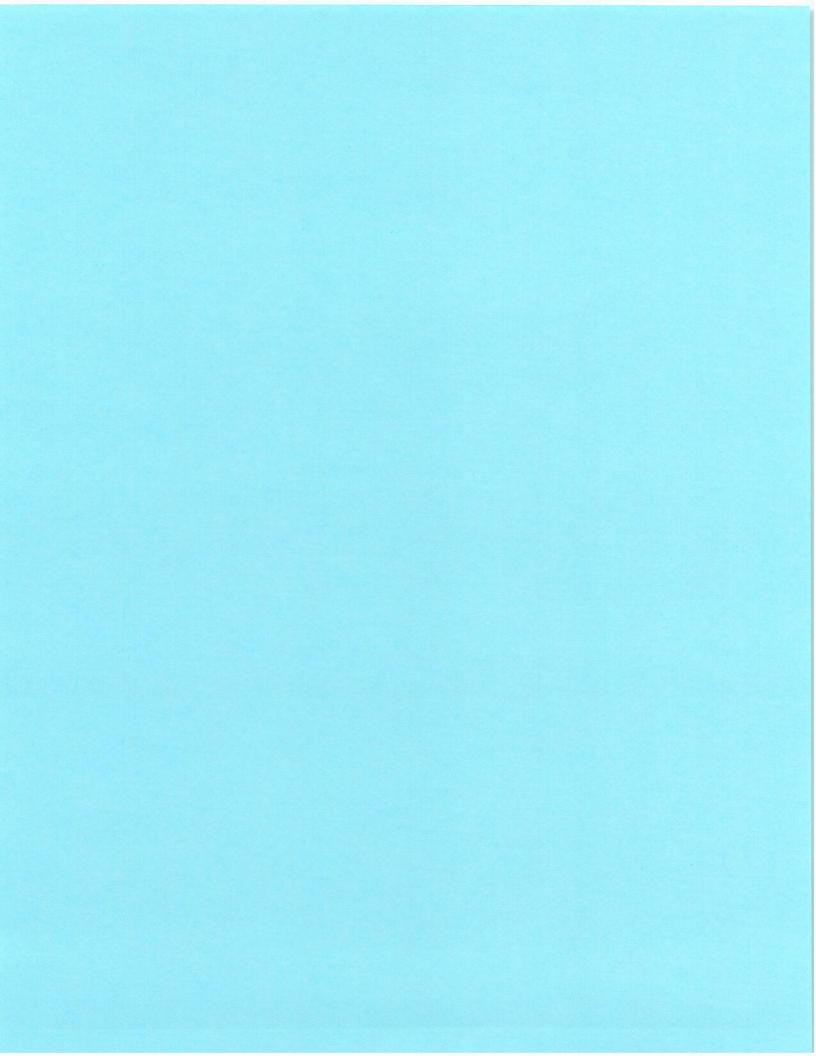
www.IBC.com

Download app or visit at: www.mylBC.com

Please examine and report any discrepancies within 14 days from your statement date.

| Biz Rite | | Account | Recap | Account Number: 2210910161 | | |
|------------------------------|--|------------------------------------|--------------------------|-----------------------------------|---------------------------------|--|
| Beginning Balance 6.00 | Number of Credits 1 | Deposits & Credits 32,085.00 | Number of Debits 0 | Withdrawals & Debits 0.00 | Closing Balance 32,091.00 | |
| | | Balance S | ummary | | | |
| Average Collect | ed Balance | 32,091.00 | | | | |
| | | Electronic | Activity | | | |
| Date | Description | Cr | edits | | | |
| 09/01 | C125220000000000000000000000000000000000 | ACCOUNT XXXXXX01 | 88 | | Amount 32,085.00 | |
| | | Daily Endin | g Balance | | | |
| Date 09/01 | Amount 32,091.00 | | | | | |







P.O. Box 659507 San Antonio, Texas 78265-9507 00000218 TI307S10012004315800 07 000000000 0000000 003

P O BOX 450094

Customer Number: Statement Date: Statement Period: Enclosure Items: Page Number:

2210910145 09/30/2020 09/01/2020 - 09/30/2020

3 1 of 3

General Fmd

Contact Information



Commerce Bank 5800 SAN DARIO LAREDO TX 78041

Bank Phone:

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SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON Laredo TX 78045

Please examine and report any discrepancies within 14 days from your statement date.

| Biz Rite | | Account Recap | | | Account Number: 2210910145 | | | |
|---|-------------------------|--------------------|--------------------------|---------------------------|----------------------------|---|---------------------------|---------------------------------|
| Beginning Number of Balance Credits 12,741.64 3 | | dits | Cre | osits & edits 50.00 | Number of Debits 0 | D | rawals & ebits).00 | Closing Balance 16,191.64 |
| | | | | Balance Su | mmary | | | |
| Average | e Collected Balance | 9 | 12 | ,996.64 | | | | |
| | | | | Deposits (C | redits) | | | |
| Date 09/28 | Deposit # | Amount 1,950.00 | The second second second | Deposit # | Amount 750.00 | | Deposit # | Amount 750.00 |
| | | | D | aily Ending | Balance | | | |
| Date 09/01 | Amount 12,741.64 | | Dat 09/ | | Amount 16,191.64 | | | |





Customer Number: Statement Date: Statement Period: Page Number:

2210910145 09/30/20 09/01/20 - 09/30/20 3 of 3

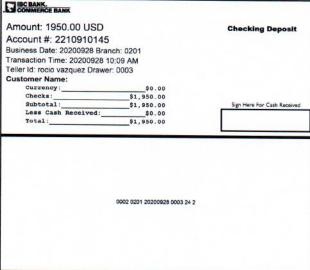


| IBC BANK. | | | |
|------------------------------------|----------------|----------------|-----------------------------|
| Amount: 750.00 USD | | | Checking Deposit |
| Account #: 2210910145 | | | - Control |
| Business Date: 20200928 Branch | - 0004 | | |
| Transaction Time: 20200928 10:0 | | | |
| Teller Id: rocio vazguez Drawer: (| | | |
| Customer Name: | 1003 | | |
| | | ** | |
| Currency: | \$750. | | |
| Subtotal: | \$750 | | Sign Here For Cash Received |
| Less Cash Received: | \$0. | | Springer of Camine Control |
| Total: | \$750. | | |
| | | | |
| | 0002 0201 2020 | 0928 0003 23 2 | |
| | | | |
| | | | |
| | | | |
| \$7 | 50.00 | 09/28/2 | 020 |

| COMMERCE BANK | | |
|----------------------------------|----------------------|-----------------------------|
| Amount: 750.00 USD | | Checking Deposit |
| Account #: 2210910145 | | |
| Business Date: 20200928 Branci | n: 0201 | |
| Transaction Time: 20200928 10: | | |
| Teller Id: rocio vazquez Drawer: | | |
| Customer Name: | | |
| Currency: | \$0,00 | |
| Checks: | | |
| Subtotal: | \$750.00 | Sign Here For Cash Received |
| Less Cash Received: | \$0.00 | - |
| Total: | \$750.00 | |
| | | |
| | 0002 0201 20200928 0 | 003 25 2 |
| | | |
| | | |
| | | |
| \$7 | 50.00 0 | 9/28/2020 |

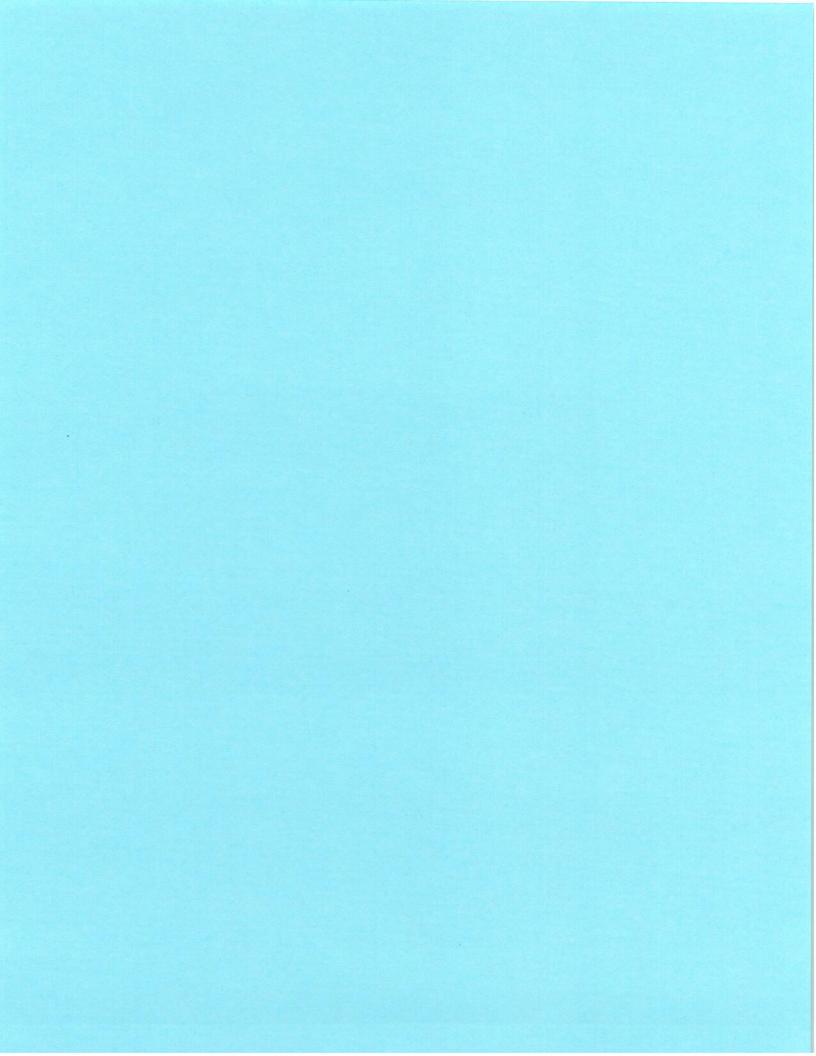
BC BANK. Amount: 1950.00 USD **Checking Deposit** Account #: 2210910145 Business Date: 20200928 Branch: 0201 Transaction Time: 20200928 10:09 AM Teller Id: rocio vazquez Drawer: 0003 Customer Name:
Currency:
Checks:
Subtotal:
Less Cash Received:
Total: \$0.00 \$1,950.00 \$1,950.00 Sign Here For Cash Received 0002 0201 20200928 0003 24 2

09/28/2020



\$1,950.00







P.O. Box 659507 San Antonio, Texas 78265-9507 00000217 Tl307S10012004315800 07 000000000 0000000 003

SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON P O BOX 450094 Laredo TX 78045 Customer Number: Statement Date: Statement Period: Enclosure Items: Page Number: 2210910137 09/30/2020 09/01/2020 - 09/30/2020 6

Bystem Development (73 bocco)

Contact Information



Commerce Bank 5800 SAN DARIO LAREDO TX 78041

Bank Phone:

Visit us Online:

Mobile Banking:

1- (956) 724-1616 1- (956) 791-1616

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Download app or visit at: www.mylBC.com

Please examine and report any discrepancies within 14 days from your statement date.

| Biz Rite | | | Account Recap | | | Account Number: 2210910137 | | |
|-------------------------------|-----------------------------------|--------------------------------|-------------------------------|----------------------|----------------------------------|--------------------------------------|-------------------------|----------------------------------|
| | | Number of Credits 0 | | sits & dits 00 | Number of Debits 6 | Withdrawals & Debits 28,567.80 | | Closing Balance 11,084.40 |
| | | | | Balance Su | mmary | | | |
| Average | Collected Balance | 9 | 18, | 004.16 | | | | |
| | | | | Checks (D | ebits) | | | |
| Date 09/01 09/04 | Check # | Amount 3,809.04 9,522.60 | 09/21 | Check # | Amount 3,809.04 3,809.04 | 09/03 | Check # 8* 10* | Amount 3,809.04 3,809.04 |
| 0.000.000 | | * In | dicates a | skip in chec | k number seque | | 10 | 3,003.04 |
| | | | Da | aily Ending | Balance | | | |
| Date 09/01 09/03 | Amount 35,843.16 32,034.12 | | Date 09/04 09/11 | | Amount 22,511.52 18,702.48 | | Date 09/16 09/21 | Amount 14,893.44 11,084.40 |





Customer Number: Statement Date: Statement Period: Page Number: 2210910137 09/30/20 09/01/20 - 09/30/20 3 of 3

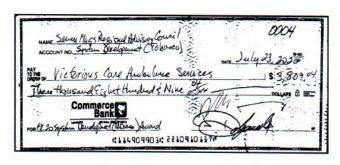




\$3,809.04 09/01/2020



\$9,522.60 09/04/2020



\$3,809.04 09/21/2020



0005 \$3,809.04 09/16/2020

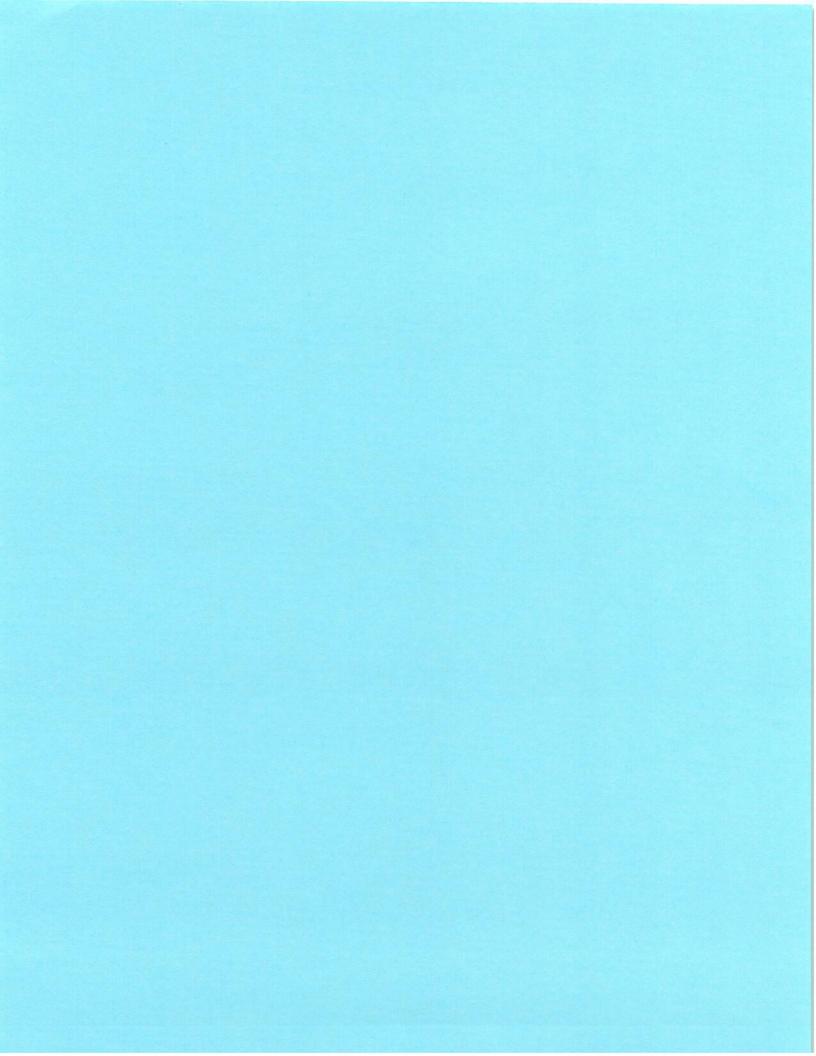


0008 \$3,809.04 09/03/2020



0010 \$3,809.04 09/11/2020







P.O. Box 659507 San Antonio, Texas 78265-9507 00000221 Tl307S10012004315800 07 000000000 0000000 003

SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON TRAUMA TRAUMA SERVICE AREA T PO BOX 450094 LAREDO TX 78045 Customer Number: Statement Date: Statement Period: Enclosure Items: Page Number:

2210910188 09/30/2020 09/01/2020 - 09/30/2020 1 1 of 3

Holding Account

Contact Information

Address:

Commerce Bank 5800 SAN DARIO LAREDO TX 78041

Bank Phone:

1- (956) 724-1616 1- (956) 791-1616

Visit us Online:

www.IBC.com

Mobile Banking:

Download app or visit at: www.mylBC.com

Please examine and report any discrepancies within 14 days from your statement date.

| Biz Rite | | | Account | Recap | Account Numb | er: 2210910188 |
|--|-------------|-------------------------------|--------------------------|--------------------------------|---------------------------------|----------------|
| Beginning Number of Balance Credits 111,523.02 0 | | Deposits & Credits 0.00 | Number of Debits 2 | Withdrawals & Debits 42,935.00 | Closing Balance 68,588,02 | |
| | | | Balance S | ummary | | |
| Average | Collected E | Balance | 71,843.02 | | | |
| | | | Checks (| Debits) | | |
| Date 09/10 | Check # | Amount 10,850.00 | | | | |
| | | * Indi | cates a skip in che | eck number seque | ence | |
| | | | Electronic | Activity | | |
| Date | Des | scription | De | bits | | Amount |
| 09/01 | Trai | nsfer Withdrawal TO A | CCOUNT XXXXXX016 | 51 | | 32,085.00 |
| | | | Daily Ending | g Balance | | |
| Date 09/01 | | mount 138.02 | Date 09/10 | Amount 68,588.02 | | |





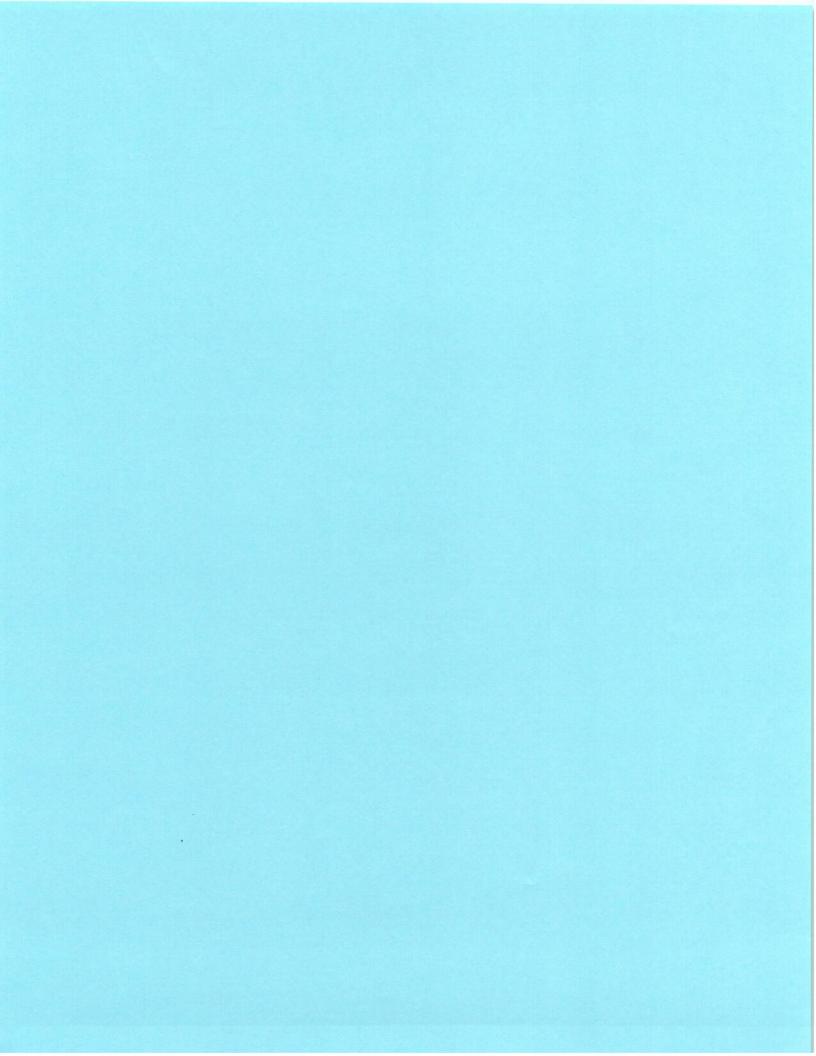
Customer Number: Statement Date: Statement Period: Page Number: 2210910188 09/30/20 09/01/20 - 09/30/20 3 of 3





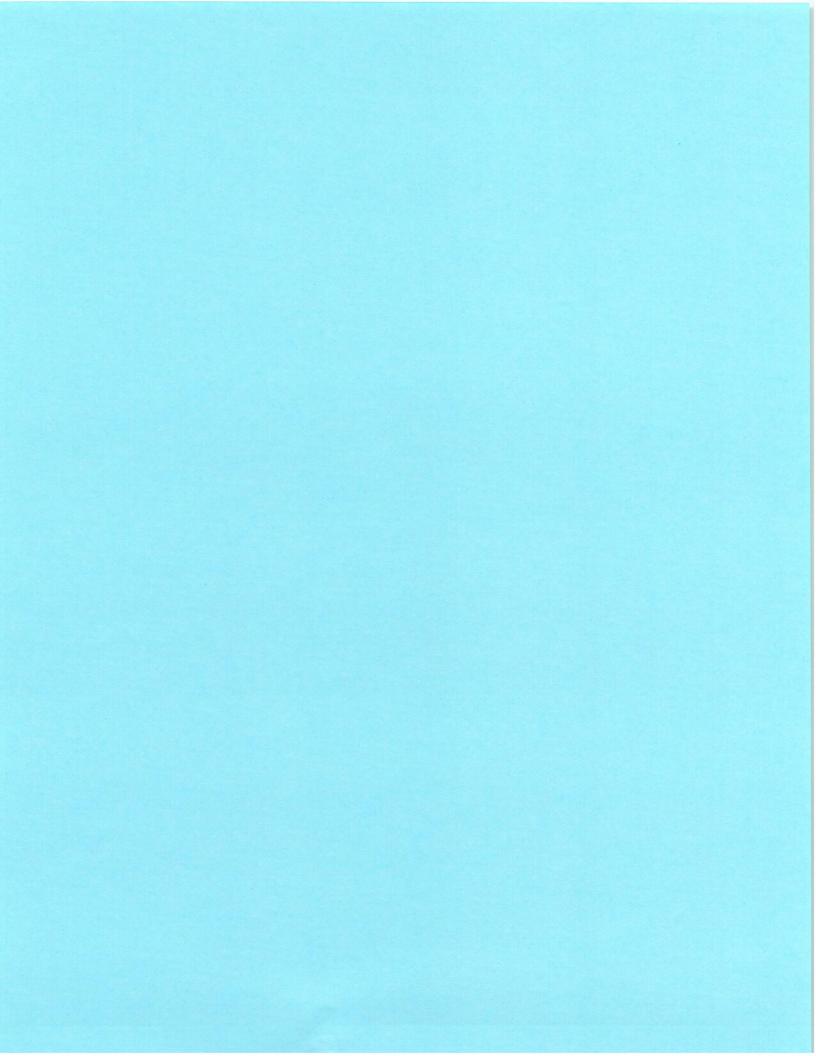
0001 \$10,850.00 09/10/2020





FISCAL YEAR 21 OPERATING BUDGET (Sept. 1, 2020 Thru Aug. 31, 2021) Version: Revision No.1 (October 30, 2020)

| (Octo | ber 30, 2020) | | | | | |
|---|--|--------------------------|----------------------------|------------------------------|---------------------------------------|------------------------------------|
| Grant Programs/General Account | EMS County Grant | EMS RAC Grant | General Account | Tobacco Grant | FY20-21 Senate Bill 500 Funding | FY22 LPG (Local Planning Grant) |
| Grant Awards Projected Totals/General Fund | | GREENWARD BALL | | 101 | cas | |
| Account Annual Projected Totals | \$66,492.00 | \$32,085.00 | | \$43,652.00 | \$27,811.00 | TBD |
| Projected Membership Fee Revenue | | | \$12,750.00 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Operating Expenses | | | en en | | | |
| Doctal Boy Appual Foo (Paid) | | | (6405.00) | | | |
| Postal Box Annual Fee (Paid) | | | (\$106.00) | | | |
| VFIS Insurance (Adjusted 3% increase) TETAF Dues | | | (\$1,431.00) | | | |
| Administrator Fee1st Quarter | | Ć0 034 3E | (\$900.00) | | | |
| Administrator Fee 1st Quarter Administrator Fee 2nd Quarter | | \$8,021.25 | | | | |
| Administrator Fee 2nd Quarter Administrator Fee 3rd Quarter | | \$8,021.25 \$8,021.25 | | | | |
| Administrator Fee 31d Quarter Administrator Fee 4th Quarter | | \$8,021.25 | /¢2.01F.00\ | | | |
| CPA Tax Return for 2014/Form 990 EZ | | \$6,021.25 | (\$2,915.00) (\$600.00) | | | |
| GTAC Travel - November 2020- Fort Worth, Tx. | | | (\$600.00) | | | |
| Cancelled due to COVID-19 | | | \$0.00 | | | |
| GETAC Travel- Feb. 2021 - Austin, Tx. (Required) | | | (\$1,500.00) | | | |
| GTAC Travel- May. 2021- Austin, Tx. | | | (\$1,500.00) | | | |
| STACTI A + 2024 A T (D I) | | | | | | |
| GTAC Travel- August 2021 - Austin, Tx. (Required) TETAF Annual Workshop/Conference) | | | (\$1,500.00) | | | |
| TETAF Annual Workshop/Conference) | | | (\$400.00) | | | |
| Cost of Web Page Hosting & Domain with GoDaddy: | 1 1 | | | | | |
| Renewal for One Year on Nov. 1, 2020) (Paid) | 1 1 | | (6354.00) | | | |
| Other RAC Business Related Travel (Projected) | | | (\$354.00) | | | |
| BronzeStar Ambulance | (\$7,693.00) | | \$0.00 | /\$2.2E7.0E\ | | |
| Laredo Fire Department | (\$7,693.00) | | | (\$3,357.85) (\$3,357.80) | | |
| Angel Care Ambulance | (\$7,693.00) | | | (\$3,357.85) | | |
| South Texas Ambulance Response | (\$7,693.00) | | | (\$3,357.85) | | |
| Webb Co. Vol. EMS/Fire | (\$7,693.00) | | | (\$3,357.85) | | |
| Zapata County Fire Department | (\$12,641.00) | | | (\$3,357.85) | | |
| Doctors Hospital of Laredo | \$0.00 | | | (\$3,357.85) | | |
| Laredo Medical Center | \$0.00 | | | (\$3,357.85) | | |
| Victorious Ambulance | (\$7,693.00) | | | (\$3,357.85) | | |
| Prestige EMS | (\$7,693.00) | | | (\$3,357.85) | | |
| Laredo Lifeline | | | | (\$3,357.85) | | |
| Lalitas Ambulance Care (**Member Not in Good | | | | | | |
| Standing) | | | | **\$0.00 | | |
| Texas Superior Ambulance | | | | (\$3,357.85) | | |
| Captial Care EMS | | | | (\$3,357.85) | | |
| PROJECTED BALANCE | 0.00 | \$0.00 | \$1,544 | \$0.00 | \$27,811.00 | |





SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

ITEM 21-19 (TAB 3)

TSA-T Seven Flags RAC

| Requirements Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye | | | ISA-IS | ISA-I Seven Flags KAC | Contract | Met RAC | | |
|---|-------------------------------------|----------|--------|-----------------------|---------------------|-----------------------------|---|--|
| rc. LLC Webb T n/a n/a Yes ervice Webb T n/a n/a Yes trnent Webb T n/a n/a Yes c. Foundation dba Si Iim Hogg T n/a n/a Yes webb T n/a n/a Yes kesponse Webb T n/a Nes e Service, LLC Webb T n/a Yes ire Service, LLC Webb T n/a Yes ire Department DBA Webb T n/a Yes ire Department DBA Webb T n/a Yes ire Department DBA Webb T n/a Yes | Provider Name | COUNTY | TSA | Contract | Expiratio n Date | Eligibility Requirements | Notes | |
| webb T n/a n/a Yes rment webb T n/a n/a Yes c. Foundation dba S, lim Hogg T n/a n/a Yes webb T n/a n/a Yes e webb T n/a Yes e webb T n/a Yes ire Department DBA webb T n/a Yes ire Department DBA webb T n/a Yes ire Department DBA webb T n/a Yes | ire Ambulance Svc. LLC | Webb | 1 | n/a | n/a | Yes | | |
| Webb T n/a n/a Yes | tar Ambulance Service | Webb | _ | n/a | | Yes | | |
| The control of the | CARE EMS | Webb | _ | n/a | | Yes | | |
| Nebb | aredo Fire Department | Webb | - | n/a | | Yes | | |
| Webb T n/a Yes Response Webb T n/a Yes e Webb T n/a Yes sc Service, LLC Webb T n/a Yes Zapata T n/a Yes | County Emerg. Svc. Foundation dba S | Jim Hogg | _ | Yes | | ON. | Remove entity from list. Entity is no longer a member of the Seven Flags RAC (TSA-T. | |
| tesponse Webb T n/a n/a n/a webb T n/a n/a n/a E Service, LLC Webb T n/a n/a ire Department DBA Webb T n/a n/a Zapata T n/a n/a T n/a n/a T n/a n/a T n/a n/a | ifeline | Webb | - | n/a | | Yes | | |
| e Webb T T n/a n/a n/a e Service, LLC Webb T T n/a n/a ire Department DBA Webb T T n/a n/a ire Department DBA Webb T N/a n/a ire Department DBA Webb T N/a n/a Zapata T n/a n/a N/a N/a N/a N/a | EMS, LLC | Webb | _ | n/a | | Yes | | |
| e Webb T n/a n/a n/a ire Department DBAWebb T n/a n/a n/a ire Department DBAWebb T n/a n/a n/a Zapata T n/a n/a n/a | xas Ambulance Response | Webb | _ | n/a | | Yes | | |
| ire Department DBA Webb T n/a n/a n/a ire Department DBA Webb T n/a n/a n/a 2apata T n/a n/a n/a n/a n/a n/a | perior Ambulance | Webb | _ | n/a | | No | | |
| ire Department DBA Webb T n/a n/a n/a 2apata T n/a n/a n/a n/a | s Care Ambulance Service, LLC | Webb | _ | n/a | | Yes | | |
| Zapata T n/a n/a n/a n/a | unty Volunteer Fire Department DB/ | Webb | _ | | | Yes | | |
| | o Fire/EMS Dept | Zapata | _ | n/a | | Yes | | |
| | | | | | | | | |

Fiscal Year 2020 SFRAC Membership Close-Out Summary

| | | | EMS | Needs | Date Paid/ | | | No Board M. | Board No | | No Board Bo | Board No Board Meeting Meeting | ard Meeting ing Scheduled | | | Board | | Board | |
|--|--------------|--------------------------|----------------|-----------------|---|--------------|--|--|--|--------------------------------------|--|---|---|-----------------------------------|------------------------------|-------------------------------|-------------------------------|---------------------------------|--|
| Entity Name | County | Application Submitted | Sul | Assessment | Date Deposited | Check Number | Amount Due/Paid | Meeting Sch Scheduled for Octo September 2 | Scheduled Sch October 30, 2019 Nor | Scheduled Sch for November Dec | Scheduled Sche for Janua December 20 | Scheduled Scheduled January 30, for 2020 February | Jied for March 30, 2020 ary Cancelled | Meeting Scheduled for April | Scheduled May 29, 2020 | Scheduled June 30, 2020 | Scheduled July 30, 2020 | Scheduled August 19, 2020 | |
| Air Evac Life team | Webb | | | | | #905706 | \$850 FY19 Membership w/Late fees Added/Paid: \$850 \$750 FY20 Membership Fees/Paid: \$750 | | | | I 566066666666666699999999 | | II 500000000000000000000 | | | 4 | | ۵ | |
| Angel Care Ambulance Service, LLC | Webb | Yes | Yes | Yes | Paid on 1/30/2020 Deposited: Pending | #10148 | \$750 FY20 Membership Fee + Late Fee \$50 = \$800/Paid: \$800 | | ۵ | | | a. | | | | ۵ | | | |
| BronzeStar Ambulance Service, LLC | Webb | Yes | Yes | Yes | Paid on 10/30/2019 Deposited: 10/7/2019 | #5123 | \$750 FY20 Membership Fee/Paid: \$750 | | ۵ | | | _ | | | | | | | |
| City of Laredo Fire Department | Webb | Yes | Yes | Yes | Paid on 10/9/2019 Deposited: 10/9/2019 | #549371 | \$750 FY20 Membership Fee/Paid: \$750 | | ۵. | | | d. | | | | | | | |
| Doctors Hospital of Laredo | Webb | Yes | N/A | Yes | Paid on 9/11/2019 Deposited: 10/19/2019 | #62096890 | \$1,500 FY20 Membership Fee + \$450 TETAF Fee = \$1,950 / Pald: \$1,950 | | ۵ | | | ۵. | | | 4 | a | . a | . a | |
| Lalitas Ambulance Care (Member in "Not Good Standing"status) | Webb | | | | | | \$750 (FY20) Membership Fee/Paid: \$0.00 + Late Fee \$100 = \$850 | | 4 | | | 4 | | | 4 | | 4 | . 4 | |
| Laredo Lifeline, LLC | Webb | Yes | Yes | Yes | Paid on 10/30//2019 Deposited: 10/7/2019 | #2122 | \$750 FY20 Membership Fee/Paid: \$750 | | 4 | | ۵. | _ | | | ۵ | a. | ۵ | ۵. | |
| Texas Superior Ambulance (Member in "Not Good Standing" status) | Webb | Yes | | | | | \$687.50 (FY20) Pro- rated Membership Fee/ Paid: \$0.00 + Late Fee \$100 = \$787 | | ۵ | | 4 | | | | < | | | | |
| Capital Care EMS | Webb | Yes | Yes | Yes | Paid on 10/30/2019 Deposited: 10/7/2019 | #4213 | \$687.50 FY20 Pro- rated Membership Fee/ Paid: \$687.50 | | ۵ | | 4 | | | | ۵ | | a. | < | |
| Laredo Medical Center | Webb | Yes | N/A | | 9/18/2019 Deposited: 10/9/2019 | | \$1,500 FY20 Mem. Fee +\$450 TETAF Fee = \$1,950/Paid: \$1,950 | | ۵. | | ۵ | | | | | . a | | ۵ | |
| Prestige EMS, LLC | Webb | Yes | Yes | | Paid on: 9/11/2019 Deposited: 10/9/2019 | ABOUT | \$750 FY20 Membership Fee/Paid: \$750 | | | | - a | | | | ۵. | | | ۵ | |
| ed (Member in "Not Good | Jim Hogg | | | | | | \$750 (FY20) Membership Fee/ Paid: \$0.00 + Late Fee \$100 = \$850 | | . 4 | | A | | | | . 4 | 4 | 4 | 4 | |
| Jlance Response, Inc. (STAR) | Webb | Yes | Yes | Yes | 9/27/2019 Deposited: 10/9/2019 Paid the Remaining Half on 11/15/2019 | #21731 | \$750 FY20 Membership Fee/Paid: \$750 | | ٩ | | ۵. | | | | ۵. | | | ۵ | |
| | Webb | Yes | Yes | | Paid on 10/30/2019 Deposited: 10/7/2019 | | \$750 FY20 Membership Fee/ Paid: \$750 | | 4 | | ۵ | | | | . a | | . a | | |
| Webb County Volunteer Fire/EMS | Webb | Yes | Yes | Yes | Paid on 10/30/2019 Deposited: 10/7/2019 | \$ #5737 | \$750 FY20 Membership Fee/ Paid: \$750 | <u> </u> | ۵ | | ۵ | | | | . a | . a | . a | ۵. | |
| Zapata County Fire/EMS | Zapata | Yes | Yes | Yes | | \$ #00231203 | \$750 FY20 Membership Fee/ Paid: \$750 | - | ۵ | | d. | | | | a | ۵ | ۵. | ۵ | |
| t; "P"= Present; "Ea" = Trau | na Event; "E | b"= Injury Pre | vention Event; | ; "Ec"= Stroke/ | | 1 | * Funds paid/deposited in remittance of last fiscal year's membership dues. | d in remittance | e of last fise | cal year's m | embership | dues. | 88 | | | | | | |

From: Mendoza, Liana (DSHS) [mailto:Liana.Mendoza@dshs.texas.gov]

Sent: Wednesday, October 07, 2020 11:43 AM

To: gheard@ci.laredo.tx.us; keiser@stdc.cog.tx.us

Cc: Hernandez,Indra (DSHS) < Indra. Hernandez@dshs.texas.gov >

Subject: RAC-T Participation Report due for FY22 EMS Allotment/Allocation

RAC T.

Advisory Council (RAC) criteria must be met in order that a licensed EMS Provider, providing 911 and\or emergency transfers, may be eligible for We are working on the eligibility table for FY22 EMS Allotment/Allocation from the 911/1131/3588 monies. The following minimal Regional funding from the accounts:

- 1. Successfully met the local RAC's participation requirements
- 2. Participation in performance improvement (PI) activities as requested
- Utilization of the RAC's regional protocols regarding patient destination and transport

For additional eligibility requirements please refer to our web page: http://www.dshs.texas.gov/emstraumasystems/SB102Elig.shtm and Texas Administrative Code §157.130 (d) and §157.131 (d). Please provide your reply back to me and indicate, on the attached spreadsheet, if each provider met all RAC participation requirements, including DSHS will reflect "No". If the provider met two out of the three criteria, your report to DSHS will also be "No. The provider must have met ALL RAC performance improvement activities and regional protocol participation. If the provider met one of the three eligibility criteria, your report to eligibility criteria in order for you to report "Yes".

Providers who only respond to non-emergency transfer calls are NOT eligible for this funding. Please indicate if the provider is a non-emergency transfer provider. Your report is due by close of business (COB) Friday, October 30, 2020. Return your report by replying to this email message and filling-in the participation column in the attached spreadsheet.

Thank you,

Liana Mendoza

Grants and Funding Specialist Office of EMS/Trauma Systems Consumer Protection Division

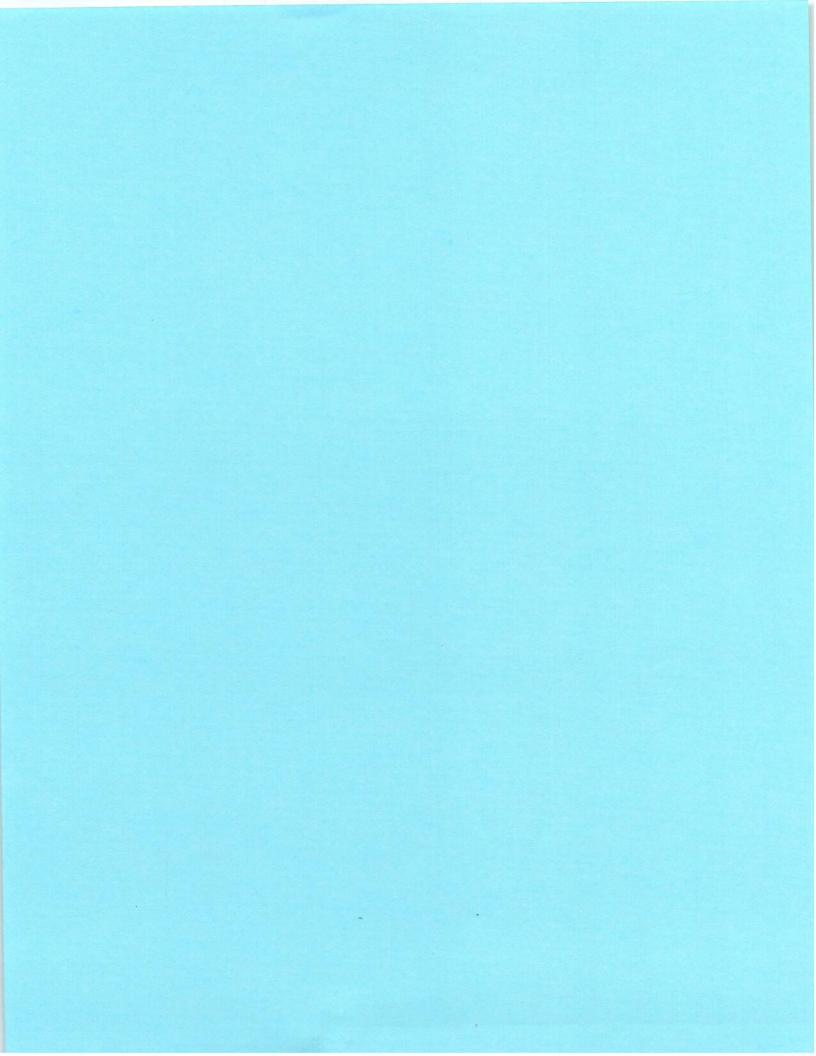
Texas Department of State Health Services

Phone: 512-201-0698

Email: liana.mendoza@dshs.texas.gov



Texas Department of State Health Services





ITEM 21-20 (TAB 4)

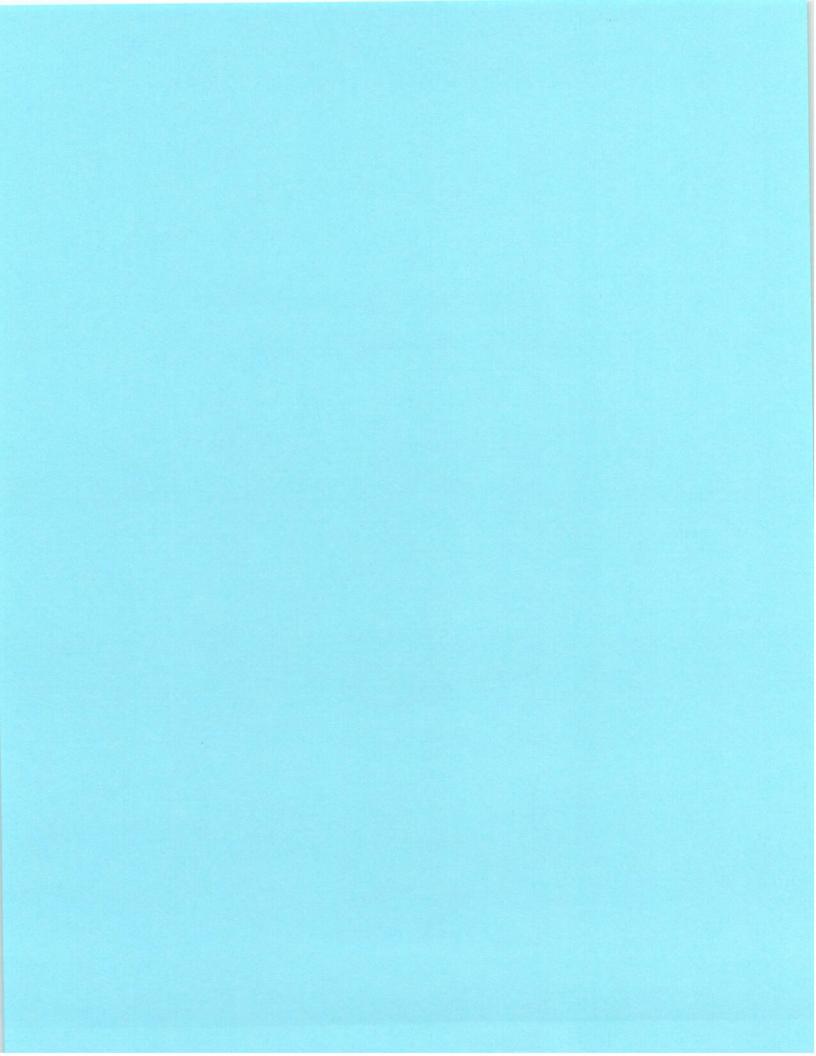
Seven Flags Regional Advisory Council Trauma Service Area "T" Sign-In Sheet

Chair or Vice Chair is responsible for completing this document Please signify by "P" for Present "A" for Absent in the P/A column

| | Strok | Stroke/STEMI Committee (FY21) |
|-------|----------------|-------------------------------|
| | Chairman: | Jennifer Garcia |
| | Vice-Chairman: | Edgar Martinez |
| Date: | Time: | Meeting Location: |
| | | |
| | | |
| | | |

| Members/Entity | P/A | Signature |
|---|-----|-----------|
| Jessica Martinez, RN (Doctors Hospital) | | |
| Ricardo Oliva (Doctors Hospital) | | |
| Brenda Lopez (LMC) | | |
| Angelica Alvarez (Doctors Hospital of Laredo) | | |
| Victor Villarreal (Zapata County Fire/EMS) | | |
| Vernica Cantu (Doctors Hospital) | | |
| Yanira Nunez (LMC) | | |
| | | |

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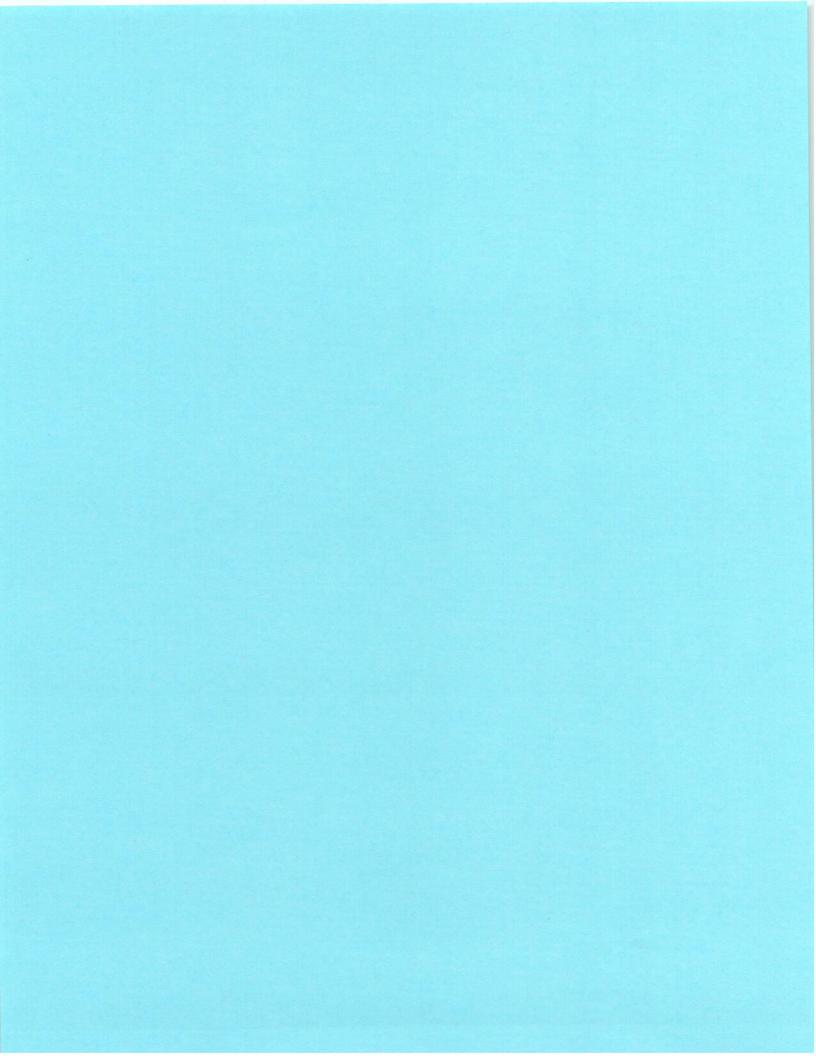


ITEM 21-21 (TAB 5)



Seven Flags Regional Advisory Council Trauma Service Area "T" EMS Membership RAC Application Form FY 2021

| (PLEASE PRINT) | EIMS Membership NAC Application Form F1 2021 | HOIII FULLI | |
|---|---|-------------|-------------------|
| Name of Organization: | Sengsi's Emergeny Services | enies The | |
| Name of CEO or Chief: | Veromica H. Malacura | 8 | |
| Phone Numbers: | 1 | Fax: | 456-712-3376 |
| Email Address: | Founiemalacara @ yahov. com | | |
| Physical Address: | 414 W. Travis St. | | |
| Mailing Address: | Same | | |
| Person Representing the Organization as Director or Officer on the RAC: | Redro Mavarro II | | |
| Phone Numbers: | Office: 876-712-3334 Cell: 266-645-16 | //o Pager: | Fax: 456-712-3376 |
| Email Address: | Detie 20-09 @ hotwail rom | rom | |
| Mailing Address: | 13119 Entrada Loop | | |
| Alternate Representative: | Veronia Malacara | | |
| Phone Numbers: | Office: 456-712-5326 Cell: | Pager: | Fax: 486-712-3374 |
| Email Address: | ronniemalaeara @ vahoo. Com | · Com | |
| Mailing Address: | 414 W. Travis 4. | | |
| Alternate Representative: | Gladus Luna | | |
| Phone Numbers: | Office: \$56-7/2-33.26 Cell: \$56-80/-0769 Pager: | 209 Pager: | Fax: 98-712-3376 |
| Email Address: | gladys 14 Luna @ yahov, down | 2 | |
| Mailing Address: | 13119 Enthada 1000 | | |
| Alternate Representative: | | | |
| Phone Numbers: | Office: Cell: | Pager: | Fax: |
| Email Address: | | | |
| Mailing Address: | | | |
| | | | |





ITEM 21-22 (TAB 6)

Pixl Labs, LLC 8719 Puerto Amarante

Laredo, TX 78045 US (956) 351-6000 info@pixl.co www.pixl.co

Estimate



ADDRESS

John R. Keiser South Texas Development Council 1002 Dicky Lane Laredo, Texas 78043 U.S.A.

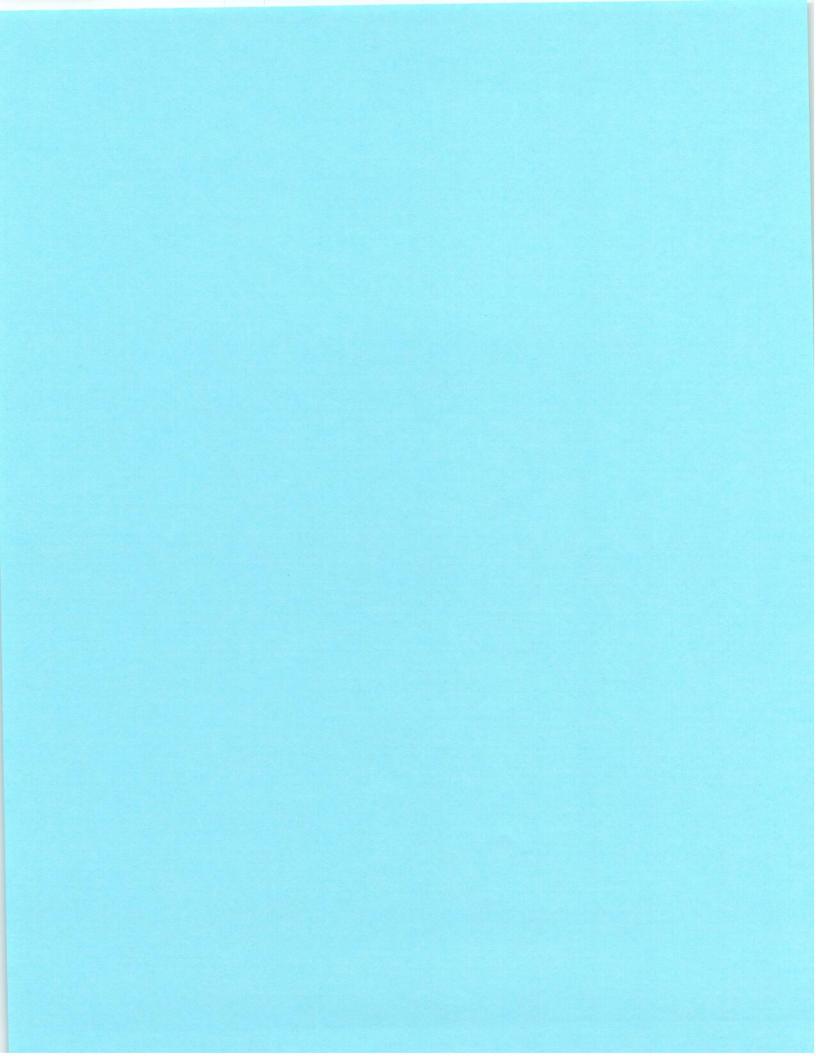
| ESTIMATE # | DATE | |
|------------|------------|--|
| 1094 | 10/13/2020 | |

| DATE | ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
|------|------------------------|---|-----|--------|--------|
| | Video Spot (30 Second) | Video Production: 30 Seconds Promotional Video Clips (Testimonials, or to Promotion of specific Practice Areas) 1-2 Hours, Same Day Video Shoot 1-2 Locations HD Broadcast Quality Full Video & Audio Production Original Price \$650 Discounted Rate \$530 SPECIAL DEAL: Buy 3 and get 1 FREE! | 1 | 530.00 | 530.00 |
| | Voice Over | Voice over talent. | 1 | 80.00 | 80.00 |

TOTAL \$610.00

Accepted By

Accepted Date





ITEM 21-23 (TAB 7)

Property Record and Transfer Agreement

| Transferred From: | Seven Flags Regional Advisory Council Name of Organization (LPG Grant Recipient) | (LPG Recipient) |
|-------------------|--|------------------|
| | P.O. Box 450094 Laredo, TX 78045 Street/Mailing Address, City, County, Zip | |
| | John R. Keiser, Administrator Printed Name and Title | |
| | Signature | Date |
| Transferred To: | Laredo Fire Department Fire/EMS (LPG Name of Organization | G Sub-Recipient) |
| | 616 E. Del Mar Blvd., Texas 78045 Street/Mailing Address, City, County, Zip | |
| | Guillermo Heard, Fire Chief Printed Name and Title | |
| | Signature | Date |

This is to certify that the property described below was acquired by the expenditure of State Department of State Health Services (DSHS) FY2021 Local Planning Grant (LPG) Funds during fiscal year 2020, awarded to the above named LPG Grant Recipient, Seven Flags Regional Advisory Council.

The entity receiving the property, <u>City of Laredo Fire Department Fire/EMS</u> certifies as the LPG Sub-Recipient that they have received the property and agree to use said property for the intended purpose of providing education and training to EMS entities within Trauma Service Area (T).

The LPG Sub-Recipient certifies that all property/equipment maintenance and other related costs of providing such training and education are the responsibility of LPG Sub-Recipient, except when otherwise stated and accepted by all parties involved. The LPG Recipient will bear no responsibility in case of damages to property/equipment while in possession by LPG Sub-Recipient.

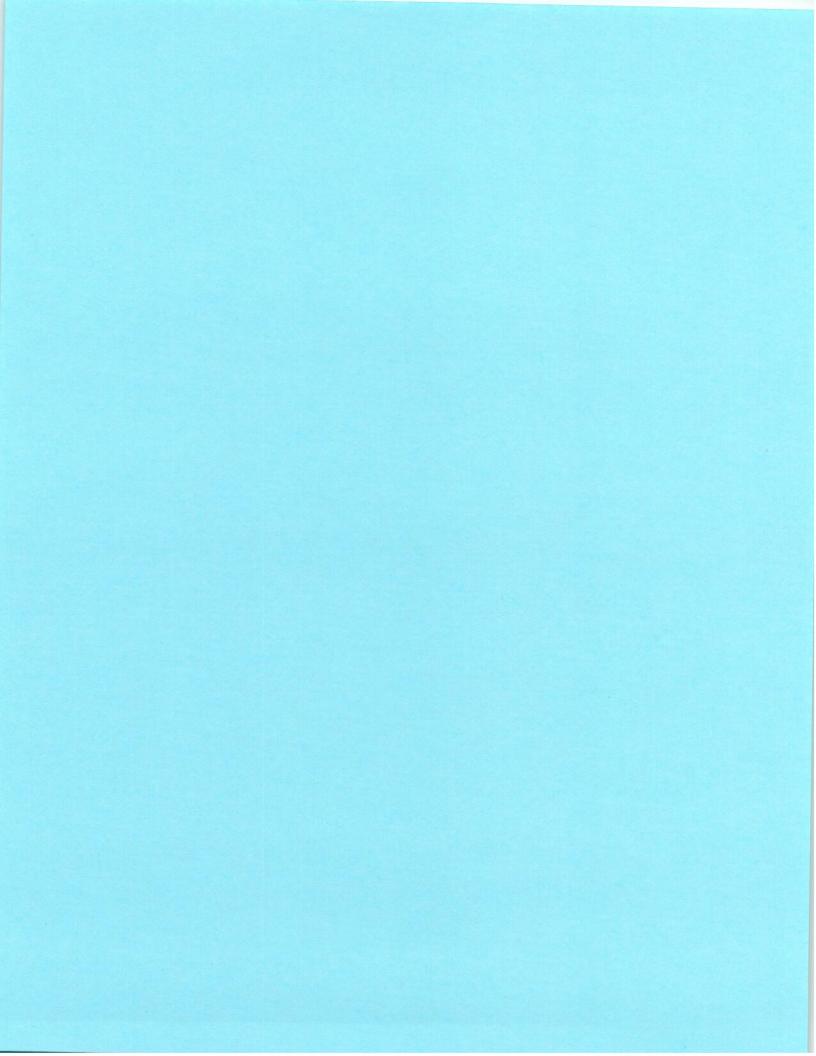
The LPG Sub-Recipient further certify that it is duly authorized and empowered by their governing body to enter into this agreement. The LPG Sub-Recipient further certifies that it will comply with all State eligibility requirements, including inventory control of assets, equipment and property. And is not barred by the Office of Attorney General in receiving grants or in doing business with the State of Texas.

The LPG Sub-Recipient further understands and agrees that by accepting this agreement and in receiving said property below it takes sole ownership and entitlement to the property, except as deemed upon by any decision made through the State of Texas or DSHS, thereafter, to reclaim

or use any or all said property/equipment in possession by LPG Sub-Recipient related to this agreement.

Property being Transferred- Please see item list below:

| Item/Property Model/Serial Number | Description | Quantity Transferred to Receiving Entity |
|--------------------------------------|---|--|
| D2009448W | Code Blue III Pediatric – Wireless Simulator | 1 |
| R5710344 | ONMI 2 | 1 |
| OL2-934143-009 | ONMI Link Wireless Adapter | 1 |
| N/A | ECG Snap Option | 1 |
| N/A | Modified Physio Defibrillation Snaps | 1 |
| CPR-51706317 | S315.600.250.2 Adult CPR+D ONMI 2 ready Trainer with 4- Lead ECG, Snaps, Medium | 1 |
| R5710331 | ONMI 2 | 1 |
| | | |



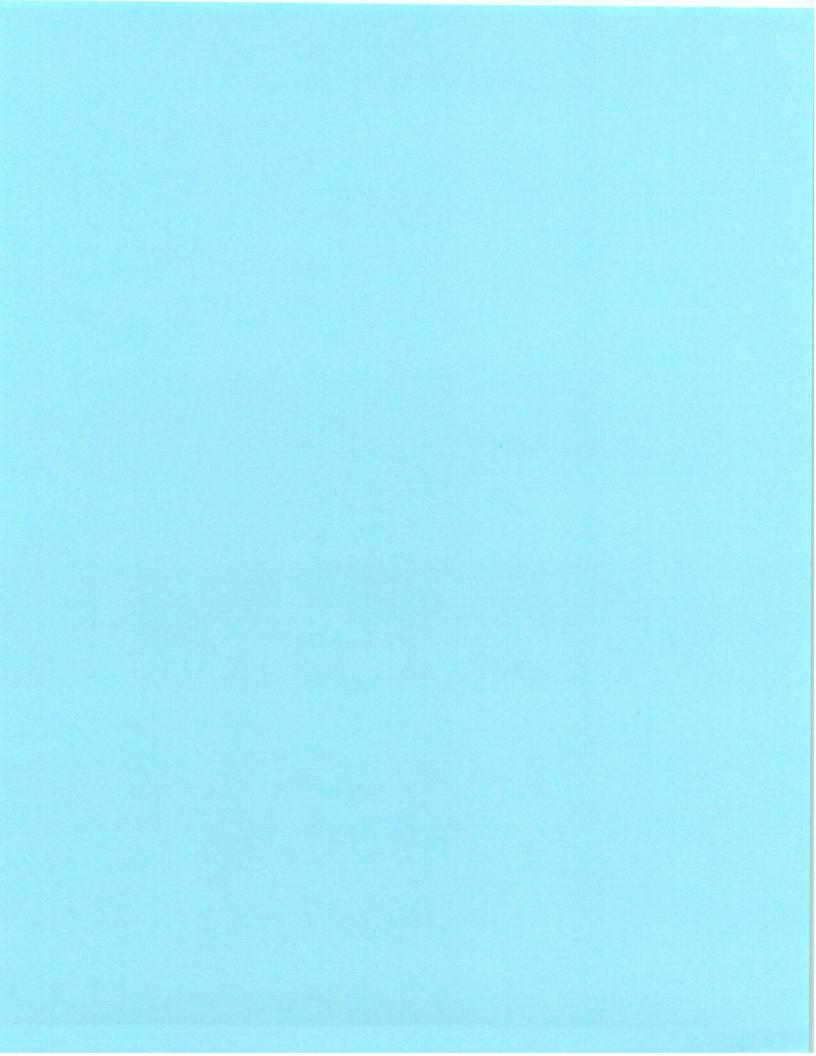


ITEM 21-24 (TAB 8)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES FINANCIAL STATUS REPORT

FSR Form 269A

| Austin, Texas 78714-9347 | Seven Flags Regional Adviso | w.dshs.state.tx.us/grants ory Council | 510-A10-10-10-10-10-10-10-10-10-10-10-10-10-1 | | Phone (512) 458-743 Senate Bill (SB) 500 Fund |
|---------------------------|---|--|---|--|--|
| Contractor Name: | Despense and the control of the con | - 10 to 20 one of 10 to 00 on | DSHS Prog | | Grant |
| Payee Name: | Seven Flags Regional Adviso | ry Council | DSHS Cont Attachment | A STATE OF THE PARTY OF THE PAR | HHS000709900001 |
| Address: | P.O. Box 2187 | | | | onth / Day / Year) |
| Address: | | | | egin Date | End Date |
| City, ST, Zip: | Laredo, Texas 78044 | | | /1/2020 | 6/6/2021 |
| Payee Vendor ID No.: | 17429154937 | | | | |
| PO Number: | HHSTX-0-0000214760 | | Re | egin Date | by this Report End Date |
| O Number. | THIOTA G GGGGZ 147 GG | | | /11/2020 | 9/30/2020 |
| Check If Final Report: | | | Basis: | 717 202 0 | |
| 1 | 2 | 3 | | 4 | 5 |
| BUDGET CATEGORIES | APPROVED BUDGET | PROJECT COSTS | | MULATIVE ECT COSTS | REMAINING BUDGET BALANCE |
| a. Personnel | | \$ - | \$ | | \$ - |
| b. Fringe Benefits | | - | | 0.00 | |
| c. Travel | | | | 0.00 | |
| d. Equipment | | | | 0.00 | |
| e. Supplies | | | | 0.00 | |
| f. Contractual | | | | 0.00 | |
| g. Other | | | | 0.00 | |
| h. Total Direct Charges | \$ | \$ | . \$ | | \$ - |
| i. Indirect Charges | | | | | |
| j. Total Charges | \$ - | \$ | . \$ | | \$ - |
| | k. Program Income Collected | | | | |
| Less: | I. Non-DSHS Funding | | | | |
| | m. In-kind (See Instructions) | , | | | |
| | DSHS SHARE >> | \$ | . \$ | | 李子子发生 |
| | ADVANCE RECEIVED | REPAID THIS PERIOD | CUMULAT | IVE REPAYMENTS | ADVANCE BALANCE |
| n. Advance: | \$ 27,811.00 | | \$ | | \$ 27,811.0 |
| o. Total Reimbursement Re | equested (net of advances) | \$ | - \$ | | |
| p. Total Reimbursement Re | equested and Received | | \$ | | |
| Prepared by | : John R. Keiser | | Те | elephone # | Fax# |
| | : Administrator | | | 6-722-3995 | |
| | to the best of my knowledge a rposes set forth in the award | | is correct and | complete and tha | t all outlays and unliquidate |
| Signature of Authorized (| | | Te | elephone # | Fax# |
| | | | 950 | 6-722-3995 | 15 1- 5 - 5 |
| Typed or Printed Name a | nd Title of Certifying Official: | | | Date Submitted | |
| John R. Keiser | | | | DSHS U | ISE ONLY |
| Administrator | | | | FSR Receipt Date | |





ITEM 21-25 (TAB 9)

EMS/RAC EXPENDITURES (5/1/19 - 8/31/20)

| Total FY20 EMS/RAC Expenditures | | 22,631.00 |
|--|----|-----------|
| Program Costs | • | |
| Administrative Costs | \$ | 22,631.00 |
| TOTAL of ADMINISTRATIVE and PROGRAM COSTS | • | 22,631.00 |
| Program Income | \$ | |

| In Support | of Reimbursement Requests for | In Support | of Reimbursement Requests for | |
|------------|---------------------------------------|------------|--|--|
| RAC NAME | Seven Flags Regional Advisory Council | RAC NAME | Seven Flags Regional Advisory Council | |

2nd Quarter

1st Quarter

| FY20 Contract Ac | tivities |
|-----------------------------|--|
| PERSONNEL | List employees |
| LIGOTILE | N/A |
| | STRUCKLUS REPORTS STORTS AND A STRUCK STORTS AND A STRUCK STORTS |
| | |
| | |
| | |
| | |
| | |
| | |
| RINGE BENEFITS | Fringe Benefits |
| | |
| | |
| TRAVEL | List each individual expense. |
| | Local Travel |
| | |
| Report TOTAL costs for each | |
| Conference attended on a | |
| single line. | |
| | |
| | |
| EQUIPMENT | List each individual expense. |
| | N/A |
| | |
| | |
| | |
| | |
| | |
| SUPPLIES | List each individual expense. |
| SUPPLIES | N/A |
| | |
| | |
| | |
| | |
| | |
| | |
| CONTRACTUAL | List each individual expense. |
| | Administrative contract between STDC and SFRAC |
| | |
| | |
| | |
| OTHER | List each individual expense. |
| 10000000 | N/A |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | MARKET SERVER STORY OF THE WAY STORY OF THE SERVER STORY OF THE SE |
| | |
| | |
| | |
| | List costs by individual, if applicable and report all Non-Personnel indirect costs |
| NDIRECT COSTS | as one lump sum. |
| | N/A |
| | |
| | |
| | |
| | All Non-Personnel Indirect Costs |
| | |

| | May | 2019 | Jun | e 2019 | July | 2019 | Augu | ust 2019 | | Quarter otals | Sept 2 | tember 019 | Octobe | r 2019 | Nove 20 | ember 019 | | Quarter otais |
|--|-----|------|-----|--------|-------|------|---------|----------|--------------------------|------------------|-----------|---------------|--------|--------|------------|--------------|----|------------------|
| | • | i | S | | \$ \$ | | \$ | | • | | \$ \$ | • | | | | · | • | |
| | | | s | | | | 100-410 | 0.00 | The second second second | | I SEE | 0.00 | | | | | | |
| 0.00 \$ 0. | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 0.00 | | 0.00 | | |
| 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ | | 0.00 | s | 0.00 | • | 0.00 | | 0.00 | | | \$ | 0.00 | \$ | 0.00 | \$ | 0.00 | \$ | |
| 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ | i e | 0.00 | s | 0.00 | \$ | 0.00 | \$ | 0.00 | \$ | | • | 0.00 | s | 0.00 | \$ | 0.00 | \$ | |
| | | ö.00 | , | 0.00 | | 0.00 | | 0.00 | | | 3 | 0.00 | • | 0.00 | \$ | 0.00 | \$ | 70_ |
| 5 0.00 5 | | 0.00 | \$ | 0.00 | • | 0.00 | \$ | 0.00 | 5 | | • | 0.00 | s | 0.00 | \$ | 0.00 | \$ | |
| 5 0.00 5 0.00 5 0.00 5 0.00 5 0.00 5 0.00 | | | | | | | | | | | | | | | | | | |
| | | 0.00 | \$ | 0.00 | 5 | 0.00 | s | 0.00 | • | | 5 | 0.00 | | 0.00 | * | 0.00 | | |
| | | | | | | | | | | | | | | | | | | |

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

| | PERSONNEL |
|------------------|-----------------|
| | FRINGE BENEFITS |
| | TRAVEL |
| | EQUIPMENT |
| | SUPPLIES |
| | CONTRACTUAL |
| | OTHER |
| | TOTAL COSTS |
| District Control | |
| | PERSONNEL |
| | FRINGE BENEFITS |
| | TRAVEL |
| | EQUIPMENT |
| | SUPPLIES |
| | CONTRACTUAL |
| | OTHER |
| | INDIRECT |
| | TOTAL COSTS |

| May 2019 | June 2 | 019 | July 2 | 019 | August 2019 | 1st Quarter Totals | September 2019 | October 2019 | November 2019 | 2nd Quarte Totals |
|----------|--------|-------|----------|--------|-----------------------|-----------------------|----------------------|---|------------------|--|
| | | La Vi | | | | \$. | | | | \$. |
| | | | | | | 3 . | | | | \$ |
| | | | | | | | | | | \$ |
| | 10000 | | | | | 1 | | | | \$ |
| | \$ | | \$ | | s - | \$. | \$ - | \$ - | \$. | \$. |
| | 10000 | No. | - W 15 P | 65 A 4 | Part Market Committee | · . | Control of the | | | |
| | | | | | ME STATE OF | | ASSESSED FOR COMPANY | | | The same of the same |
| | 10000 | | 1000 | | | The second second | Last average | 100000000000000000000000000000000000000 | THE TOTAL | \$ |
| | | | | | | | | | | 5 |
| | | | | | | | | | | \$ \$ |
| | 3 | | 5 | | s - | | \$. | \$ | s . | \$ \$ \$ \$ |
| | s | | s | | s . | \$. \$. \$. | s - | s - | s . | \$ \$ \$ \$ \$ |
| | \$ | | \$ | | \$. | | s . | \$. | s . | \$ \$ \$ \$ \$ \$ \$ |

Name & phone number of Person Completing this Form

John R. Keiser / 956-722-3995

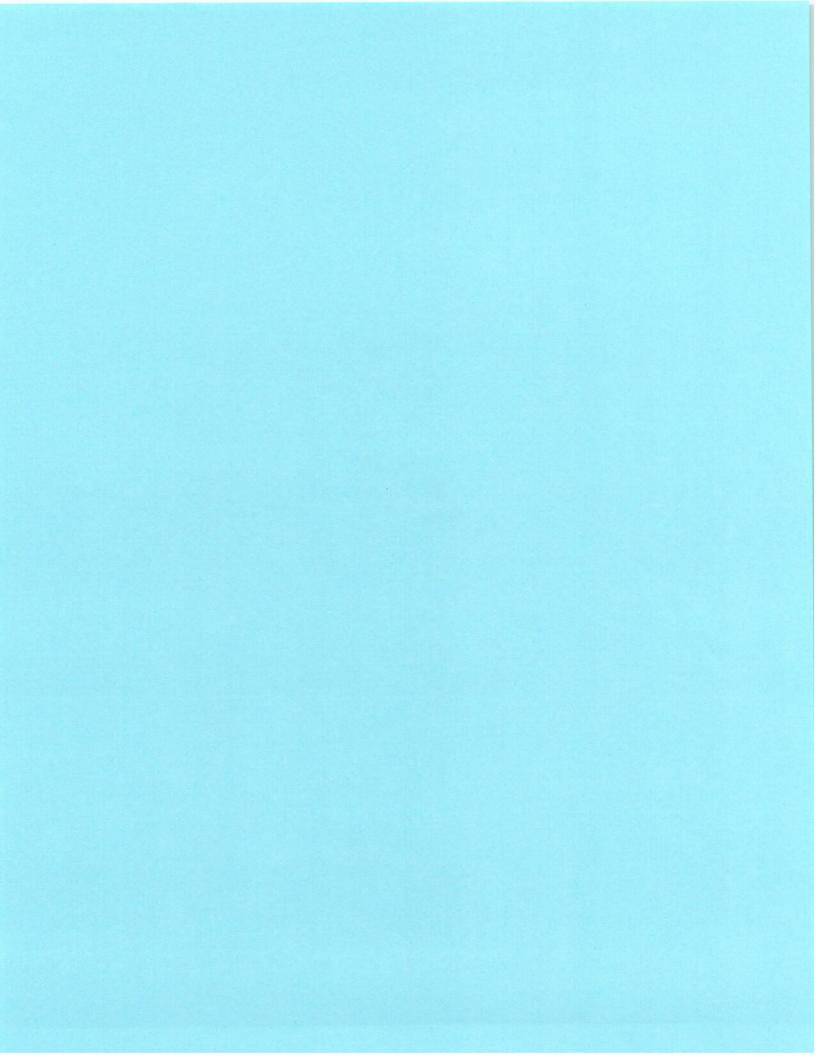
John R. Keiser / 956-722-3995

In Support of Reimbursement Requests for In Support of Reimbursement Requests for EMS/RAC EXPENDITURES (5/1/19 - 8/31/20) RAC NAME Seven Flags Regional Advisory Council RAC NAME Seven Flags Regional Advisory
Council Total FY20 EMS/RAC \$ 22,631.00 Expenditures \$ Program Costs Administrative Costs 5 22,631.00 TOTAL of ADMINISTRATIVE and PROGRAM COSTS \$ 22,631.00 Program Income 3rd Quarter December 3rd Quarter Totals 4th Quarter January 2020 February 2020 March 2020 April 2020 May 2020 2019 Totals **FY20 Contract Activities** FRINGE BENEFITS . . 0.00 TRAVEL List each individual expense Local Travel Report TOTAL costs for each Conference attended on a single line. 0.00 0.00 List each individual expense. N/A 0.00 0.00 0.00 0.00 0.00 0.00 0.00 - \$ 22,631.00 CONTRACTUAL 0.00 22,631.00 \$ \$ - \$ 0.00 0.00 0.00 0.00 OTHER - 3 0.00 0.00 0.00 0.00 0.00 0.00 List costs by individual, if applicable and report all Non-Personnel indirect cost as one tump sum.

N/A 0.00 0.00 0.00 0.00 TOTAL COSTS MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS December January 2020 February 2020 3rd Quarter Totals March 2020 April 2020 May 2020 Program Costs PERSONNE FRINGE BENEFITS TRAVE EQUIPMEN SUPPLIES CONTRACTUAL OTHER Administrative Costs PERSONNEL FRINGE BENEFITS EQUIPMEN SUPPLIES CONTRACTUAL OTHER INDIRECT 22,631.00 \$ \$ - \$ \$ 22,631.00 \$ 22,631.00 Name & phone number of Person Completing this Form hn R. Keiser / 956-722-3995

In Support of Reimbursement Requests for EMS/RAC EXPENDITURES (5/1/19 - 8/31/20) RAC NAME Seven Flags Regional Advisory Council Total FY20 EMS/RAC Expenditures 22,631.00 Program Costs 5 22,631.00 Administrative Costs TOTAL of ADMINISTRATIVE and PROGRAM COSTS 5 22,631.00 5th Quarter Totals Total Expenditures July 2020 August 2020 June 2020 **FY20 Contract Activities** Fringe Benefits FRINGE BENEFITS List each individual expense. Local Travel TRAVEL EQUIPMENT List each individual expense. N/A 0.00 SUPPLIES 0.00 - \$ 22,631.00 CONTRACTUAL List each individual expense. Administrative contract between STDC and SFRAC 0.00 List costs by individual, if applicable and report all Non-Personnel indirect costs as one tump sum. $\overline{\it NA}$ INDIRECT COSTS 0.00 s 22,631.00 22,631.00 TOTAL COSTS MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS 5th Quarter Totals Total August 2020 July 2020 June 2020 **Program Costs** PERSONNE FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER TOTAL COSTS Administrative Costs PERSONNEL FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER INDIRECT 22,631.00 22,631.00 \$ Name & phone number of Person Completing this Form

5



In Support of Reimbursement Requests for In Support of Reimbursement Requests for RAC NAME Seven Flags Regional Advisory Council EMS/RAC SYSTEMS DEVELOPMENT EXPENDITURES (9/1/19 - 8/31/20) RAC NAME Seven Flags Regional Advisory Council Total FY20 RAC SYSTEMS DEVELOPMENT Expenditures \$ 47.613.00 Program Costs 38,090.40 9,522.60 Administrative Costs TOTAL of ADMINISTRATIVE and PROGRAM COSTS \$ 47,613.00 \$ 1st Quarter 2nd Quarter September October 2019 November December January 2020 February 2020 1st Quarter 2019 2019 **FY20 Contract Activities** \$. \$. \$. 5 . \$. . Fringe Benefits . s . s . s . s . s . FRINGE BENEFITS . \$. \$. \$ TRAVEL List each individual expense Local Travel Report TOTAL costs for each Conference and each <u>PERSON</u> attended on a single line. . . S . S . S . S . S List each individual expense. 0.00 0.00 0.00 SUPPLIES List each individual expense. List each individual expense. . . . CONTRACTUAL int each individual expense, ironze Star Ambulance aredo Fire Department EMS ingel Care Ambulance outh Texas Ambulance Respon-List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum. 0.00 0.00 All Non-Personnel Indirect Costs MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS September 2019 October 2019 November 2019 December 2019 January 2020 February 2020 2nd Quarter 1st Quarter Program Costs PERSONNEL FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER TOTAL COSTS \$ Administrative Costs PERSONNEL FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER INDIRECT TOTAL COSTS

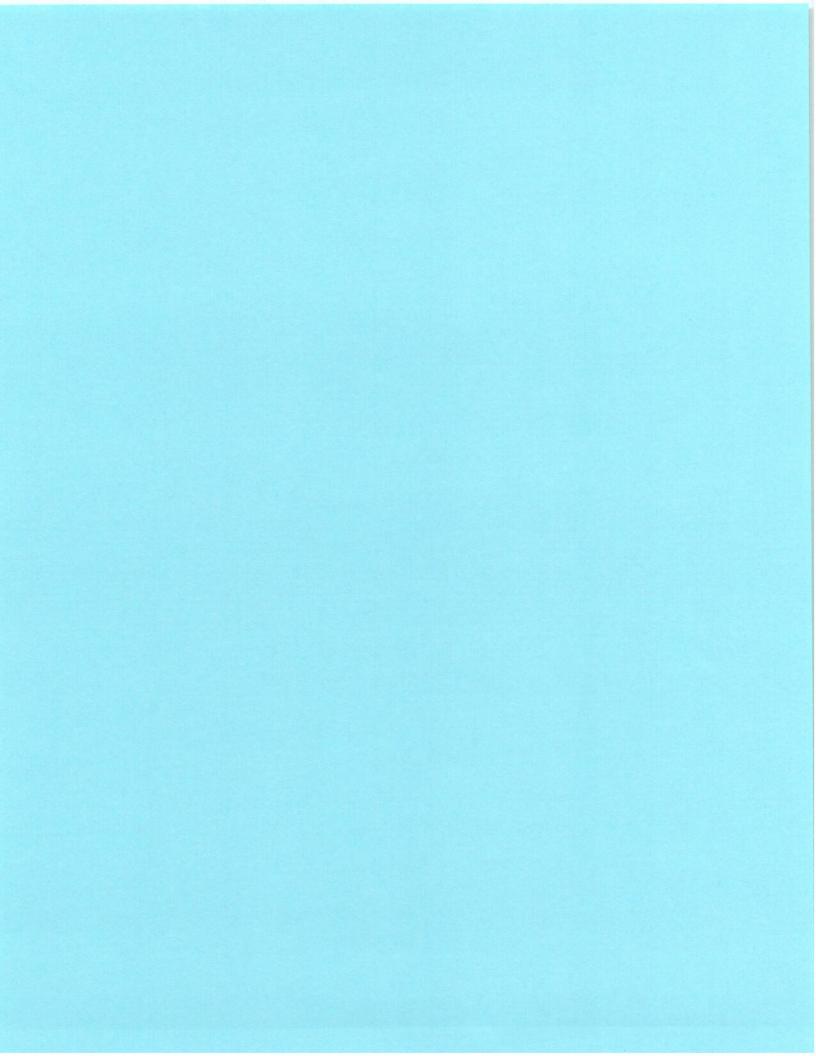
John R. Keiser / 956-722-3995

Name & phone number of Person Completing

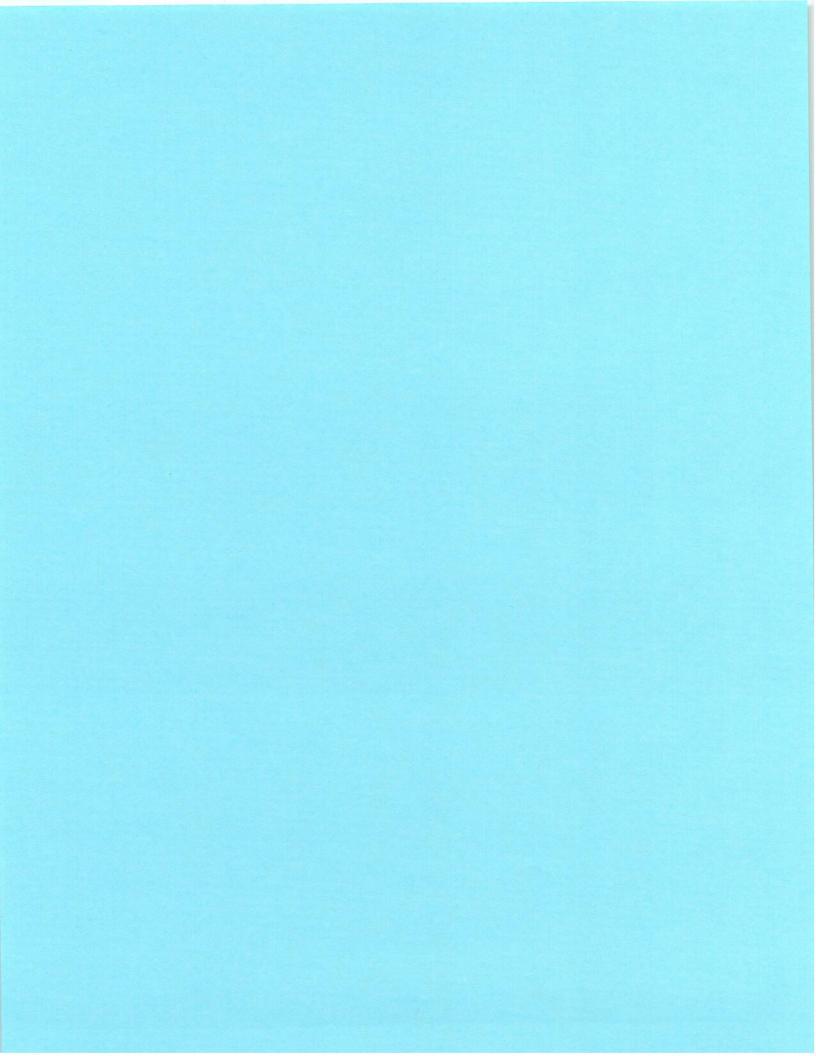
John R. Keiser / 956-722-3995

In Support of Reimbursement Requests for In Support of Reimbursement Requests for EMS/RAC SYSTEMS DEVELOPMENT EXPENDITURES (9/1/19 - 8/31/20) RAC NAME Seven Flags Regional Advisory Council RAC NAME Seven Flags Regional Advisory Council Total FY20 RAC SYSTEMS DEVELOPMENT Expenditures \$ 47,613.00 \$ Program Costs 38,090,40 Administrative Costs \$ 9,522.60 TOTAL of ADMINISTRATIVE 5 47,613.00 \$ 3rd Quarter 3rd Quarter Totals 4th Quarter Total March 2020 April 2020 May 2020 June 2020 July 2020 August 2020 Expenditures Totals **FY20 Contract Activities** FRINGE BENEFITS Fringe Benefits . . . TRAVEL s . s List each individual expense. . \$. \$ 0.00 SUPPLIES List each individual expense 0.00 0.00 - \$ 9,522.60 \$ 9,522.60 \$ 0.00 9522.60 CONTRACTUAL List each individual expense. 22,864.24 3809.04 3809.04 0.00 3809.04 0.00 0.00 0.00 3809.04 3809.04 3809.04 7,618.08 \$ 3,809.04 \$ 30,472.32 \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 List costs by individual, if applicable and report all Non-Persi INDIRECT COSTS 0.00 All Non-Personnel Indirect Costs TOTAL COSTS 7,618.08 \$ 7,618.08 \$ 3,809.04 \$ MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS 3rd Quarter Totals March 2020 April 2020 May 2020 4th Quarter June 2020 July 2020 August 2020 Program Costs PERSONNEL FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER TOTAL COSTS 38,090.40 EQUIPMEN 9,522.60 9,522.60 9,522.60 \$ 9,522.60 \$ 9,522.60

Name & phone number of Person Completing



| | | | In Support of | In Support of Reimbursement Requests for | nt Requests for | |
|--------------------------------------|---|--|-------------------------------|--|---|--------------|
| EMS/LPG | EMS/LPG EXPENDITURES (5/1/2020 - 8/31/2020) | RAC NAME | Seven Flags | Seven Flags Regional Advisory Council | ory Council | |
| Total FY2021 EMS/LPG Expenditures | \$ 12,946.00 | | | Enter RAC Name | | |
| | | | 1st Quarter | arter | | |
| | | May 2020 | June 2020 | July 2020 | August 2020 | Total |
| FY20 Contract Activities | ctivities | | | | | |
| EQUIPMENT | List each individual expense. NAR | • | | | | 9 |
| SUPPLIES | List each individual expense. NA | 0000 | 0000 | 00 0 | 000 | |
| CONTRACTUAL | List each individual expense. N/A | 00'00 | 00:0 | 00.00 | 00'0 | |
| ОТНЕЯ | List each individual expense. CPR Ecards -BLS @ \$5 00/ees, ACLS @ \$10 00/ees, Heartsaver @ 20 00 Tx Annual Training Bis Fee FF2 Tg 70 00/ees Tx Code Bue III Pediatric Training Mandels w OtMII 2 Tx Code Bue III Pediatric Training Mandels w OtMII 2 Tx FAL 4 lead CPR-D and ECS Skills Trainer Adult Mandels ModifiedPhaso (LRepok) Orditrilation Sinaps Accessory Frieght & Handling | 00000000000000000000000000000000000000 | 00000 | 0000000 | 12,946,00 0,00 0,00 0,00 0,00 1096,00 1096,00 135,00 135,00 | |
| TOTAL COSTS | | | | 49 | \$ 12,946.00 | \$ 12,946.00 |
| | Name & phone number of Person Completing this Form | | John R. Keiser / 956-722-3995 | 956-722-3995 | | |





ITEM 21-26 (TAB 10)

The annual report will cover the past fiscal year (September 1, 2019 thru August 31, 2020), as stipulated in the RAC Systems Development portion of the FY20 Contract. Additional information may also be entered or submitted as an attachment to this report.

| RAC | Seven Flags Regional Advisory Council | |
|---------------|--|--|
| Report Period | FROM: September 1, 2019 to August 31, 2020 | |

- 1. On Attachment A provide current information for RAC Officers and Executive Committee/Board as of September 1st.
- 2. Needs Assessments (Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.)

At the beginning of each fiscal year, between September and November, members are asked to submit individual entity needs assessments on a designated form, along with other required membership documents. A particular item identified in several needs assessments was mannequins for training. Based on this need the City of Laredo Fire Department Fire/EMS took the lead in forming a training program for the region comprised of Adult CPR+D training and Code Blue III Pediatrics training among EMS entities. The intent of the training is to improving emergency responding entities to cover neonatal/adult specialty education/training/equipment related to hospitals/EMS/trauma systems to improve the quality of emergency pre-hospital health care. As a result, two manikins were purchased using Local Planning Grant Funds which will be used for training purposes delivered to EMS emergency response EMS by the City of Laredo Fire Department EMS training section.

Example table:

| Identified Need | Targeted Beneficiary (EMS/Hospital) | How Were These Needs Met? |
|--------------------|---|---|
| Education/Training | Doctors Hospital of Laredo/ Laredo Medical Center/ City of Laredo Fire/EMS/ Angel Care Ambulance | Through FY21 Local Planning Grant (LPG) Funds |

| | Service/Zapata County Fire &EMS | |
|-----------|---------------------------------------|--|
| Equipment | | |
| Other | | |

3. Administrative/Operational & Clinical:

a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster management? What efforts did the RAC make to maximize inclusion of its constituents into the RAC to continue to develop an integrated trauma system?

The SFRAC facilitated the addition of two new EMS entities as active and participating members of the RAC.

b. Summarize the need for and outcomes of specially called RAC meetings.

No specially called RAC meeting occurred during FY20.

c. Report any projected realignments of counties in trauma service area

No plans to realign.

d. Describe the RAC's role with facilities within the trauma service area prior to or during <u>trauma center designations/re-designations</u> that occurred within past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable.

The role of the SFRAC is limited to the issuance of member status letters for the purpose of designation or re-designation. During the FY20 program year, the SFRAC issued three letters for re-designation to local hospitals, namely, Doctors Hospital of Laredo for maternal re-designation. And Laredo Medical Center for Trauma and Perinatal re-designation.

e. Describe how the RAC administratively and operationally contributed to and participated in <u>Injury Prevention</u> initiatives within past twelve months. (*Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.*)

No activity to report for this report period.

f. Describe the most significant findings of the RAC's <u>SQI/Performance</u> <u>Improvement</u> Committee within past twelve months. What changed as a result of that/those findings?

No SQI/Performance Improvements to report for this period.

g. To what degree were physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

N/A

h. Describe activities the RAC was involved in that assisted or encouraged EMS and FRO participation in the RAC within past fiscal year (e.g. teleconferencing, video/conference calls, etc.).

Meetings are always held at a physical location in Laredo, Texas with a predetermined schedule developed for meetings to be held throughout the year which facilitates the planning ahead for members. Since the introduction of COVID-19 meeting have been held via video conferencing.

i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

Conditions due to COVID-19 required additional involvement from the RAC administrator and RAC board members and due to funding limitations to cover the administrative budget this substantially reduced the RAC's ability to improve/increase administrative capacity building and response at the community and resource level.

4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (https://ourcpa.cpa.state.tx.us/coa/Index.html) website current? If not, what actions have been taken to ensure Certification of Franchise Tax Account Status (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Pubic Accounts?

Yes

- 5. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.
 - 1) Allowable cost/purchases questions regarding Local Planning Assistance Grant.

- 2) Questions regarding the different financial and program narrative reporting forms for the various programs.
- 6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

Distribution by email and presented at a regularly scheduled Board meeting to be held on October 29, 2020.

Complete and include with the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals
Attachment E – Hospitals Seeking Designation
Attachment F – EMS Providers
Attachment G - First Responder Organizations

ATTACHMENT A DIRECTORS / OFFICERS (EXECUTIVE) BOARD MEMBERS CONTACT INFORMATION AND TERM PERIODS

| Name | Office/Board Position | Term | Affiliation | Telephone | Email |
|-----------------------|--------------------------|---------------------------------|---|--------------|---------------------------------|
| Jason Delattre | Board Director | N/A | Air Evac Lifeteam | 636-542-2056 | jason.delattre@air-evac.com |
| Ricardo Jaime | Board Secretary | 2-yr. 9/1/19 to 8/31/2021 | Angel Care Ambulance Service | 956-725-7484 | rjaime98@hotmail.com |
| Hector M. Medina, Jr. | Board Director | N/A | BronzeStar Ambulance Service | 956-712-3667 | bronzestaramb@yahoo.com |
| Guillermo Heard | Board Chairman | 2-yr. 9/1/20 to 8/31/22 | City of Laredo Fire/EMS | 956-718-6023 | gheard@ci.laredo.tx.us |
| Letisia Colon | Board Director | N/A | Doctors Hospital | 956-523-2193 | letisia.colon@uhsinc.com |
| Jorge Delgado | Vice-Chair | 2-yr. 9/1/19 to 8/31/21 | Prestige EMS | 956-251-5318 | admin@prestigeems.com |
| Vacant | | N/A | Laredo Medical Center | | |
| Juan Canavati | Board Treasurer | 2-yr. 9/1/20 to 8/31/22 | South Texas Ambulance Response | 956-722-3222 | Jobe1400@yahoo.com |
| Ricardo Rangel | Board Director | N/A | Webb County Volunteer Fire/EMS | 956-523-5700 | rirangel@webbcountytx.gov |
| Chief Juan Jose Meza | Board Director | N/A | Zapata County Fire/EMS | 956-765-9942 | Chiefmeza101@hotmail.com |
| Victor Villarreal | Board Director | N/A | Victorious Care Ambulance Service | 956-568-1178 | Victorvillarreal8784@yahoo.com |
| Julie Tijerina | Member At- Large | N/A | N/A | N/A | julie.tijerina@ag.tamu.edu |
| Mike Martinez | Board Director | N/A | Capital Care EMS | 956-712-8911 | capitalcareems@ymail.com |
| Gilberto Guardiola | Board Director | N/A | Texas Superior Ambulance | 956-568-3380 | txsuperiorambulance@outlook.com |
| Peter Gonzalez | Board Director | N/A | Laredo Lifeline | 956-602-0387 | lifelinepeter@yahoo.com |
| Roy Arriaga | Board Director | N/A | Medpoint Ambulance, Inc. | 956-728-7707 | medpointambulance@yahoo.com |
| Rene Castillo | Board Director | N/A | Lalitas Ambulance Care, LLC. | 956-516-4499 | rc.lalitasamb@outlook.com |
| Refic Casullo | | | Care, LLC. | | |

ATTACHMENT B ANNUAL BYLAWS AFFIDAVIT

The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: Seven Flags Regional Advisory Council has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on August 19, 2020.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?

[X]YES[]NO

If NO, is a copy is attached to this report? N/A
[]YES[]NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.

[X]YES[]NO

ATTACHMENT C ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: <u>Seven Flags Regional Advisory Council</u> has completed an annual review and/or revision of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on May 30, 2019.

Each essential component of the Plan has a revision date of:

| COMPONENT | DATE |
|--|--------------|
| Access to the System | |
| Communication | May 30, 2019 |
| Medical Oversight | |
| Pre-hospital Triage Criteria | May 30, 2019 |
| Diversion Policies | |
| Bypass Protocols | |
| Regional Medical Control | |
| Facility Triage Criteria | |
| Inter-hospital Transfers | May 30, 2019 |
| Designation of Trauma Facilities, Planning for | |
| Performance Improvement | |
| Regional Trauma Treatment Protocols | |
| Regional Helicopter Activation Protocols | |
| Injury Prevention | |
| Committees | |

| Committees | |
|---|---------------------------|
| Is a current copy of the RAC's regional trauma system plan available web site? [] YES [X] NO | e for review on the RAC's |
| If NO, has one has been attached with this report? [X] YES [] NO | |
| A page summarizing revisions/additions made to the regional trauma reporting year is attached to this report. [] YES [x] NO | system plan this contract |

ATTACHMENT D ANNUAL PARTICIPATION REPORT

DESIGNATED HOSPITALS

| Laredo Medical Center |
|----------------------------|
| Doctors Hospital of Laredo |
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ATTACHMENT E ANNUAL PARTICIPATION REPORT

HOSPITALS SEEKING DESIGNATION

| J/A |
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ATTACHMENT F ANNUAL PARTICIPATION REPORT

EMS Providers

| Air Evac Lifeteam |
|-----------------------------------|
| Angel Care Ambulance Service |
| BronzeStar Ambulance Service |
| City of Laredo Fire/EMS |
| Prestige EMS |
| South Texas Air Med |
| South Texas Ambulance Response |
| Webb County Volunteer Fire/EMS |
| Zapata County Fire/EMS |
| Victorious Care Ambulance Service |
| Laredo Lifeline |
| Lalitas Ambulance Care |
| Capital Care EMS |
| Texas Superior Ambulance |
| Medpoint Ambulance |
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ATTACHMENT G ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

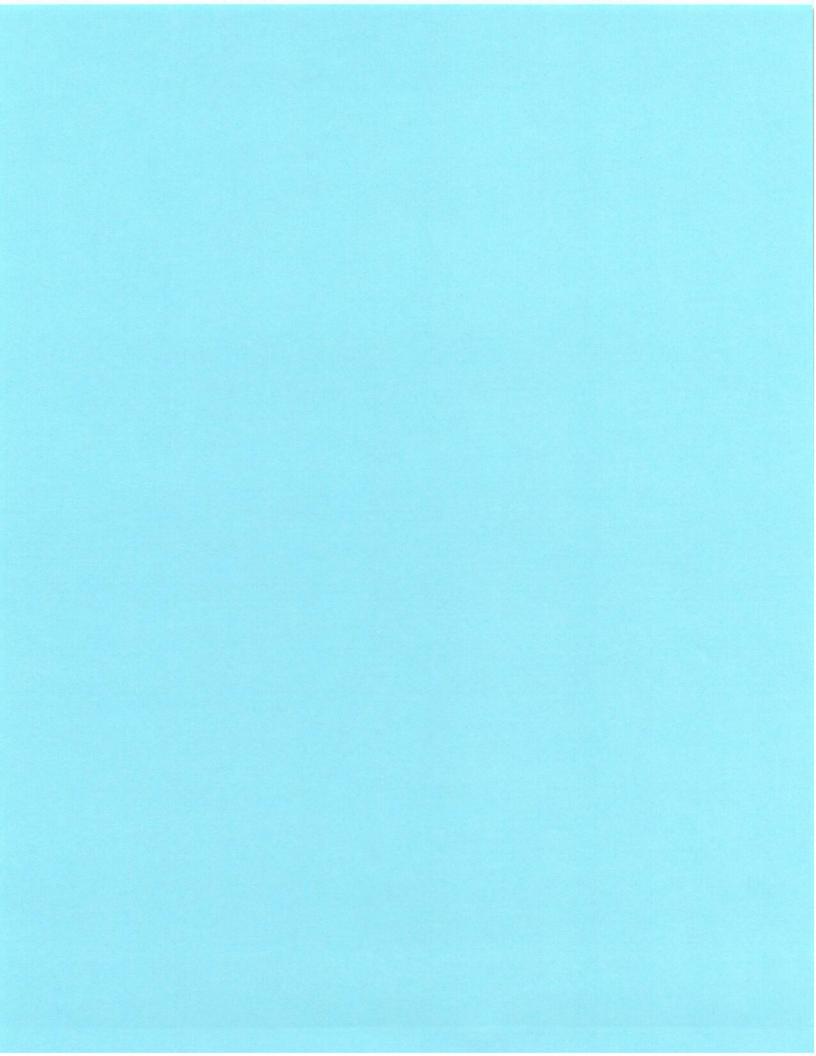
| City of Laredo Fire/EMS |
|-------------------------|
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ATTACHMENT H ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

| development/maturation of the regional systems. | |
|--|--|
| Annai Camano (Star Ambulance) | |
| Ray Veliz (Angel Care Ambulance) | |
| Ricardo Rangel (Webb County Volunteer Fire/EMS) | |
| Jason Delattre (Air Evac Lifeteam) | |
| Ricardo Jaime (Angel Care Ambulance) | |
| Adolfo Martinez (Angel Care Ambulance | |
| L.T. Daniel Arriaga (Zapata County Fire/EMS) | |
| Peter Gonzalez (Laredo Lifeline) | |
| Francisco J. Martinez (Webb County Volunteer Fire Dept.) | |
| Hector Medina, Jr. (Bronze Star Ambulance) | |
| Edgar Martinez (City of Laredo Fire/EMS) | |
| Chief Ricardo Rangel (Webb County Volunteer Fire/EMS) | |
| Francisco Martinez (Webb County Volunteer Fire/EMS) | |
| Guillermo Heard (Laredo Fire EMS) | |
| Julio Martinez (South Texas Ambulance Response) | |
| Jessica Martinez, RN (Doctors Hospital) | |
| Ricardo Oliva (Doctors Hospital) | |
| Brenda Lopez (LMC) | |
| Angelica Alvarez (Doctors Hospital of Laredo) | |
| Victor Villarreal (Zapata County Fire/EMS) | |
| Veronica Cantu (Doctors Hospital) | |
| Yanira Nunez (LMC) | |
| Angelica Perez (LMC) | |
| Monica Perez (LMC) | |
| Laura Uribe (LMC) | |
| Lupita P. Cisneros (Doctors) | |
| Gabriela Arzuaga (Doctors) | |
| Lilliana Limas (Doctors) | |
| Nancy Puig (Laredo Medical Center) | |
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FY20

EMS/CO-RAC Deliverable

5/1/2019 - 8/31/2020

EMS/RAC & SYSTEMS DEVELOPMENT

FINAL NARRATIVE REPORT

EMS RAC FUNDS

| _ | | |
|-------------|--|--|
| RAC | Name: | Seven Flags Regional Advisory Council |
| Allo | cation Amount: | \$22,631.00 |
| ۸۵۵ | | P.O. Box 450094, Laredo, Texas 78045 |
| Addi | ress: | 1002 Dicky Lane, Laredo, Texas 78043 |
| | | |
| Nam form | ne of Person completing the | John R. Keiser |
| Con | tract Number: | HHS000124600014 |
| TSA | Region: | Т |
| | | |
| 1. | Continued to adhere to all a | pplicable laws and regulations. Established a federal and state levels. |
| 2. | | and necessary 24/7 contact information for the RAC, its officer, board members and ess days of any change on the roster. |
| 3. | Continued to serve as a Poi | int of Contact (POC) for dissemination of DSHS communication to all RAC members. |
| 4. | | Board members and administrator be available to attend DSHS RAC Chair meeting, GETA n meeting as evidenced by attendance records for all GETAC/RAC Chair meeting in FY20. |
| 5. | Submitted all required forms | s and reports from the RAC to DSHS as required. |
| 6. | year. | erinatal/NICU and other SFRAC committees under the RAC throughout the course of the |
| 7. | Reviewed RAC By-Laws on required elements are inclu- | August 19, 2020 to assure that contingencies outlined in the DSHS contract regarding ded in the B-Laws, as specified in Attachment A-1 of the Scope of Work. |
| 8. | Submitted the RAC Board A | Attestation Form Annual as required by DSHS. |
| 9. | Continued to respond to all | surveys requested by DSHS on templates provided by DSHS. |
| 10. | Submitted anticipated expe | nditure reports as required by DSHS. |
| 11. | Maintained an inventory of | equipment purchased through the RAC and submitted the required GC-11 form. |
| | | |

FY20

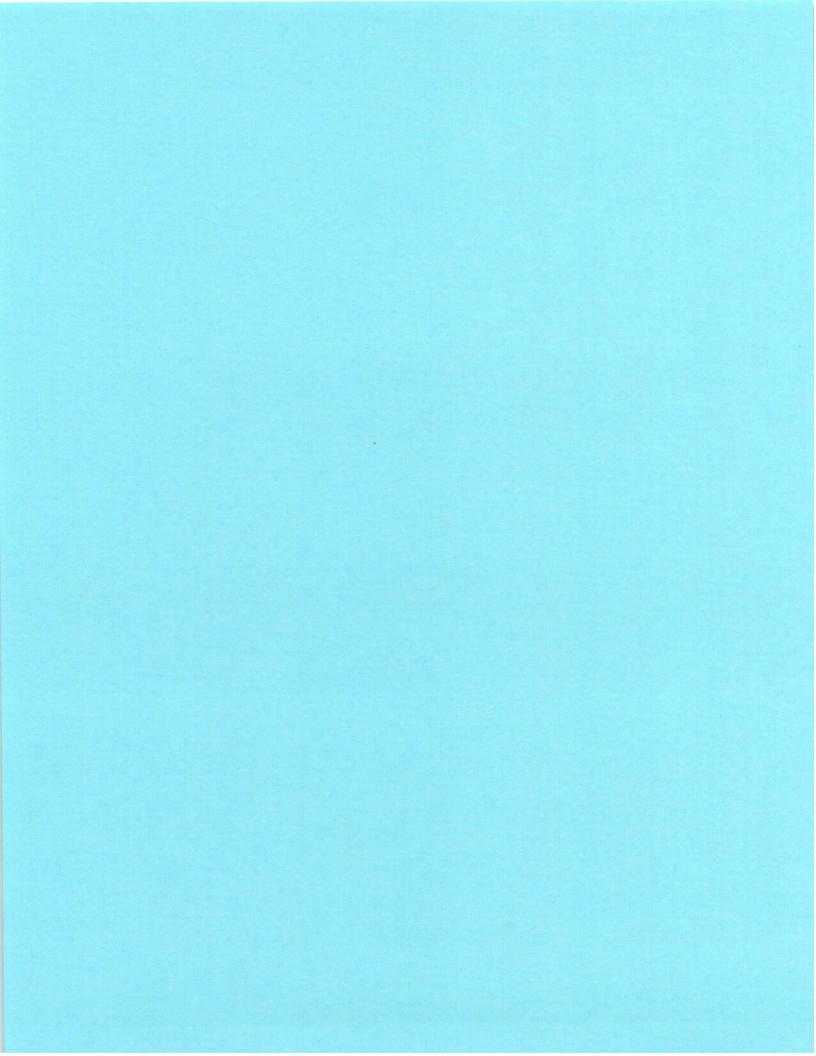
EMS/CO-RAC Deliverable

9/1/2019 - 8/31/2020

FINAL NARRATIVE REPORT

SYSTEMS DEVELOPMENT FUNDS

| RAC | Name: | Seven Flags Regional Advisory Council |
|-------------|---|--|
| Allo | cation Amount: | \$47,613.00 |
| ۸۵۵ | roon | P.O. Box 450094, Laredo, Texas 78045 |
| Add | ress: | 1002 Dicky Lane, Laredo, Texas 78043 |
| | | |
| Nam form | ne of Person completing the | John R. Keiser |
| Con | tract Number: | HHS000124600014 |
| TSA | Region: | T. |
| | | |
| 1. | Continued to adhere to all a | applicable laws and regulations. Established a federal and state levels. |
| | | |
| 2. | Administrator within 5-busin | and necessary 24/7 contact information for the RAC, its officer, board members and less days of any change on the roster. |
| 3. | Continued to serve as a Poi | int of Contact (POC) for dissemination of DSHS communication to all RAC members. |
| 4. | Ensured that require RAC E and other DSHS called upo | Board members and administrator be available to attend DSHS RAC Chair meeting, GETAC n meeting as evidenced by attendance records for all GETAC/RAC Chair meeting in FY20. |
| 5. | | s and reports from the RAC to DSHS as required. |
| 6. | year. | erinatal/NICU and other SFRAC committees under the RAC throughout the course of the |
| 7. | Reviewed RAC By-Laws on required elements are included | August 19, 2020 to assure that contingencies outlined in the DSHS contract regarding ded in the B-Laws, as specified in Attachment A-1 of the Scope of Work. |
| 8. | Submitted the RAC Board A | Attestation Form Annual as required by DSHS. |
| 9. | Continued to respond to all | surveys requested by DSHS on templates provided by DSHS. |
| 10. | Submitted anticipated exper | nditure reports as required by DSHS. |
| 11. | Maintained an inventory of | equipment purchased through the RAC and submitted the required GC-11 form. |
| 12. | System Development funds units in the region. Additional | nt in accordance with allowable activities as defined by DSHS. In this case, 80% if the were utilized for the improving the sustainability and quality of regional EMS response ally, funds were disbursed to local hospitals to assist in meeting their training needs. The in covering contractual fees associated with administrative services rendered under |





SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

ITEM 21-28 (TAB 11)



SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

ITEM 20-28-a. (TAB 11)

FY21 SFRAC Membership Summary for October 2020

| Air Evac Lifeteam (Vested) Argel Care Ambulance Service, LLC (Vested) Bronzestar Ambulance Service, LLC (Vested) Crty of Laredo Fire Department (Vested) Crty of Laredo Fire Department (Vested) Capital Care EMS (Member Since 5/30/19) Texas Superior Ambulance (Member Since 2/26/19) Texas Superior Ambulance (Member Since 8/18/20) Prestige EMS, LLC (Vested) Medpoint Ambulance, Inc. (Member Since 8/18/20) South Texas Ambulance Response, Inc. (Vested) Webb County Volunteer Fire/EMS (Vested) Webb County Volunteer Fire/EMS (Vested) | | | | | | | | | | | | Bearing | No Bo | - Luci | | | | | | |
|--|-----|--|--------|-------------|----------------|----------------|--|---|--|------|--------|-------------|-----------|--------|---|--------|------|------------|-------------------------|---|
| Particular Par | | | | | | | Date Paid/ | | | | | _ | | | _ | _ | _ | | Board | |
| New | | | | | | Needs | Date | | | | | | | | | - | | | Scheduled August 30, | |
| Are Fore Unfeream (Vested) Age (Care Ambulance Revier, LLC (Vested) Neebb Ne | 1 | | | Application | | Submitted | Deposited | Check Number | Amount Due/Paid | 2020 | - 1 | - S | | 100 | - | 100 | 2021 | 2021 | 2021 | |
| Are Fore Life can (Vested) Area Fac Life can (Vested) Area Fac Life can (Vested) Area Fac Ves Passage Area | 2 | | | 3 | | : | | | FY21 Membership Fees: \$750/Paid : \$0.00 | | | | | | | | | | | |
| Sugai Care Ambulaince Service, LIC (Vested) Webb Nes | Н | Air Evac Lifeteam (Vested) | Webb | No | ON. | No | 10-01-2020 / | | FY21 Membership Fee: | | | | | | | 88888 | | | | |
| BronzeStar Ambulance Service, LLC (Vested) BronzeStar Ambulance Care (Member Since 7/31/19) Cry of Laredo Fire Department (Vested) Dectors Hospital of Laredo (Vested) Laredo Lifeline, LLC (Member Since 7/31/19) Weebb No No No No No No No No No | 3 | The second of th | Webb | Yes | , , | Yes | Deposited 10- 24-2020 | #11105 | \$750/Paid: \$750.00 / Bal. \$0.00 | | | | | | | | | | | |
| Stories Star Ambulance Service, LLC (Vested) Webb | - | Angel Care Ambulance Service, LLC (Vesteu) | | | | | | | FY21 Membership Fee: \$750/Paid: \$0.00 | | | | | | | ****** | | | | |
| City of Laredo Fire Department (Vested) Webb Nesh No No No No S-15-20 | + | BronzeStar Ambulance Service, LLC (Vested) | Webb | No | No | No | | | EV21 Memberchin | | | | | | | | | | | |
| Doctors Hospital of Laredo (Vested) | - | Mary Mary Mary Marked | Webb | o N | o _N | No | | | Fee:\$750/Paid: \$0.00 | | | | | | | | | | | |
| Decicited Deposited Page | - | City of Laredo Fire Department (Vested) | 20044 | | | | | | FY21 Membership Fee: | | 2000 | | | | | **** | | | | |
| Doctors Hospital of Laredo (Vested) Webb Nes N/A Ves No No 10-5-2020 F | | | | | | | 9-15-20 / Deposited 9-28-2020 | 000000000000000000000000000000000000000 | \$1,500 + \$450 TETAF Fee = \$1,950 / Paid: \$1,950.00 / Bal. \$0.00 | | | | | | | | | | | |
| Lailiss Ambulance Care (Member Since 7/31/19) Webb No No No 10-6-2020 #2263 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | + | Doctors Hospital of Laredo (Vested) | Webb | Yes | N/A | Yes | | 62103086 | FY20 Membership | | 3 8300 | | | | | | | | | |
| Laredo Lifeline, LLC (Member Since 7/34/19) Webb No No 10-6-2020 / 10-24-2020 10-24- | | | | | į | Š | | | Fees: \$750 w/Late Fees Added = \$850 t FY21 Membership Fees \$750/Total Due: \$1,600 | | | | | | | | | | | |
| Laredo Lifeline, LLC (Member Since 5/30/19) | ۲ | Lalitas Ambulance Care (Member Since 7/31/19) | Webb | No | No | ON | | | EV21 Membershin Fee | | | | | | | 888 | | | | _ |
| Texas Superior Ambulance (Member Since 2/26/19) Webb No No No No 10-6-2020 14279 Laredo Medical Center (Vested) Webb No | | 01/06/3 | HASM | S | Š | o Z | 10-6-2020 / Deposited 10-24-2020 | #2263 | \$750/Paid: \$750.00 / Bal. \$0.00 | | | | | | | | | | | |
| Texas Superior Ambulance (Member Since 2/26/19) Webb No No No No 10-6-2020 / Deposited Deposited Capital Care EMS (Member Since 10/30/20) Webb No | | Laredo Lifeline, LLC (Member Since 5/30/19) | webb | NO. | 2 | | | | FY20 Membership | - | - | | | | | | | | | _ |
| Texas Superior Ambulance (Nested) Nebb Yes Yes 10-54-2020 H4279 Laredo Medical Center (Vested) Mebb No | | 0 1 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 | | Ž | Š | è | | | Fees: \$687.50 w/Late Fees Added = \$787 + fY21 Membership Fees \$750/Total Due: \$1,537.59 Paid: \$0.00 | | | | | | | | | | | |
| Capital Care EMS (Member Since 10/30/20) Webb Yes Yes Yes 10-24-20.20 44279 | - / | Texas Superior Ambulance (Member Since 2/20/13) | Т | ON | | | A second to the | | CV71 Mambarehin | | | | | | | | | | | _ |
| Laredo Medical Center (Vested) Laredo Medical Center (Vested) Prestige EMS, LLC (Vested) Mebb No No No No No No No No No | , | OCTOBATION CLASSICAL SALES CONTRACTOR OF THE CON | | × × | Yes | Yes | 10-5-2020 / Deposited 10-24-2020 | #4279 | Fee: \$750/ Paid: \$750.00 /Bal. \$0.00 | | | | | | | | | | | |
| laredo Medical Center (Vested) Prestige EMS, LLC (Vested) Mebb No | - | Capital Care EMS (Member Since 10/30/20) | AACOO | | | | | | FY21 Membership Fee | 22 | | | | | | | | • | | _ |
| Prestige EMS, LLC (Vested) Medpoint Ambulance, Inc. (Member Since 8/18/20) South Texas Ambulance Response, Inc. (Vested) Victorious Care Ambulance (Vested) Webb We | + | | Webb | Š | N _O | No | | | \$1,500 + \$450 TETAF Fee = \$1,950/Paid: \$0.00 | | | | | | | | | | | |
| Prestige EMS, LLC (Vested) Medpoint Ambulance, Inc. (Member Since 8/18/20) South Texas Ambulance Response, Inc. (Vested) Victorious Care Ambulance (Vested) Webb (Victorious Care Ambulance (Vested) Webb (County Volunteer Fire/EMS (Vested)) Zapata (Vested) | - | | - | = | 2 | CN CN | | | FY21 Membership Fee \$750/Paid: \$0.00 | | | | | | | | | ********** | | |
| Medpoint Ambulance, Inc. (Member Since 8/18/20) Yes No No No | - | | Webb | ON CONTRACT | 2 | | | | FY21 Membership Fee | | | | | | | | | | | |
| South Texas Ambulance Response, Inc. (Vested) Vebb South Texas Ambulance Response, Inc. (Vested) Vebb South Texas Ambulance (Vested) Webb County Volunteer Fire/EMS (Vested) Webb County Volunteer Fire/EMS (Vested) Zapata Yes Yes Yes 9-28-2020 Webb County Volunteer Fire/EMS (Vested) Zapata Yes Yes Yes Yes Ha229 Respective Fire/EMS (Vested) Zapata Yes Yes Yes Yes Ha302545 | + | | | Yes | No | No | | | \$750/Paid: \$0.00 FY21 Membership Fee | | | | | | | | | | | |
| South Lexas Ambulance Response, Inc. (Yested) Webb Yes Yes 9-23-2020/ 1 | - | | Webh | Yes | Yes | Yes | | | \$750/Paid: \$0.00 | | | | | | | | | | | - |
| Victorious Care Ambulance (Vested) Webb Yes Yes 9-28-2020 #1429 Webb County Volunteer Fire/EMS (Vested) Webb No No 9-15-20 #302545 Zapata County Fire/EMS (Vested) Zapata County Fire/EMS (Vested) Yes Yes Yes 28-2020 #302545 | -1_ | | | | | | 9-23-2020/ Deposited | | FY21 Membership Fer \$750/Paid: | ů. | | | | | | | | ****** | | |
| Webb County Volunteer Fire/EMS (Vested) Webb No No No 2apata Yes Yes Yes 39.15.20 / Peposited 2apata Yes Yes 7es 7es | | Victorious Care Ambulance (Vested) | Webb | Yes | Yes | Yes | 9-28-2020 | #1429 | \$750.00/Bal. \$0.00 | | | | | | | | | | | |
| Webb County Volunteer Fire/EMS (Vested) vesce) vesce) 9-15-20/ Deposited 9-78-2020 (4302545) | | | Mahh | S | Š | o _N | | | FY21 Membership Fer \$750/ Paid: \$0.00 | | | | | | | | | | | |
| Zanata County Fire/FMS (Vested) Zapata Yes Yes Yes 28-2020 #302545 | - | | | | | | - | | FY21 Membership Fe | à | | | | | | | | | | |
| | | | Zapata | Yes | Yes | Yes | 28-2020 | | \$750.00/Bal. \$0.00 | 4 | | | ahin dung | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |