SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA

Regular Meeting of the SFRAC Board of Directors
Tuesday, January 30, 2024, 10:00 a.m. to 12:00 p.m.
City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.
616 E. Del Mar, Laredo, Texas 78045

AGENDA

24-30 Item 24-30: Call to Order – Chairman, Jorge Delgado
a. Roll Call – Chairman.
b. Introduction of Guests – Chairman.

24-31 *(Tab 1)* Item 24-31: Presented to the Board for Review and Possible Action in the Approval of the Minutes to the SFRAC Board meeting held October 23, 2023 - Chairman.

24-32 *(Tab 2)* Item 24-32: Presented to the Board for Review and Possible Action in the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of October 11, 2023, thru January 10, 2024 – Chairman.

24-33 *(Tab 3)* Item 24-33: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY24 1st Quarter EMS RAC/Exceptional Item/System development Financial Status Report as Submitted to the Texas Department of State Health Services (DSHS) – Chairman.

24-34 *(Tab 4)* Item 24-34: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY23/24 5th Quarter Senate Bill 8 Financial Report as Submitted to the Texas Department of State Health Services (DSHS) - Chairman.

24-35 *(Tab 5)* Item 24-35: Presented to the Board for Discussion and Possible Action is the Approval to Authorize the SFRAC Chairman to Appoint Members from the SFRAC Board or General Membership to Form an Ad-Hoc Committee to Identify a Project for the Utilization of the Exceptional Item (IE) Funds in the FY24 Grant Cycle - Chairman.

24-36 *(Tab 6)* Item 24-36: Presented to the Board for Review and Possible Action is the Approval to Authorize Entering into Contract with Aplos, LLC, for the Purchase and Utilization of a Non-Profit Accounting Management Software at a Discounted Annual Rate of One Thousand Eight Hundred and Fourteen Dollars and Forty Cents ($1,814.40) and a One Time Implementation and Set-up Fee of One Thousand Four Hundred and Ninety Nine Dollars ($1,499.00) for a Grand Total of Three Thousand Three Hundred and Thirteen Dollars ($3,313.40). Costs for the Purchase of this Software and Related Services Will be Covered by EMS RAC/Exceptional Item (EI) Contract Funds Dedicated in Part for Staff and Capacity Development Among RACs throughout the State - Chairman.

24-37 *(Tab 7)* Item 24-37: Presented to the Board for Discussion and Possible Action is the Approval to Form an Individual Committee for the Maternal Health Hospital Program Component Representing Both Hospitals in the SFRAC Region and the Nomination and Appointment of a Chairman and Vice-Chairman for the Same Said Committee - Chairman.

24-38 *(Tab 8)* Item 24-38: Presented to the Board for Discussion and Possible Action in the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)
Perinatal/NICU/Maternal Committee (Chairman: Angelica Perez; Vice-Chairman: Lupita Cisneros)
EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Chantelle Molina)
Stroke/STEMI Committee: (Chairman: Jennifer Garcia; Vice-Chairman: Angie Alvarez)

24-39*(Tab 9)* Item 24-39: Other Business – Chairman.

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
b. Report on the Status of South Texas Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.
c. Report on the Senate Bill 8 State Program – Joe Gonzalez.
d. Report on DSHS' Fiscal Support and Oversight Unit Fiscal Monitoring Review Findings of the SFRAC Organization Fiscal Program Component.
e. Discussion Regarding Subject Matter Related to the EMS Wall Time White Paper Recently Released by the Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC).

24-40 *(Tab 10)* Item 24-26 Communication/Correspondence – Chairman.

24-41 Item 24-41: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
Friday, September 29, 2023	**Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041**
Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**

Thursday, February 29, 2024	
Thursday, May 30, 2024	
Friday, August 30, 2024	

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

24-42 Item 24-42: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

24-43 Item 24-43: Adjournment – Chairman.

ITEM 24-31 (TAB 1)

Regular Meeting of the SFRAC Board of Directors
Monday, October 23, 2023, 10:00 a.m. to 12:00 p.m.
City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045

MINUTES

24-18 Item 24-18: Call to Order – Chairman, Jorge Delgado

The meeting was called to order by the Chairman, Jorge Delgado at 10:07 a.m., Monday, October 23, 2023.

a. Roll Call – Chairman.

At the request of the Chairman, Mr. John Keiser, SFRAC Administrator proceeded with the roll call:

Angel Care Ambulance: Adolfo Martinez (Alternate) - Present
Bronze Star Ambulance: Absent
City of Laredo Fire/EMS: Chief Silvestre Rodriguez (Vice-Chairman) – Present
Doctors Hospital of Laredo: Letisia Colon (Director) – Present
Priority EMS: Jorge Delgado (Chairman) – Present
Laredo Medical Center: Joe Gonzalez (Treasurer) – Present
Medpoint Ambulance: Juan Medellin (Director) – Present
Webb County Volunteer Fire/EMS: Absent
Zapata County Fire/EMS: Gabriela Gonzalez (Alternate) – Present
Victorious Care Ambulance Service: Grace Garza (Alternate) – Present
Laredo Lifeline: Christina Lara (Alternate) – Present
Lalitas Ambulance: Absent
Capital Care EMS: Absent
Texas Superior Ambulance Service: Ismael Flores (Director) - Present
Skyline EMS: Gilbert Garza (Alternate) - Present
Villa Ambulance: Abigail Valdez (Alternate) - Present
Primary Care Ambulance: Elisa Parra (Alternate) – Present

A quorum of members was met.

b. Introduction of Guests – Chairman.

Sally Snow, Texas ImPACTS Pediatric Readiness Improvement, Project Manager

24-19 *(Tab 1)* Item 24-19: Presented to the Board for Review and Possible Action in the Approval of the Minutes to the SFRAC Board meeting held September 29, 2023 - Chairman.

A motion to approve the Minutes from the September 29, 2023, Board meeting as presented was made by Ms. Letisia Colon and seconded by Mr. Joe Gonzalez. Motion carried unanimously.

24-20 *(Tab 2)* Item 24-20: Presented to the Board for Review and Possible Action in the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of September 11, 2023, thru October 10, 2023 – Chairman.

SFRAC Administrator presented the Board with a report of the SFRC Bank Fund Balance/Accounts Statement Report, as well as the Expense Report for the period of September 11, 2023, through October 10, 2023. A motion to accept the reports as presented was made by Mr. Gilbert Garza and seconded by Mr. Joe Gonzalez. Motion carried unanimously.

24-21 *(Tab 3)* Item 24-21: Presented to the Board for Review and Possible Action is the Approval to Ratify the Final Fourth Quarter FY23 Financial Status Report and Financial Support Documentation Report as Submitted to the Texas Department of State Health Services (DSHS) – Chairman.

SFRAC Administrator presented the Board with a final fourth quarter report for FY23 as well as the Financial Support Documentation Report as submitted to DSHS. A motion to approve the reports as submitted was made by Mr. Joe Gonzalez and seconded by Mr. Angel Garcia. Motion carried unanimously.

24-22 *(Tab 4)* Item 24-22: Presented to the Board for Review and Possible Action is the Approval to Ratify the Final Fourth Quarter FY23 EMS County Assistance Financial Distribution Report as Submitted to the Texas Department of State Health Services (DSHS) - Chairman.

SFRAC Administrator presented the Board with a final fourth quarter FY23 EMS County Assistance Report as submitted to DSHS. A motion to approve the report as submitted was made by Mr. Angel Garcia and seconded by Chief Silvestre Rodriguez. Motion carried unanimously.

24-23 *(Tab 5)* Item 24-23: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY23 Seven Flags Regional Advisory Annual Report as Submitted to the Texas Department of State Health Services (DSHS) - Chairman.

SFRAC Administrator presented the Board with the FY23 Seven Flags Regional Advisory Council Annual Report as submitted to DSHS. A motion to approve the report as submitted was made by Mr. Joe Gonzalez and seconded by Gilbert Garza. Motion carried unanimously.

24-24 *(Tab 6)* Item 24-24: Presented to the Board for Discussion and Possible Action in the Approval of the SFRAC Committees Reports – Chairman.

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

No items to report from the Trauma/Injury Prevention Committee.

Perinatal/NICU/Maternal Committee (Chairman: Angelica Perez; Vice-Chairman: Lupita Cisneros)

No items to report from the Perinatal/NICU/Maternal Committee.

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Chantelle Molina)

No items to report from the EMS/Prehospital Committee.

Stroke/STEMI Committee: (Chairman: Jennifer Garcia; Vice-Chairman: Angie Alvarez)

Ms. Angela Alvarez reported that Doctors Hospital had undergone two surveys rendering the hospital and free-standing facilities acute stroke ready and as an acute stroke center for the Doctor's main facility.

24-25 *(Tab 7)* Item 24-25: Other Business – Chairman.

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

SFRAC Administrator presented the Board with a summary report of the membership fees and required documents having been submitted by members and those still pending.

b. Report on the Status of South Texas Wristband Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.

Mr. Joe Gonzalez, SB8 Program Specialist provided the Board with a report on the implementation of the wristband program, indicating that the 911 entities, including Angel Care and Skyline, are utilizing the wristbands effectively but that other private entities and Zapata County EMS need improvement. And with regards to the Hospitals in the region they are at around 10% compliance on wristband tracking/charting. Mr. Gonzalez also reminded the Board that December 15, 2023, was the target date for the utilization of Pulsara among the EMS entities in the region.

c. Report on the Senate Bill 8 State Program – Joe Gonzalez.

Mr. Joe Gonzalez presented the Board with a report on the progress of the SB8 program. He indicated that the student failure rate was very low (17 out of 48 students not passing). Sixteen (16) students have passed the course and awaiting the taking of the exam. He further indicated that the next batch of thirty-three (33) students with the Laredo Fire Department will be set to begin taking the course in the next couple of weeks. Most of the funds for scholarships will be utilized at that point.

d. Presentation by Ms. Sally Snow, Texas ImPACTS Pediatric Readiness Improvement, Project Manager, "Pediatric Readiness in Texas Trauma Centers".

Ms. Snow delivered a presentation to the Board and general membership on the topic of pediatric readiness in the emergency room.

e. Discussion of a Request from Texas A&M University (TAMIU) for Stop the Bleed Course Training.

SFRAC Administrator informed the Board that had received a request in the form of an email for Stop the Bleed training for one of the departments at TAMIU. The email had originally been sent by a TAMIU representative to Christine Reeves, and Ms. Reeves referred the request to SFRAC. Mr. Keiser inquired about a contact within the region who could provide Stop the Bleed training. Both hospitals responded that they can provide training as well as the City of Laredo Fire Department. Mr. Keiser indicated that he would refer to TAMIU representative to the hospital and City of Laredo Fire Department contacts.

24-26 *(Tab 8)* Item 24-26 Communication/Correspondence – Chairman.

SFRAC Administrator presented the Board with two items of correspondence. The first item was a notice letter from DSHS to conduct a fiscal review of the organization. And the second item an email from Emily Kidd, Texas Medical Director, Acadian Ambulance Service, announcing the 5th Annual Texas EMS Medical Directors Conference.

24-27 Item 24-27: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
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Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	
Thursday, February 29, 2024	
Thursday, May 30, 2024	
Friday, August 30, 2024	

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

24-28 Item 24-28: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

No one registered for public comments.

24-29 Item 24-29: Adjournment – Chairman.

A motion was made to adjourn the meeting by Mr. Angel Garza and seconded by Mr. Joe Gonzalez. Motion carried unanimously, meeting adjourned.

ITEM 24-32 (TAB 2)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 ACCOUNTS STATEMENT REPORT

FY24 SFRAC BANK PROGRAM FUND ACCOUNTS AND ENDING BALANCE REPORT						
Period Ending	EMS County Assistance Fund Closing Balance	EMS RAC Fund Closing Balance	General Fund Closing Balance	System Development Fund Closing Balance	Holding Account Closing Balance (i.e., Senate Bill 8 Program)	Total
08/11/2023 thru 9/10/2023	$568.87	$25,035.60	$32,178.12	$16,479.54	$233,611.96	$307,874.09
9/11/2023 thru 10/10/2023	$39.40	$0.00	$34,797.03	$10,579.42	$226,424.46	$271,840.31
10/11/2023 thru 11/12/2023	$39.40	$0.00	$38,371.03	$7,747.36	$226,424.46	$272,582.25
11/11/2023 thru 12/10/2023	$39.40	$0.00	$36,230.68	$7,275.31	$371,236.96	$414,782.35
12/11/2023 thru 1/10/2024	$90,763.40	$184,067.00	$49,235.68	$53,296.31	$371,236.96	$748,599.35

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account 1010591594
Enclosures 1

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591594	Statement Dates	9/11/23 thru 10/10/23
Previous Balance	568.87	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	92.34
1 Checks/Debits	529.47	Average Collected	92.34
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.40		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
9/14	1017	529.47

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
9/11	568.87	9/14	39.40

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1017

6/23/2023
Date

PAY to the Order of Webb County Volunteer Fire/EMS $ 529.47

Five hundred twenty nine 47/100 Dollars

Texas Community Bank
5711 McPherson Rd. Laredo, Texas 78041

For 2nd EMS Dist. Grant

⑆114924810⑆1017 ⑈1010591594⑈

DDA REGULAR CHECK 1017 Date: 09/14 Amount: $529.47

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/23
Primary Account
Enclosures

Page 1
1010591594

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates 10/11/23 thru 11/12/23	
Previous Balance	39.40	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	39.40
Checks/Debits	.00	Average Collected	39.40
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.40		

DAILY BALANCE INFORMATION

Date	Balance
10/11	39.40

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 12/08/23
Primary Account 1010591594
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates 11/13/23 thru 12/10/23	
Previous Balance	39.40	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	39.40
Checks/Debits	.00	Average Collected	39.40
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.40		

DAILY BALANCE INFORMATION

Date	Balance
11/13	39.40

Texas Community Bank
6721 McPherson Road
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Laredo, TX 78045
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/24
Primary Account
Enclosures

Page 1
1010591594
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591594	Statement Dates 12/11/23 thru	1/10/24
Previous Balance	39.40	Days in the statement period	31
1 Deposits/Credits	90,724.00	Average Ledger	81,983.65
Checks/Debits	.00	Average Collected	79,057.07
Service Charge	.00		
Interest Paid	.00		
Current Balance	90,763.40		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/14	DDA REGULAR DEPOSIT	90,724.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	39.40	12/14	90,763.40

Texas Community Bank

CHECKING DEPOSIT

Date 12-14-23

Name The Seven Flags RMC

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591594

SIGN HERE FOR CASH RECEIVED OR REQUESTED

CASH

CHECKS

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 90724.00

⑆5057⑈0011⑆ 1010591594⑈

DDA REGULAR DEPOSIT Date: 12/14 Amount: $90,724.00

EXPLANATION OF BALANCE ON WHICH FINANCE CHARGE IS COMPUTED

We calculate the **FINANCE CHARGE** on your account by multiplying the daily balance of your account, including current transactions, by the daily periodic rate each day during the billing cycle. This gives us a daily finance charge. Then we add together each daily finance charge to derive a total FINANCE CHARGE for the billing cycle. To get the daily balance on which each daily finance charge is computed, we take the beginning balance of your account each day, add any new advances and subtract any payments or credits and unpaid finance charges.

The "average daily balance" shown on the previous pages of this statement is for purposes of illustration only. To validate the amount of your finance charge, multiply the number of days in the billing cycle by the average daily balance shown, then multiply the product by the daily periodic rate.

*Note: If the statement closing date falls on a Friday or on any business day immediately prior to a non-business day, the number of days in the billing cycle will include the subsequent number of non-business days until the next business day, and the finance charge will continue to accrue. However, the number of days in the next billing cycle will not include any days included in the prior cycle.

BILLING RIGHTS SUMMARY

In Case of Errors or Questions About Your Account Statement

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us at the address shown on the face of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information.

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take action to collect the amount you question.

IN CASE OF ERROR OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

If you need more information about an electronic transfer appearing on this statement, or if you think your statement or receipt is wrong, please telephone or write us as soon as possible at the phone number or address designated on the first page of this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error; so that you will have use of the money during the time it takes us to complete our investigation. If you would like to confirm that an automatic deposit to your account has been made as scheduled, you may call us during normal business hours at the phone number designated on the first page of this statement.

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account 1010591495
Enclosures 3

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591495	Statement Dates	9/11/23 thru 10/10/23
Previous Balance	25,035.60	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	.00
3 Checks/Debits	25,035.60	Average Collected	.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/11	1002	8,345.20	9/11	1004	8,345.20
9/11	1003	8,345.20			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance
9/11	.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1002

3/15/2023

Pay to the Order of South Texas Development Council $ 8,345.20

Eight thousand three hundred forty five 20/100 Dollars

Texas Community Bank
8721 McPherson Rd. Laredo, Texas 78041
956-723-8333

Silvia Rodriguez

For 2nd Admin Fee Payment

⑆111924810⑆ 1002 ⑈1010591495⑈

DDA REGULAR CHECK 1002 Date: 09/11 Amount: $8,345.20

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1003

5/15/2023

Pay to the Order of South Texas Development Council $ 8,345.20

Eight thousand three hundred forty five 20/100 Dollars

Texas Community Bank
8721 McPherson Rd. Laredo, Texas 78041
956-723-8333

Silvia Rodriguez

For 3rd Qtr. Admin Fee Payment

⑆111924810⑆ 1003 ⑈1010591495⑈

DDA REGULAR CHECK 1003 Date: 09/11 Amount: $8,345.20

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1004

8/8/2023

Pay to the Order of South Texas Development Council $ 8345.20

Eight thousand three hundred forty five 20/100 Dollars

Texas Community Bank
8721 McPherson Rd. Laredo, Texas 78041
956-723-8333

Silvia Rodriguez

For 4th Qtr. Admin Fee Payment

⑆111924810⑆ 1004 ⑈1010591495⑈

DDA REGULAR CHECK 1004 Date: 09/11 Amount: $8,345.20

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/08/23
Primary Account
Enclosures

Page 1
1010591495

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates	10/11/23 thru 12/10/23
Previous Balance	.00	Days in the statement period	61
Deposits/Credits	.00	Average Ledger	.00
Checks/Debits	.00	Average Collected	.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

DAILY BALANCE INFORMATION

Date	Balance
10/11	.00

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/24
Primary Account 1010591495
Enclosures 2

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	2
Account Number	1010591495	Statement Dates 12/11/23 thru	1/10/24
Previous Balance	.00	Days in the statement period	31
2 Deposits/Credits	184,067.00	Average Ledger	180,770.19
Checks/Debits	.00	Average Collected	174,832.55
Service Charge	.00		
Interest Paid	.00		
Current Balance	184,067.00		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/11	DDA REGULAR DEPOSIT	150,000.00
12/14	DDA REGULAR DEPOSIT	34,067.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	150,000.00	12/14	184,067.00

Texas Community Bank

CHECKING DEPOSIT

Date 12.11.23

Name The Seven Flags Regional

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591495

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN 150 000.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 150 000.00

⑆5057⑈0011⑆ 1010591495⑈

DDA REGULAR DEPOSIT Date: 12/11 Amount: $150,000.00

Texas Community Bank

CHECKING DEPOSIT

Date 12.14.23

Name The Seven Flags RMC

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591495

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 34067.00

⑆5057⑈0011⑆ 1010591495⑈

DDA REGULAR DEPOSIT Date: 12/14 Amount: $34,067.00

Texas Community Bank
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account 1010591396
Enclosures 4

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	4
Account Number	1010591396	Statement Dates	9/11/23 thru 10/10/23
Previous Balance	32,178.12	Days in the statement period	30
4 Deposits/Credits	3,000.00	Average Ledger	33,351.49
1 Checks/Debits	381.09	Average Collected	33,251.49
Service Charge	.00		
Interest Paid	.00		
Current Balance	34,797.03		

DEPOSITS AND ADDITIONS

Date	Description	Amount
9/18	DDA REGULAR DEPOSIT	750.00
9/27	DDA REGULAR DEPOSIT	750.00
10/04	DDA REGULAR DEPOSIT	750.00
10/04	DDA REGULAR DEPOSIT	750.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
10/03	DBT CRD 1449 10/02/23 13931435 DNH*GODADDY.COM 480-5058855 AZ C#3893	381.09-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	32,178.12	9/27	33,678.12	10/04	34,797.03
9/18	32,928.12	10/03	33,297.03		

Texas Community Bank

CHECKING DEPOSIT

Date 9/18/23

Name The Seven Flags

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 09/18 Amount: $750.00

Texas Community Bank

CHECKING DEPOSIT

Date 9/27/23

Name The Seven Flags Regional

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 09/27 Amount: $750.00

Texas Community Bank

CHECKING DEPOSIT

Date 10/4/23

Name Seven Flags Regional Skylink EMS

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 10/04 Amount: $750.00

Texas Community Bank

CHECKING DEPOSIT

Date 10/4/23

Name Seven Flags Regional Vitar Ambulance

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 10/04 Amount: $750.00

Texas Community Bank
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/23
Primary Account 1010591396
Enclosures 5

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	5
Account Number	1010591396	Statement Dates	10/11/23 thru 11/12/23
Previous Balance	34,797.03	Days in the statement period	33
5 Deposits/Credits	3,750.00	Average Ledger	35,874.96
1 Checks/Debits	176.00	Average Collected	35,829.51
Service Charge	.00		
Interest Paid	.00		
Current Balance	38,371.03		

DEPOSITS AND ADDITIONS

Date	Description	Amount
10/23	DDA REGULAR DEPOSIT	750.00
11/01	DDA REGULAR DEPOSIT	750.00
11/07	FORCE PAY DEPOSIT	750.00
11/07	FORCE PAY DEPOSIT	750.00
11/07	FORCE PAY DEPOSIT	750.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
10/16	POS DEB 1108 10/14/23 00251684 USPS PO 4849510301 2395 E DEL MAR BLV LAREDO TX C#3893	176.00-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
10/11	34,797.03	10/16	34,621.03	10/23	35,371.03

Texas Community Bank
6721 McPherson Road
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Laredo, TX 78045
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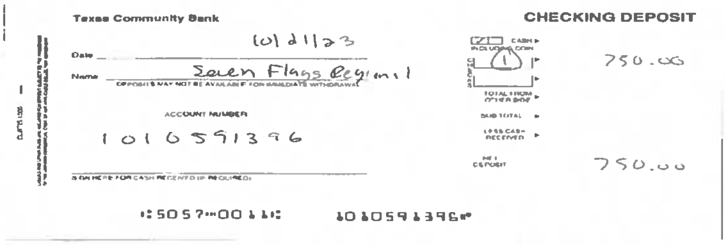
Texas Community Bank Home

Date 11/10/23	Page 2
Primary Account	1010591396
Enclosures	5

TCB COURTESY CHECKING 1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
11/01	36,121.03	11/07	38,371.03



Texas Community Bank

CHECKING DEPOSIT

Date 10/21/23

Name Seven Flags Regional

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

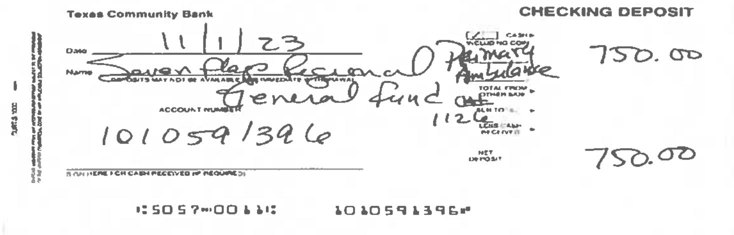
1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN	
CHECKS 1	750.00
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	750.00

⑆5057⑉0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 10/23 Amount: $750.00



Texas Community Bank

CHECKING DEPOSIT

Date 11/1/23

Name Seven Flags Regional Primary Ambulance General fund ~~OA~~ 1126

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

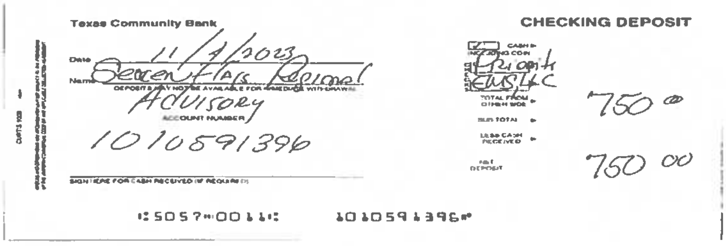
1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN	
CHECKS	750.00
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	750.00

⑆5057⑉0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 11/01 Amount: $750.00



Texas Community Bank

CHECKING DEPOSIT

Date 11/4/2023

Name Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

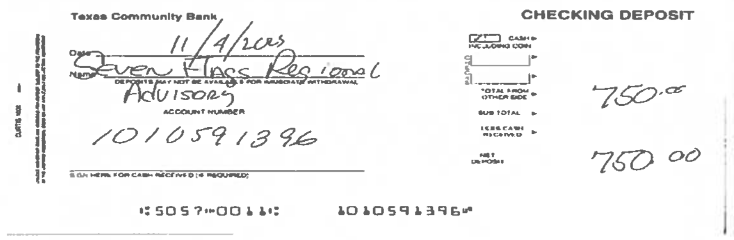
1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN	
CHECKS Priority EMS LLC	
TOTAL FROM OTHER SIDE	750.00
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	750.00

⑆5057⑉0011⑆ 1010591396⑈

FORCE PAY DEPOSIT Date: 11/06 Amount: $750.00



Texas Community Bank

CHECKING DEPOSIT

Date 11/4/2023

Name Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

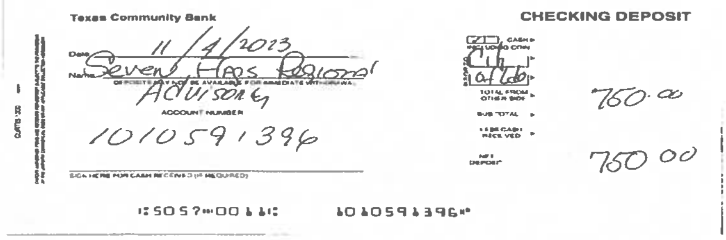
1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN	
CHECKS	
TOTAL FROM OTHER SIDE	750.00
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	750.00

⑆5057⑉0011⑆ 1010591396⑈

FORCE PAY DEPOSIT Date: 11/06 Amount: $750.00



Texas Community Bank

CHECKING DEPOSIT

Date 11/4/2023

Name Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH INCLUDING COIN	
CHECKS Cit of Cdb	
TOTAL FROM OTHER SIDE	750.00
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	750.00

⑆5057⑉0011⑆ 1010591396⑈

FORCE PAY DEPOSIT Date: 11/06 Amount: $750.00

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/08/23
Primary Account 1010591396
Enclosures 3

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591396	Statement Dates 11/13/23 thru 12/10/23	
Previous Balance	38,371.03	Days in the statement period	28
1 Deposits/Credits	750.00	Average Ledger	38,172.07
2 Checks/Debits	2,890.35	Average Collected	38,172.07
Service Charge	.00		
Interest Paid	.00		
Current Balance	36,230.68		

DEPOSITS AND ADDITIONS

Date	Description	Amount
11/28	FORCE PAY DEPOSIT	750.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
12/05	1008	1,619.00	12/06	1010*	1,271.35

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
11/13	38,371.03	12/05	37,502.03
11/28	39,121.03	12/06	36,230.68

Texas Community Bank

CHECKING DEPOSIT

Date 11/25/23

Name Seven Flags RAC

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591896

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH

CHECKS

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT

750.00

750.00

⑆5057⑈0011⑆ 1010591896⑈

FORCE PAY DEPOSIT Date: 11/27 Amount: $750.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1008

8/14/2023

Pay to the Order of South Texas Development Council $1,619.00

One thousand six hundred & nineteen 00/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-723-8333

For 4th Qtr. Admin Payment

Silvia Rodriguez

⑆114924810⑆ 1008 ⑈1010591896⑈

DDA REGULAR CHECK 1008 Date: 12/05 Amount: $1,619.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1010

11/27/2023

Pay to the Order of John R. Keiser $1,271.35

One thousand two hundred & seventy one 35/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-723-8333

For Nov. GETAC Travel Expense

Silvia Rodriguez

⑆114924810⑆ 1010 ⑈1010591896⑈

DDA REGULAR CHECK 1010 Date: 12/06 Amount: $1,271.35

Texas Community Bank
6721 McPherson Road
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/24
Primary Account 1010591396
Enclosures 4

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	4
Account Number	1010591396	Statement Dates 12/11/23 thru	1/10/24
Previous Balance	36,230.68	Days in the statement period	31
4 Deposits/Credits	13,005.00	Average Ledger	48,626.00
Checks/Debits	.00	Average Collected	48,237.13
Service Charge	.00		
Interest Paid	.00		
Current Balance	49,235.68		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/11	DDA REGULAR DEPOSIT	4,000.00
12/11	DDA REGULAR DEPOSIT	6,305.00
12/18	DDA REGULAR DEPOSIT	750.00
12/18	DDA REGULAR DEPOSIT	1,950.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	46,535.68	12/18	49,235.68

Texas Community Bank

CHECKING DEPOSIT

Date 12/11/2023

Name General Fund

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

PAY TO THE ORDER OF
TEXAS COMMUNITY BANK
LUBBOCK/PLAINVIEW
FOR DEPOSIT ONLY
THE SEVEN FLAGS REGIONAL
ADVISORY COUNCIL
GENERAL FUND ACCOUNT

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)	950 00
CHECKS	5355 00
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	6,305 00

⑆5057⑈001 1⑆ ⑆1010591396⑈

DDA REGULAR DEPOSIT Date: 12/11 Amount: $6,305.00

Texas Community Bank

CHECKING DEPOSIT

Date 12/11/2023

Name General Fund

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

PAY TO THE ORDER OF
TEXAS COMMUNITY BANK
LUBBOCK/PLAINVIEW
FOR DEPOSIT ONLY
THE SEVEN FLAGS REGIONAL
ADVISORY COUNCIL
GENERAL FUND ACCOUNT

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)	0.00
CHECKS 19527	500 00
CHECKS 18892	200 00
TOTAL FROM OTHER SIDE	3300 00
SUB TOTAL	4,000 00
LESS CASH RECEIVED	0.00
NET DEPOSIT	4,000 00

⑆5057⑈001 1⑆ ⑆1010591396⑈

DDA REGULAR DEPOSIT Date: 12/11 Amount: $4,000.00

Texas Community Bank

CHECKING DEPOSIT

Date 12/18/23

Name Seven Flags

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)	1950.00
CHECKS	
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	195000

⑆5057⑈001 1⑆ ⑆1010591396⑈

DDA REGULAR DEPOSIT Date: 12/18 Amount: $1,950.00

Texas Community Bank

CHECKING DEPOSIT

Date

Name Seven Flags

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)	750.00
CHECKS	
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	75000

⑆5057⑈001 1⑆ ⑆1010591396⑈

DDA REGULAR DEPOSIT Date: 12/18 Amount: $750.00

Texas Community Bank
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account 1010591693
Enclosures 7

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	7
Account Number	1010591693	Statement Dates	9/11/23 thru 10/10/23
Previous Balance	16,479.54	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	15,055.64
7 Checks/Debits	5,900.12	Average Collected	15,055.64
Service Charge	.00		
Interest Paid	.00		
Current Balance	10,579.42		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
10/04	1014	3,068.06	10/04	1021	472.01
10/06	1016*	472.01	10/02	1026*	472.01
10/02	1017	472.01	10/03	1027	472.01
10/04	1020*	472.01			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	16,479.54	10/03	15,063.51	10/06	10,579.42
10/02	15,535.52	10/04	11,051.43		

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1014

July 31, 2023

Pay to the Order of Texas Superior Ambulance Service $ 3,068.06

Three thousand & sixty-eight 06/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY23 Sys. Dev. Grant Award

⑆114924810⑆1014 ⑈1010591693⑈

DDA REGULAR CHECK 1014 Date: 10/04 Amount: $3,068.06

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1016

8/25/2023

Pay to the Order of City of Laredo Fire/EMS $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1016 ⑈1010591693⑈

DDA REGULAR CHECK 1016 Date: 10/06 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1017

8/25/2023

Pay to the Order of Angel Care Ambulance $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1017 ⑈1010591693⑈

DDA REGULAR CHECK 1017 Date: 10/02 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1020

8/25/2023

Pay to the Order of Laredo Life Care $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1020 ⑈1010591693⑈

DDA REGULAR CHECK 1020 Date: 10/04 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1021

8/25/2023

Pay to the Order of Texas Superior Ambulance $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1021 ⑈1010591693⑈

DDA REGULAR CHECK 1021 Date: 10/04 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1026

8/25/2023

Pay to the Order of Medpoint Ambulance $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1026 ⑈1010591693⑈

DDA REGULAR CHECK 1026 Date: 10/02 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1027

8/25/2023

Pay to the Order of Skyline EMS $ 472.01

Four hundred & seventy two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1027 ⑈1010591693⑈

DDA REGULAR CHECK 1027 Date: 10/03 Amount: $472.01

Texas Community Bank
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/23
Primary Account 1010591693
Enclosures 6

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	6
Account Number	1010591693	Statement Dates 10/11/23 thru	11/12/23
Previous Balance	10,579.42	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	8,133.55
6 Checks/Debits	2,832.06	Average Collected	8,133.55
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,747.36		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
10/16	23	472.01	10/26	1019	472.01
10/12	1015*	472.01	10/11	1024*	472.01
10/11	1018*	472.01	10/17	1025	472.01

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
10/11	9,635.40	10/16	8,691.38	10/26	7,747.36
10/12	9,163.39	10/17	8,219.37		

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1023

8/25/2023

Pay to the Order of Laredo Medical Center $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Acct# 2279.002

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1023 ⑈101059169 3⑈

DDA REGULAR CHECK 23 Date: 10/16 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1015

8/25/2023

Pay to the Order of Bronze Star Ambulance $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1015 ⑈101059169 3⑈

DDA REGULAR CHECK 1015 Date: 10/12 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1018

8/25/2023

Pay to the Order of Webb County Volunteer Fire/EMS $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1018 ⑈101059169 3⑈

DDA REGULAR CHECK 1018 Date: 10/11 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1019

8/25/2023

Pay to the Order of Priority EMS $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1019 ⑈101059169 3⑈

DDA REGULAR CHECK 1019 Date: 10/26 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1024

8/25/2023

Pay to the Order of Doctors Hospital of Laredo $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1024 ⑈101059169 3⑈

DDA REGULAR CHECK 1024 Date: 10/11 Amount: $472.01

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1025

472.01

8/25/2023

Pay to the Order of Lalitas Ambulance $ 472.01

Four hundred & Seventy Two 01/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Lapsed Funds 2nd Allocation

⑆114924810⑆1025 ⑈101059169 3⑈

DDA REGULAR CHECK 1025 Date: 10/17 Amount: $472.01

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/08/23
Primary Account
Enclosures

Page 1
1010591693
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591693	Statement Dates 11/13/23 thru	12/10/23
Previous Balance	7,747.36	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	7,696.78
1 Checks/Debits	472.05	Average Collected	7,696.78
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,275.31		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
12/08	1022	472.05

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
11/13	7,747.36	12/08	7,275.31

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1022

8/25/2023
DATE

Pay to the Order of Zapata County Fire/EMS $ 472.05

Four hundred Seventy two 05/100 DOLLARS

Texas Community Bank
0721 McPherson Rd. Laredo, Texas 78041
956-723-2337

For Lapsed Funds 2nd Allocation

⑆114924810⑆ 1022 ⑈1010591693⑈

DDA REGULAR CHECK 1022 Date: 12/08 Amount: $472.05

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/24
Primary Account 1010591693
Enclosures 1

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591693	Statement Dates 12/11/23 thru	1/10/24
Previous Balance	7,275.31	Days in the statement period	31
1 Deposits/Credits	46,021.00	Average Ledger	48,842.66
Checks/Debits	.00	Average Collected	47,358.11
Service Charge	.00		
Interest Paid	.00		
Current Balance	53,296.31		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/14	DDA REGULAR DEPOSIT	46,021.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	7,275.31	12/14	53,296.31

Texas Community Bank

CHECKING DEPOSIT

Date 12-14-23

Name The Seven Flags RAC

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

101059 1693

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)

CHECKS

TOTAL FROM OTHER SIDE

SUBTOTAL

LESS CASH RECEIVED

NET DEPOSIT 46021.00

⑆5057⑈0011⑆ 101059 1693⑈

DDA REGULAR DEPOSIT Date: 12/14 Amount: $46,021.00

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account
Enclosures

Page 1
1010591792
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591792	Statement Dates	9/11/23 thru 10/10/23
Previous Balance	233,611.96	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	231,455.71
1 Checks/Debits	7,187.50	Average Collected	231,455.71
Service Charge	.00		
Interest Paid	.00		
Current Balance	226,424.46		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
10/02	1018	7,187.50

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
9/11	233,611.96	10/02	226,424.46

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
HOLDING ACCOUNT
1210 SANTA MARIA
LAREDO, TX 78040

1018

9/11/2023
Date

Pay to the Order of Jose Gonzalez, Jr. $7,187.50

Seven thousand one hundred eighty seven 50/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-722-8333

For Pmt #3 as per contract ($739) Silvestre Valdez Jr.

⑆114924810⑆1018 ⑈1010591792⑈

DDA REGULAR CHECK 1018 Date: 10/02 Amount: $7,187.50

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/23
Primary Account
Enclosures

Page 1
1010591792

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates	10/11/23 thru 11/12/23
Previous Balance	226,424.46	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	226,424.46
Checks/Debits	.00	Average Collected	226,424.46
Service Charge	.00		
Interest Paid	.00		
Current Balance	226,424.46		

DAILY BALANCE INFORMATION

Date	Balance
10/11	226,424.46

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/08/23
Primary Account 1010591792
Enclosures 3

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591792	Statement Dates	11/13/23 thru 12/10/23
Previous Balance	226,424.46	Days in the statement period	28
2 Deposits/Credits	152,000.00	Average Ledger	263,397.67
1 Checks/Debits	7,187.50	Average Collected	263,397.67
Service Charge	.00		
Interest Paid	.00		
Current Balance	371,236.96		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/05	FORCE PAY DEPOSIT	2,000.00
12/05	FORCE PAY DEPOSIT	150,000.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
12/07	1019	7,187.50

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
11/13	226,424.46	12/05	378,424.46	12/07	371,236.96

Texas Community Bank

CHECKING DEPOSIT

Date 12/4/23

Name The Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591792

OK MJG

CASH (INCLUDING COIN)	500.00
CHECKS	500.00
TOTAL FROM OTHER SIDE	1000.00
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	2000.00

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

⑆5057⑈0011⑆ 1010591792⑈

FORCE PAY DEPOSIT Date: 12/04 Amount: $2,000.00

Texas Community Bank

CHECKING DEPOSIT

Date 12/4/23

Name The Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591792

OK MJG

CASH (INCLUDING COIN)	150 000.00
CHECKS	
TOTAL FROM OTHER SIDE	
SUB TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	150 000.00

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

⑆5057⑈0011⑆ 1010591792⑈

FORCE PAY DEPOSIT Date: 12/04 Amount: $150,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1019

11/30/2023 Date

Pay to the Order of Jose Gonzalez $7,187.50

Seven thousand one hundred eighty seven 50/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-723-4320

For 4th Contract payment (EB8) Silvestre Rodriguez Jr

⑆111924860⑆ 1019 ⑈1010591792⑈

DDA REGULAR CHECK 1019 Date: 12/07 Amount: $7,187.50

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/24
Primary Account 1010591792
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates 12/11/23 thru	1/10/24
Previous Balance	371,236.96	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	371,236.96
Checks/Debits	.00	Average Collected	371,236.96
Service Charge	.00		
Interest Paid	.00		
Current Balance	371,236.96		

DAILY BALANCE INFORMATION

Date	Balance
12/11	371,236.96

FY24 OPERATING BUDGET EXPENSE REPORT (NOVEMBER THRU JANUARY)

FY24 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY

General Fund Projected Membership Revenue for FY24	$15,150.00
Actual Membership Funds Collected to Date	$10,200.00
Total (+/-) 67%	($4,950.00)

FY24 GRANT PROGRAM FUNDS

EMS County Assistance Grant (Regular)	$90,724.00
Senate Bill 500 Funding	$0.00
System Development (i.e., Tobacco)	$46,021.00
Exceptional Item (E.I.) Legislative Funding (EMS RAC)	$150,000.00
EMS RAC Grant (Regular)	$34,067.00
FY24 Fund Raiser (Bowlathon)	$10,305.00
Total	$331,117.00

FY24 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Fee	$180.00	$176.00	$4.00
VFIS Insurance	$1,500.00		$1,500.00
TETAF Dues	$900.00		$900.00
CPA IRS Filing/Income Statement	$1,000.00		$1,000.00
IRS Form 1099 Filing Fee	$0.00	$250.00	-$250.00
RAC Chair/GETAC Travel (November 2023, Austin, Tx.)	$3,800.00	**$1,271.35**	$2,528.65
GETAC Travel (February 2024, Austin, Tx., Required)	$2,000.00		$2,000.00
GETAC Travel (August 2024 Austin, Tx., Required)	$3,800.00		$3,800.00
TETAF Annual Workshop/Confernce	$0.00		$0.00
GoDaddy Web Site Renewal (Debit)	$400.00	$381.09	$18.91
Zoom	$0.00		$0.00
Subtotal	$13,580.00	$2,078.44	$11,501.56
Total Under/Over Budget:			-$11,501.56

FY24 EMS County Assistance Grant Allocations

	Projected Cost	Actual Cost Paid	Difference
Bronze Starr Ambulance	$5,383.64		$5,383.64
Laredo Fire Department EMS/Fire	$5,383.64		$5,383.64
Angel Care Ambulance	$5,383.64		$5,383.64
Webb County Volunteer Fire/EMS	$5,383.64		$5,383.64
Victorious Care Ambulance	$5,383.64		$5,383.64
Priority EMS	$5,383.64		$5,383.64
Zapata County Fire/EMS	$14,934.00		$14,934.00
Texas Superior Ambulance	$5,383.64		$5,383.64
Laredo Lifeline	$5,383.64		$5,383.64
Medpoint Ambulance	$5,383.64		$5,383.64
Villa Ambulance	$5,383.64		$5,383.64
Lalitas Ambulance Care	$5,383.64		$5,383.64
Skyline EMS	$16,570.00		$16,570.00
Subtotal	**$90,724.04**	**$0.00**	$90,724.04

FY24 General Fund (Fund Raisers)

	Funds Generated	Total Funds for Project Utilization	Balance
Bowlathon	$10,305.00	$0.00	$10,305.00
Subtotal	**$10,305.00**	**$0.00**	$10,305.00

FY24 System Development Grant Allocations

	Projected Cost	Actual Cost	Difference
Bronze Starr Ambulance	$3,068.06		
Laredo Fire Department EMS/Fire	$3,068.06		
Angel Care Ambulance	$3,068.06		
Webb County Volunteer Fire/EMS	$3,068.06		
Victorious Care Ambulance	$3,068.06		
Priority EMS	$3,068.06		
Laredo Lifeline	$3,068.06		
Villa Ambulance	$3,068.06		
Texas Superior Ambulance	$3,068.06		
Zapata County Fire/EMS	$3,068.11		
Laredo Medical Center	$3,068.06		
Doctors Hospital of Laredo	$3,068.06		
Lalitas Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06		
Skyline EMS	$3,068.11		
Subtotal	$46,021.00		$0.00

Other

	Projected Cost	Actual Cost	Difference
Subtotal			$0.00

FY24 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	$8,516.75	$8,516.75	$0.00
Administrative Fee (2nd Qtr.)	$8,516.75	$0.00	$8,516.75
Administrative Fee (3rd Qtr.)	$8,516.75	$0.00	$8,516.75
Adminstrative Fee (4th Qtr.)	$8,516.75	$0.00	$8,516.75
Subtotal	**$34,067.00**	**$8,516.75**	$25,550.25

FY24 EMS RAC Grant (Exeptional Item Funds)

	Projected Cost	Actual Cost Paid	Balance
To Be Determined	$150,000.00		$150,000.00
Subtotal	**$150,000.00**		$150,000.00

Senate Bill 8 Grant Program Funding

	Projected Cost	Actual Expenditures	Balance
Education/Scholarships	$454,334.00	$123,661.88	$330,672.12
RAC Administration	$73,293.09	$32,728.75	$40,564.34
Equipment	$0.00		
Incentives	$0.00		
Subtotal	**$527,627.09**	**$156,390.63**	$371,236.46

Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference
To Be Determined	$0.00	$0.00	$0.00
			$0.00
			$0.00
Subtotal			$0.00

SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL EXPENSE CLAIM AND TRIP REPORT

EXPENSE ACCOUNT OF: John R. Keiser

PAY PERIOD ENDING: 11/24/2023

I certify that the expense account rendered below is true, correct, unpaid, and complete to the best of my knowledge.

SIGNATURE DATE

DATE OF DEPARTURE:	11/17/2023	TIME OF DEPARTURE:	1:00 p.m.
DATE OF RETURN:	11/21/2023	TIME OF RETURN:	4:00 p.m.

CHARGE TO: RAC - General Fund

DATE	EXPENSE REPORT						TOTAL
N/A	Mileage from		to				
			miles @	$ 0.655	per mile		
N/A	Mileage from		to				
			miles @	$ 0.655	per mile	$ -	
Total Actual Mileage							
	4	Breakfast (s) @		$ 14.00	per meal	$ 56.00	
	4	Lunches (s) @		$ 16.00	per meal	$ 64.00	
	4	Supper (s) @		$ 29.00	per meal	$ 116.00	
0							$ 236.00
11/17-21/2023	4	Night(s) @	$ 159.00	per night +	$31.49 tax	$459.81	
		Night(s) @		per night	tax		
Total Actual Lodging							$ 761.96
	Other Expenses (Specify)	Parking ($216.00) / Gasoline ($57.39)					
Total "Other" Expenses							$ 273.39
TOTAL ACTUAL TRAVEL EXPENSES							$1,271.35
TOTAL ADVANCED TO				John R. Keiser		$0.00	$ -
TOTAL OWED TO		SFRAC					$0.00
TOTAL OWED TO John Keiser							$1,271.35

11/27/2023

John R. Keiser Date
Regional Programs Director/TSA-Administrator

DATE	DESCRIPTION/REPORT
11/17/2023-11/21/2023	On November 17, 2023, I travelled to Austin, Texas to attend the GETAC committee meetings throughout the week, as well as the RAC Chair and GETAC meeting. I travelled back to Laredo, Texas on November 21, 2023.
	COPY

Hilton
AUSTIN

COPY

HILTON AUSTIN
500 East 4th Street | Austin, Texas | 78701
T: 512 482 8000 | F: 512 469 0078
W: hilton.com

NAME AND ADDRESS:
KEISER, JOHN

2411 SUTTON CT.
P.O. BOX 450788
LAREDO TX 78045
UNITED STATES OF AMERICA

Room: 1726/K1
Arrival Date: 11/17/2023 5:34:00 PM
Departure Date: 11/21/2023 10:54:00 AM

Adult/Child: 1/0
Room Rate: 159.00

Rate Plan: EMS
HH # 747794137 GOLD
AL:
Car:

Confirmation Number: 3347078228

11/21/2023

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
3/7/2023	Advance Deposit VS *5649	VHERNANDEZ14	13231158		($164.97)	
11/17/2023	PARKING - VALET	IPARKER	13601216	$54.00		
11/17/2023	STATE SALES TAX	IPARKER	13601216	$4.46		
11/17/2023	GUEST ROOM	IPARKER	13601217	$159.00		
11/17/2023	CITY OCCUPANCY TAX	IPARKER	13601217	$17.49		
11/17/2023	STATE OCCUPANCY TAX	IPARKER	13601217	$9.54		
11/18/2023	PARKING - VALET	IPARKER	13602827	$54.00		
11/18/2023	STATE SALES TAX	IPARKER	13602827	$4.46		
11/18/2023	GUEST ROOM	IPARKER	13602828	$159.00		
11/18/2023	CITY OCCUPANCY TAX	IPARKER	13602828	$17.49		
11/18/2023	STATE OCCUPANCY TAX	IPARKER	13602828	$9.54		
11/19/2023	PARKING - VALET	IPARKER	13604698	$54.00		
11/19/2023	STATE SALES TAX	IPARKER	13604698	$4.46		
11/19/2023	GUEST ROOM	IPARKER	13604699	$159.00		
11/19/2023	CITY OCCUPANCY TAX	IPARKER	13604699	$17.49		
11/19/2023	STATE OCCUPANCY TAX	IPARKER	13604699	$9.54		
11/20/2023	PARKING - VALET	IPARKER	13606694	$54.00		
11/20/2023	STATE SALES TAX	IPARKER	13606694	$4.46		
11/20/2023	GUEST ROOM	IPARKER	13606695	$159.00		
11/20/2023	CITY OCCUPANCY TAX	IPARKER	13606695	$17.49		
11/20/2023	STATE OCCUPANCY TAX	IPARKER	13606695	$9.54		

ACCOUNT NO.
VS *5649

DATE OF CHARGE
11/21/2023

FOLIO NO./CHECK NO.
2538235 A

CARD MEMBER NAME
KEISER, JOHN

AUTHORIZATION
05798C

INITIAL

ESTABLISHMENT NO. & LOCATION
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CITY OF AUSTIN REQUIRES THAT AN ADDITL TX OF 2% BE IMPOSED ON EACH HOTEL CHARGE FOR THE PURPOSE OF FINANCING A VENUE PROJECT.
THANK YOU FOR CHOOSING THE HILTON AUSTIN

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT
-812.99

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

COPY

CIRCLE K
CIRCLEK.COM
.....
DELIGHT MORE
CUSTOMERS EVERYDAY
CK 1831
619 Crossroads St
Laredo TX
78045

DATE 11/17/23 13:22
TRAN# 9139372
PUMP# 13
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 6.846
PRICE/G: $2.839
FUEL SALE $19.44
CREDIT $19.44

VALPR
**********5269
CARD #: 08007
Entry: Swiped
Auth #: 242873
Resp Code: 000
Stan: 09746437070
Invoice #: 711091

THANK YOU
HAVE A NICE DAY

Welcome To
Stripes 2187
2441 San Isidro Pkwy
Laredo, TX 78045
956-523-0048
****
Stripes 2187

Tx

Description	Qty	Amount
UNLD CR #05	7.000G	19.24
SELF @ 2.749/ G		
Subtotal		19.24
Tax		0.00
TOTAL		**19.24**
CREDIT $		19.24

VALPR
**********5269
CARD #: 08007
Entry: Swiped
Auth #: 333953
Resp Code: 000
Stan: 342320134851
Invoice #: 529435

THANKS, COME AGAIN
Diesel Fuel Contains
Up To 5% Biodiesel Or
Renewable State Diesel
Tax $ 0.19 Per Gallon
ST# 2187 TILL XXXX DR# 1 TRAN# 9056613
CSH: 0 11/21/23 3:27:54 PM

---

900 East Ave
Austin Tx 78701

900 N IH 35
SIGNATURE IH 35
XXXXXXXXX3001
AUSTIN , TX
78701
11/21/2023 894498646
11:19:49 AM

XXXXXX5269 CARD 0800
7
Proprietary IIN
INVOICE 096903
AUTH 003183

*** REPRINT *** REPRINT *** REPRINT ***
PUMP# 1

UNL 7.089G
PRICE/GAL $2.639

DISCOUNTS BEFORE
FUELING
VALERO/GAL $-0.100

FUEL TOTAL $ 18.71

TOTAL = $ 18.71
*** REPRINT *** REPRINT *** REPRINT ***

CREDIT $ 18.71

==========
Customer-activated Purchase/Capture
Sequence Number 39156
Swiped
APPROVED 003183
==========

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1010

88-2481/1149

11/27/2023
Date

CHECK ARMOR

Pay to the Order of John R. Keiser $ 1,271.35

One thousand two hundred & seventy one 35/100 Dollars

Photo Safe Deposit®

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-722-8333

For Nov. GETAC Travel Expense

Silesta Baly

MP

⑆114924810⑆ 1010 ⑈1010591396⑈

ITEM 24- 33 (TAB 3)

SUPPORT DOCUMENT revised 5/13/22	
EMS/RAC EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2024

Prior FY Year EMS/RAC Carryforward FY 2023 - 2024 Carry over from Contract Number #	$ -
Current FY EMS/RAC Allocation Amount	$ 34,067.00
Current FY EMS/RAC Expenditures	$ -
Less: Unexpended Prior FY Carryforward (if any)	$ -
Total Unexpended Funds (Subject to Carryforward)	$ 34,067.00
Program Income	

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 34,067.00		$ -	$ -	$

Prior Year Carryforward has been Expended. Balance is Now $0.00.	$ -

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	Fringe Benefits N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
TRAVEL	List each individual expense Local Travel Report TOTAL costs for each Conference attended on a single line.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	List each individual expense	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
SUPPLIES	List each individual expense	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	List each individual expense Admnnstrative Services Fee as per contract between the SFRAC and STDC.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
OTHER	List each individual expense	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
INDIRECT COSTS	List costs by individual if applicable and report all Non-Personnel indirect costs as one lump sum All Non-Personnel Indirect Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

SUPPORT DOCUMENT revised 5/12/22

EMS/RAC EXPENDITURES

CURRENT FISCAL YEAR (FY)	2024
Prior FY Year EMS/RAC Carryforward FY 2023 - 2024 Carry over from Contract Number # _____	$ -
Current FY EMS/RAC Allocation Amount	$ 34,067.00
Current FY EMS/RAC Expenditures	$ -
Less: Unexpended Prior FY Carryforward (if any)	$ -
Total Unexpended Funds (Subject to Carryforward)	$ 34,067.00
Program Income	

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 34,067.00		$ -	$ -	$

Prior Year Carryforward has been Expended. Balance is Now $0.00.	$ -

Current FY Activities

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	1st Quarter				2nd Quarter			
	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form	John R. Keser / (956) 722-3995

SUPPORT DOCUMENT revised 5/13/22		In Support of Reimbursement Requests for	In Support of Reimbursement Requests for
EMS/RAC EXPENDITURES			
CURRENT FISCAL YEAR (FY)	2024	RAC NAME *Seven Flags Regional Advisory Council*	RAC NAME *Seven Flags Regional Advisory Council*

Prior FY Year EMS/RAC Carryforward FY 2023 - 2024 Carry over from Contract Number #	$ -	rogram & tive Costs	Data Check
Current FY EMS/RAC Allocation Amount	$ 34,067.00	-	Program + Admin Costs = Current FY Expenditures. Good job!
Current FY EMS/RAC Expenditures	$ -		
Less: Unexpended Prior FY Carryforward (if any)	$ -		
Total Unexpended Funds (Subject to Carryforward)	$ 34,067.00		
Program Income			

Current FY Activities		3rd Quarter				4th Quarter				
		March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditures
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	N/A									
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	N/A									
TRAVEL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Local Travel									
Report TOTAL costs for each Conference attended on a single line.										
EQUIPMENT	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Administrative Services Fee as per contract between the SFRAC and STDC									
OTHER	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT COSTS	List costs by individual if applicable and report all Non-Personnel indirect costs as one lump sum	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	All Non-Personnel Indirect Costs									
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

SUPPORT DOCUMENT revised 5/13/22		In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
EMS/RAC EXPENDITURES					
CURRENT FISCAL YEAR (FY)	2024	RAC NAME	*Seven Flags Regional Advisory Council*	RAC NAME	*Seven Flags Regional Advisory Council*

Prior FY Year EMS/RAC Carryforward FY 2023 - 2024 Carry over from Contract Number #	$ -	rogram & tive Costs	Data Check
Current FY EMS/RAC Allocation Amount	$ 34,067.00	-	Program + Admin Costs = Current FY Expenditures. Good job!
Current FY EMS/RAC Expenditures	$ -		
Less: Unexpended Prior FY Carryforward (if any)	$ -		
Total Unexpended Funds (Subject to Carryforward)	$ 34,067.00		
Program Income			

Current FY Activities	3rd Quarter				4th Quarter				
	March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditures
									$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditures
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form		

SUPPORT DOCUMENT revised 5/12/22	
RAC SYSTEMS DEVELOPMENT EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2024

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ -
Total Unexpended Funds	$ 46,021.00
Program Income	$ -

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 46,021.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -					
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
TRAVEL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Local Travel	0.00	0.00	0.00					
Report TOTAL costs for each Conference and each PERSON attended on a single line.									
EQUIPMENT	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
SUPPLIES	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
CONTRACTUAL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
OTHER	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					

SUPPORT DOCUMENT revised 5/12/22	
RAC SYSTEMS DEVELOPMENT EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2024

RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ -
Total Unexpended Funds	$ 46,021.00
Program Income	$ -

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 46,021.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form

John R. Keiser / (956) 722-3995

SUPPORT DOCUMENT revised 5/12/22		In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC SYSTEMS DEVELOPMENT EXPENDITURES					
CURRENT FISCAL YEAR (FY)	2024	RAC NAME	*Seven Flags Regional Advisory Council*	RAC NAME	*Seven Flags Regional Advisory Council*

		rogram & tive Costs	Data Check
RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00		
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ -	-	Program + Admin Costs = Current FY Expenditures. Good job!
Total Unexpended Funds	$ 46,021.00		
Program Income	$ -		

Current FY Activities		3rd Quarter				4th Quarter				
		March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditur
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
TRAVEL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	Local Travel									
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.										
EQUIPMENT	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
SUPPLIES	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
CONTRACTUAL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
OTHER	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$

SUPPORT DOCUMENT revised 5/12/22		In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC SYSTEMS DEVELOPMENT EXPENDITURES					
CURRENT FISCAL YEAR (FY)	2024	RAC NAME	*Seven Flags Regional Advisory Council*	RAC NAME	*Seven Flags Regional Advisory Council*

		rogram & tive Costs	Data Check
RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00		
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ -	-	Program + Admin Costs = Current FY Expenditures. Good job!
Total Unexpended Funds	$ 46,021.00		
Program Income	$ -		

Current FY Activities

		3rd Quarter				4th Quarter				
		March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditur
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	All Non-Personnel Indirect Costs									
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
										$

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditur
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$

Name & phone number of Person Completing this Form		

SUPPORT DOCUMENT revised 5/13/22	
EI EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2024

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*

EI Allocation Amount	$ 150,000.00
Total EI Expenditures	$ -
Total Unexpended Funds	$ 150,000.00
Program Income	$ -

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administre
$ 150,000.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -					
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
TRAVEL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Local Travel	0.00	0.00	0.00					
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.									
EQUIPMENT	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
SUPPLIES	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
CONTRACTUAL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					
OTHER	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00					

SUPPORT DOCUMENT revised 5/12/22	
EI EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2024

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*

EI Allocation Amount	$ 150,000.00
Total EI Expenditures	$ -
Total Unexpended Funds	$ 150,000.00
Program Income	$ -

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 150,000.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ -	$ -
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form	John R. Keiser / (956) 722-3995	

SUPPORT DOCUMENT revised 5/12/22		In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
EI EXPENDITURES					
CURRENT FISCAL YEAR (FY)	2024	RAC NAME	*Seven Flags Regional Advisory Council*	RAC NAME	*Seven Flags Regional Advisory Council*

		rogram & tive Costs	Data Check
EI Allocation Amount	$ 150,000.00		
Total EI Expenditures	$ -	-	Program + Admin Costs = Current FY Expenditures. Good job!
Total Unexpended Funds	$ 150,000.00		
Program Income	$ -		

Current FY Activities		3rd Quarter				4th Quarter				
		March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditur
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
TRAVEL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	Local Travel									
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.										
EQUIPMENT	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
SUPPLIES	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
CONTRACTUAL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
OTHER	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$

SUPPORT DOCUMENT revised 5/12/22		In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
EI EXPENDITURES					
CURRENT FISCAL YEAR (FY)	2024	RAC NAME	*Seven Flags Regional Advisory Council*	RAC NAME	*Seven Flags Regional Advisory Council*

		rogram & tive Costs	Data Check
EI Allocation Amount	$ 150,000.00		
Total EI Expenditures	$ -	-	Program + Admin Costs = Current FY Expenditures. Good job!
Total Unexpended Funds	$ 150,000.00		
Program Income	$ -		

Current FY Activities		3rd Quarter				4th Quarter				
		March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditur
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	All Non-Personnel Indirect Costs									
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
										$

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditur
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$

Name & phone number of Person Completing this Form		

ITEM 24-34 (TAB 4)

SUPPORT DOCUMENT

EMS/CO-RAC SB8 EXPENDITURES

CONTRACT TERM 9/1/2022 - 12/31/2024

CO-RAC Allocation Amount (Lump Sum No. 1)	$187,813.55
CO-RAC Allocation Amount (Lump Sum No. 2)	$187,813.54
TOTAL CO-RAC Allocation Amount BOTH LUMP SUM 1 & 2	$375,627.09
Expended Funds	$156,390.63
TOTAL UNEXPENDED FUNDS FROM BOTH LUMP SUM 1 & 2	$233,611.46
Program Costs	$0.00
Administrative Costs	$32,728.75
TOTAL of ADMINISTRATIVE and PROGRAM COSTS	$32,728.75
Program Income	$

In Support of Reimbursement Requests for — RAC NAME: *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for — RAC NAME: *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for — RAC NAME: *SEVEN FLAGS RAC*

Enter Amount

	Education/Scholarships	RAC Admin/Program	Equipment	Incentives
Allocation	$302,334.00	$73,293.09	$0.00	$0.00
Expended Funds	$123,661.88	$32,728.75	$0.00	$0.00
Remaning Balance	$178,672.12	$40,564.34	$0.00	$0.00

Program + Admin Costs = Current Expenditures. Good job!

Activities

		1st Quarter				2nd Quarter				3rd Quarter			
		September 2022	October 2022	November 2022	1st Quarter Totals	December 2022	January 2023	February 2023	2nd Quarter Totals	March 2023	April 2023	May 2023	3rd Quarter Totals
Education/Scholarships	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#NAME?	$97,667.88	$0.00	$23,994.00	$121,661.88
	EMTB- 40 $75,394.93				$0.00				$0.00				$0.00
	AEMT- 3 $9,600.00				$0.00				$0.00				$0.00
	EMTP- 5 $38,666.95				$0.00				$0.00				$0.00
RAC Admin/Program	Amount listed should match breakdown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11,166.25	$0.00	$7,187.50	$11,166.25
	$28,750.00 Program Specialist				$0.00				$0.00				$0.00
Approval needed to move allocated funds to Education/Scholarships	$3,978.75 1 Laptop/1 Desktop				$0.00				$0.00				$0.00
					$0.00				$0.00				$0.00
Equipment	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Approval needed to move allocated funds to Education/Scholarships					$0.00				$0.00				$0.00
					$0.00				$0.00				$0.00
					$0.00				$0.00				$0.00
Incentives	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Approval needed to move allocated funds to Education/Scholarships					$0.00				$0.00				$0.00
					$0.00				$0.00				$0.00
					$0.00				$0.00				$0.00
TOTAL COSTS		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#NAME?	$108,834.13	$0.00	$31,181.50	$132,828.13

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September 2022	October 2022	November 2022	1st Quarter Totals	December 2022	January 2023	February 2023	2nd Quarter Totals	March 2023	April 2023	May 2023	3rd Quarter Totals
Program Costs												
$123,661.88 PERSONNEL				$ -				$ -				$ -
FRINGE BENEFITS				$ -				$ -				$ -
TRAVEL				$ -				$ -				$ -
EQUIPMENT				$ -				$ -				$ -
SUPPLIES				$ -				$ -				$ -
CONTRACTUAL				$ -				$ -				$ -
OTHER				$ -				$ -				$ -
$123,661.88 TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs												
PERSONNEL				$ -				$ -				$ -
FRINGE BENEFITS				$ -				$ -				$ -
TRAVEL				$ -				$ -				$ -
EQUIPMENT				$ -				$ -				$ -
SUPPLIES				$ -				$ -				$ -
$28,750.00 CONTRACTUAL				$ -				$ -				$ -
$3,978.75 Lap Tops OTHER				$ -				$ -				$ -
INDIRECT				$ -				$ -				$ -
$32,728.75 TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

In Support of Reimbursement Requests for	In Support of Reimbursement Requests for	In Support of Reimbursement Requests for	In Support of Reimbursement Requests for	In Support of Reimbursement R
RAC NAME: SEVEN FLAGS RAC	RAC NAME: SEVEN FLAGS RAC	RAC NAME: SEVEN FLAGS RAC	RAC NAME: SEVEN FLAGS RAC	RAC NAME: SEVEN FL

Total
$375,627.09
$156,390.63
$219,236.46

4th Quarter				5th Quarter				6th Quarter				7th Quarter				8th Q	
June 2023	July 2023	August 2023	4th Quarter Totals	September 2023	October 2023	November 2023	5th Quarter Totals	December 2023	January 2024	February 2024	6th Quarter Totals	March 2024	April 2024	May 2024	7th Quarter Totals	June 2024	July 2024
$2,000.00	$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	$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	$0.00	$0.00	$7,187.50	$0.00	$7,187.50	$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				$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	$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				$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	$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				$0.00				$0.00				$0.00		
$2,000.00	$0.00	$0.00	$0.00	$7,187.50	$0.00	$7,187.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

June 2023	July 2023	August 2023	4th Quarter Totals	September 2023	October 2023	November 2023	5th Quarter Totals	December 2023	January 2024	February 2024	6th Quarter Totals	March 2024	April 2024	May 2024	7th Quarter Totals	June 2024	July 2024
			$ -				$ -				$ -				$ -		
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			$ -				$ -				$ -				$ -		
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equests for

In Support of Reimbursement Requests for

AGS RAC

RAC NAME

SEVEN FLAGS RAC

uarter		9th Quarter					
August 2024	8th Quarter Totals	September 2024	October 2024	November 2024	December 2024	9th Quarter Totals	Total Expenditures
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$123,661.88
	$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	$32,728.75
	$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	$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	$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	$0.00	$0.00	$156,390.63

August 2024	8th Quarter Totals	September 2024	October 2024	November 2024	December 2024	9th Quarter Totals	Total Expenditures
	$ -					$ -	$ -
	$ -					$ -	$ -
	$ -					$ -	$ -
	$ -					$ -	$ -
	$ -					$ -	$ -
	$ -					$ -	$ -
	$ -					$ -	$ -
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$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

SB 8 Scholarship Reconciliation Report - FY24

TSA/RAC: T

Completed by:Jose Gonzalez

Month	EMT	AEMT	Paramedic	Total	DROPS EMT	DROPS AEMT	DROPS Paramedic	DROPS Total
CUMULATIVE TOTAL for 9/1/22 - 8/31/23	40	3	5	48	15	0	2	17
23-Sep	0	0	0	0	4	0	0	4
23-Oct	0	0	0	0	0	0	0	0
23-Nov	0	0	0	0	3	0	0	3
23-Dec	0	0	39	39	1	0	0	1
24-Jan								
24-Feb								
24-Mar								
24-Apr								
24-May								
24-Jun								
24-Jul								
24-Aug								
24-Sep								
24-Oct								
24-Nov								
24-Dec								
Total	40	3	44	87	23	0	2	25

ITEM 24-35 (TAB 5)

DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001336600020
AMENDMENT NO. 1

The **DEPARTMENT OF STATE HEALTH SERVICES** ("DSHS" or "System Agency") and **THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON TRAUMA, TRAUMA SERVICE AREA (TSA)-T** ("Grantee"), each a "Party," and collectively the "Parties," to that certain Emergency Medical Services/County Regional Advisory Council (EMS/CO-RAC) grant agreement, effective September 1, 2023, and denominated DSHS Contract No. HHS001336600020 ("Contract"), now desire to amend the Contract.

WHEREAS, the Parties desire to make additional funds available in support of services to be provided by Grantee under the Contract in State Fiscal Year 2024 ("FY 2024") based upon legislative appropriations awarded to Regional Advisory Councils by the 88th Texas Legislature under House Bill 1 for FY 2024-25; and

WHEREAS, the Parties desire to revise the Statement of Work.

NOW, THEREFORE, the Parties amend and modify the Contract as follows:

1. **SECTION V, BUDGET**, of the Contract is amended to add **$150,000.00** for services to be provided by Grantee in FY 2024. The total not-to-exceed amount of this Contract is increased to $320,812.00. All expenditures under the Contract must be within the Contract period and in accordance with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.

2. **ATTACHMENT A, STATEMENT OF WORK**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT A-1 REVISED STATEMENT OF WORK**, which is attached to this Amendment No. 1 and incorporated into and made part of the Contract as if fully set forth therein.

3. This Amendment No. 1 shall be effective September 1, 2023, or the date of the last signature below, whichever is later.

4. Except as modified by this Amendment No. 1, all terms and conditions of the Contract shall remain in effect.

5. Any further revision to the Contract shall be by written agreement of the Parties.

6. Each Party represents and warrants that the individual executing this Amendment No. 1 on its respective behalf has full power and authority to enter into Amendment No. 1.

SIGNATURE PAGE FOLLOWS

A. EMS/RAC FUNDING REQUIREMENTS

Grantee will:

1. Comply with all applicable laws including Health and Safety Code Sections 241.182-185, 773.122, and 780.003-006. If DSHS determines that Grantee disbursed funds in violation of these statutes, DSHS may withhold funds from Grantee for a period of at least one (1) year but not more than three (3) years.
2. Use funds as provided for in this Contract for the operations of the Trauma Service Area (TSA) and for the enhancement and delivery of patient care in the Grantee's TSA.
3. Ensure that funds are used for the following allowable costs:
   a. Operational expenses;
   b. Education and training;
   c. Equipment; and
   d. Communication systems.
4. Ensure that funds are **not** used for the following:
   a. Vehicles;
   b. Improvements to buildings or real property without prior written approval from DSHS. Any costs related to the initial acquisition of the buildings or real property are not allowable without written pre-approval;
   c. Purchase and improvement of land;
   d. Investments (such as stocks, bonds, or mutual funds);
   e. Expenses associated with a person or entity that has been hired to affect the outcome of legislation;
   f. Salaries of Grantee's Executive Board members or executive officers, as applicable; and
   g. Food, except for the cost of meals for RAC staff and/or RAC board members attending meetings or conferences, which pertain to carrying out activities under the Contract where there is dissemination of technical information, is allowable. In addition, same-day meal expense may be reimbursable if the RAC staff person or RAC board member is outside of his or her designated headquarters for at least six consecutive hours.
5. Submit supporting documentation reports that capture monthly expenditures incurred as well as programmatic and administrative costs. Program income earned from funds directly associated with this program (i.e., fees or co-pays for services

performed, income from the sale of items or services, registration fees collected, etc.) should also be reported. Rebates, refunds, discounts, and adjustments or credits should be treated as applicable credits and should be tracked and applied within Grantee's financial system or general ledger and not as program income.

6. Submit a Final Supporting Documentation Report that includes expenditures from September 1, 2023, to August 31, 2024.
7. Schedule general membership meetings and provide, at the time of the meeting a financial report, which includes funds expended, planned expenditures, and remaining balance. The general membership meeting(s) should be held within the current Contract term.
8. Maintain as part of its accounting records and prepare to submit to DSHS **upon request**, and within fourteen (14) calendar days, source documents to support expenditures identified in the Supporting Documentation Reports.
9. Comply with the reporting requirements on the Deliverables Reporting Calendar (see **ATTACHMENT F, DELIVERABLES REPORTING CALENDAR**), which will be emailed no later than thirty (30) calendar days after the start of the Contract term. The Deliverables Reporting Calendar (see **ATTACHMENT F, DELIVERABLES REPORTING CALENDAR**) shall be incorporated herein by reference and made a part of this Contract and includes due dates for all deliverables.
10. Submit all above reports and deliverables to CMUReg.svcs@dshs.texas.gov.
11. In accordance with Texas Health and Safety Code Sections 773.122(c) and 780.004(d), have the opportunity to retain funds that are not able to be disbursed by Grantee to eligible recipients for approved functions by the end of the State Fiscal Year in which the funds were disbursed, and use such funds in the following State Fiscal Year for approved functions. Funds that are not disbursed by Grantee in that following State Fiscal Year shall be returned to DSHS.
12. Use funds awarded by the 88th Texas Legislature under House Bill 1, to keep pace with increasing Grantee responsibilities, including compliance with statutory requirements. Some examples as to how Grantee may use the funds awarded under House Bill 1 may include RAC approved projects, incorporating maternal and neonatal care (perinatal) committees and activities into RAC planning, developing and implementing regional perinatal and stroke transfer and system plans, and handling coordination with increased number of trauma facilities due to Texas' increasing population.

ITEM 24-36 (TAB 6)

Software Proposal

Prepared for:
John Keiser
7 Flags Regional Advisory Council

Created by:
Nicholas Butler
Aplos Software, LLC

Dear John,

Thank you for giving Aplos Software the opportunity to appraise the needs of your organization. After reviewing your current systems and the procedures you have in place, we are confident that Aplos Software and 7 Flags Regional Advisory Council are well-suited partners. Following a typical period of installation and adjustment, 7 Flags Regional Advisory Council will greatly benefit from Aplos' features and support.

Table of Contents

Over the past 14 years, **Aplos has grown to serve more than 10,000 customers, 65,000 users, and 5 million donors and members.** As a growing company that is invested in the future of software for the nonprofit space, our team is currently made up of approximately 100 employees and continues to expand.

Award-Winning Accounting & Nonprofit Management Software

Trusted worldwide by

A Customized Solution for Your Nonprofit

Aplos can improve accuracy and efficiency for 7 Flags Regional Advisory Council in the following key areas:

- Create as many funds as you need to track money designated for a specific fund, project, or program.
- Enter your projected income and expenses for each fund to create reports that compare budget-to-actual spending.
- Create a customized report builder for your organization that will help you track your quarterly reports and give you flexibility in creating more customizable reports as you grow.

In addition to the benefits outlined above, 7 Flags Regional Advisory Council will benefit from Aplos' ongoing commitment to serving nonprofits

- For the past 14 years, Aplos Software has provided fund accounting, contribution management and donor management software solutions to thousands of nonprofits and churches.
- Aplos' support staff includes a mix of nonprofit, church, accounting, and information technology backgrounds.
- We provide phone, email, and chat support along with professional services. This ensures that the voice on the phone has experience with both the real-world conditions under which our customer's work and the troubleshooting skills needed to help resolve issues effectively.
- Free, live support is provided weekdays from 6:00am to 5:00pm PT, via phone, email, and in-app messaging with our experienced team of specialists.

Safety & Security

Data Security

Secure Payment Processing

Securely collect donations and other payments using our payment partners, which are fully PCI compliant, use data encryption, and monitor for fraud.

TLS Encryption

All network traffic at Aplos is encrypted via 256-bit Transport Layer Security (TLS). Your requests to our load balancers, the traffic between the load balancers and our servers, and the traffic between our servers are all protected via high-grade security certificates. All transaction services with TLS use HTTPS.

Multi-Level Firewall Protection

Each firewall system level includes protection and safeguards to keep your information private and secure.

Frequent Monitoring

We frequently monitor the software for stability and security, and we perform monthly OWASP/SANS Security Scans.

Data Storage

Storage And Certifications

Your data is stored using Amazon Web Services (AWS), based in the U.S. Certifications for AWS data centers include SOC2, PCI-DSS Level 1, and ISO 27001.

Automatic Backups

All of your data is automatically backed up using Amazon Relational Database Service (AmazonRDS) so you don't have to worry about losing any of the information you enter in the software.

Disaster Recovery Protocols

We have a system in place for customer data recovery. Your data is backed up and archived nightly at a secondary secured location so it can be recovered if a disaster occurs.

Internal Controls

Access Controls

All users have unique email logins.A user may securely log in with their Google account or with a strong unique password. Passwords have a minimum character requirement, and they must include a combination of uppercase and lowercase letters, numbers, and symbols. Users will also automatically be logged out of the software after a period of inactivity.

Monitor Users With Activity Logs

You are able to know exactly what users are doing in the software by monitoring a detailed activity log that can't be edited.

Role Permissions

We offer role-based permissions so you can control who can access different reports or areas of the software. Administrators can adjust permissions as well as add or remove users anytime.

Lock Down Information

You can reduce the risk of financial reporting fraud by locking down transactions after bank reconciliations or closing periods so those transactions can no longer be changed.

Privacy

Privacy Policy

Aplos understands how important it is for your organization's data to be private, so we are committed to keeping it secure. Our staff is trained and required to safeguard all data with established policies and procedures. We will not, under any circumstances, sell your personal information or entered data.

Privacy Shield

We participate in the E.U.-U.S. Privacy Shield Frameworks and comply with the Privacy Shield Principles.

Aplos Order Form

Order Date: 2024-01-12
Contract Start Date: 2024-04-01
Contract End Date: 2025-03-31
Contract Term: Annual
Billing: Monthly
Order # 8QW9K-BFM2A-8SI9V-WJO7Y
Org ID: 101344
Account Executive: Nicholas Butler
Order Type: New

Aplos Software, LLC Order Form

Prepared for:

John Keiser
Seven Flags Regional Advisory Council
P.O. BOX 450094
Laredo, TX 78045
956-693-0536

Created by:

Nicholas Butler
Aplos Software, LLC
487 W, Shaw Ave
Fresno, CA 93704
(888)274-1316
www.aplos.com

This document is a Software as a Service contract between Aplos Software, LLC, also called the "Provider", and Seven Flags Regional Advisory Council also called the "Client".

The Provider agrees to provide the services selected in the following table under the terms of this Software as a Service contract:

Aplos Subscription Plan	Price	Quantity	Total
Core Platform With Advanced Budgeting & 1 Tag Layer 2 Users, 500 Contacts, Advanced Budgeting and 1 Tag Layer	$2,268.00	1	$2,268.00
First Year Software Discount 20% Off + 2 Free Months	-$453.60	1	-$453.60
			$1,814.40
		Software Total	**$1,814.40**

Implementation Services (one time fee)	Price	Quantity	Total
Implementation Services - Level II Custom Implementation Services	$1,999.00	1	$1,999.00
One-Time Services Discount	-$500.00	1	-$500.00
			$1,499.00
		Services Total	**$1,499.00**
		Order Total	**$3,313.40**

Onboarding & Implementations Services

Standard Setup

Ideal if you want more guidance to ensure your current system migrates to Aplos correctly

Services include:

Initial Discovery call:	Review your organization's needs to get Aplos setup and optimized
Chart of Accounts Set-up:	Aplos will review your provided Chart of Accounts (up to 3 register accounts), make revisions discussed in discovery call, then create accounts, account numbers, account groupings and funds in Aplos
Tags Set-up:	Aplos will input tags and tag groupings as discussed in Discovery call
Purposes Set-up:	Aplos will create your provided purposes and link to accounting
Starting Balances:	Aplos will enter Starting Balances based on either the provided Trial Balance report or Balance Sheet report of the period immediately prior to migration to Aplos (up to 3 registers)
Opening Balances:	Record opening balance for uncleared transactions for up to three register accounts
Budget Import:	Aplos will create up to one provided Budget in Aplos
Partner Integration Setup:	Aplos will assist in the Integration of Partner solutions (if applicable, including Gusto, Stripe)
Training:	Up to 2 hours of set-up review and personalized training

aplos®

Visit www.aplos.com or call 888-274-1316

Sign Here to Subscribe

Renewal

The Term of this agreement will renew for successive periods of the same length of the Initial Term, unless either party refuses such renewal by written notice thirty (30) of more days prior to the expiration of the then-current term.

Billing Schedule

Total Due: **$3,313.40**
Payment Method: **Payment Method on File**
Billing Frequency: **Monthly**

Installment	Type	Payment Date	Price	Services	Total Payment
1	Monthly	2024-02-01	$151.20	$1,499.00	$1,650.20
2	Monthly	2024-05-01	$151.20		$151.20
3	Monthly	2024-06-01	$151.20		$151.20
4	Monthly	2024-07-01	$151.20		$151.20
5	Monthly	2024-08-01	$151.20		$151.20
6	Monthly	2024-09-01	$151.20		$151.20
7	Monthly	2024-10-01	$151.20		$151.20
8	Monthly	2024-11-01	$151.20		$151.20
9	Monthly	2024-12-01	$151.20		$151.20
10	Monthly	2025-01-01	$151.20		$151.20
11	Monthly	2025-02-01	$151.20		$151.20
12	Monthly	2025-03-01	$151.20		$151.20
Renewal	Annual	2025-04-01	$2,268.00		$2,268.00

By signing this Aplos Order Form, you acknowledges that (i) you are authorized to make this purchase in accordance with the terms of this Aplos Order Form, which is complete and accurate and sets forth the obligations of the Parties in relation to the subject matter hereof, (ii) that you have read, understand and agree to the terms of service found at https://www.aplos.com/terms (the "Agreement"), and (iii) this Aplos Order Form is intended to supplement the Agreement, and is subject in all respects to the terms of the Agreement. Capitalized terms not separately defined in this Aplos Order Form will have the meanings ascribed to them in the Agreement. In the event of a conflict or inconsistency between the terms and

conditions of this Order Form and the Agreement, the terms and conditions of the Agreement will govern and control unless the conflicting term in this Order Form is identified as superseding the related term of the Agreement.

Payment will be automatically processed on the Payment Date using the billing information found on the Subscription page of the software. Visit https://www.aplos.com/aws/settings/billing/update for more details.

Fees for implementation services are specified in your Order Form and charged in accordance with the billing schedule and are due for the duration of the Contract Term.

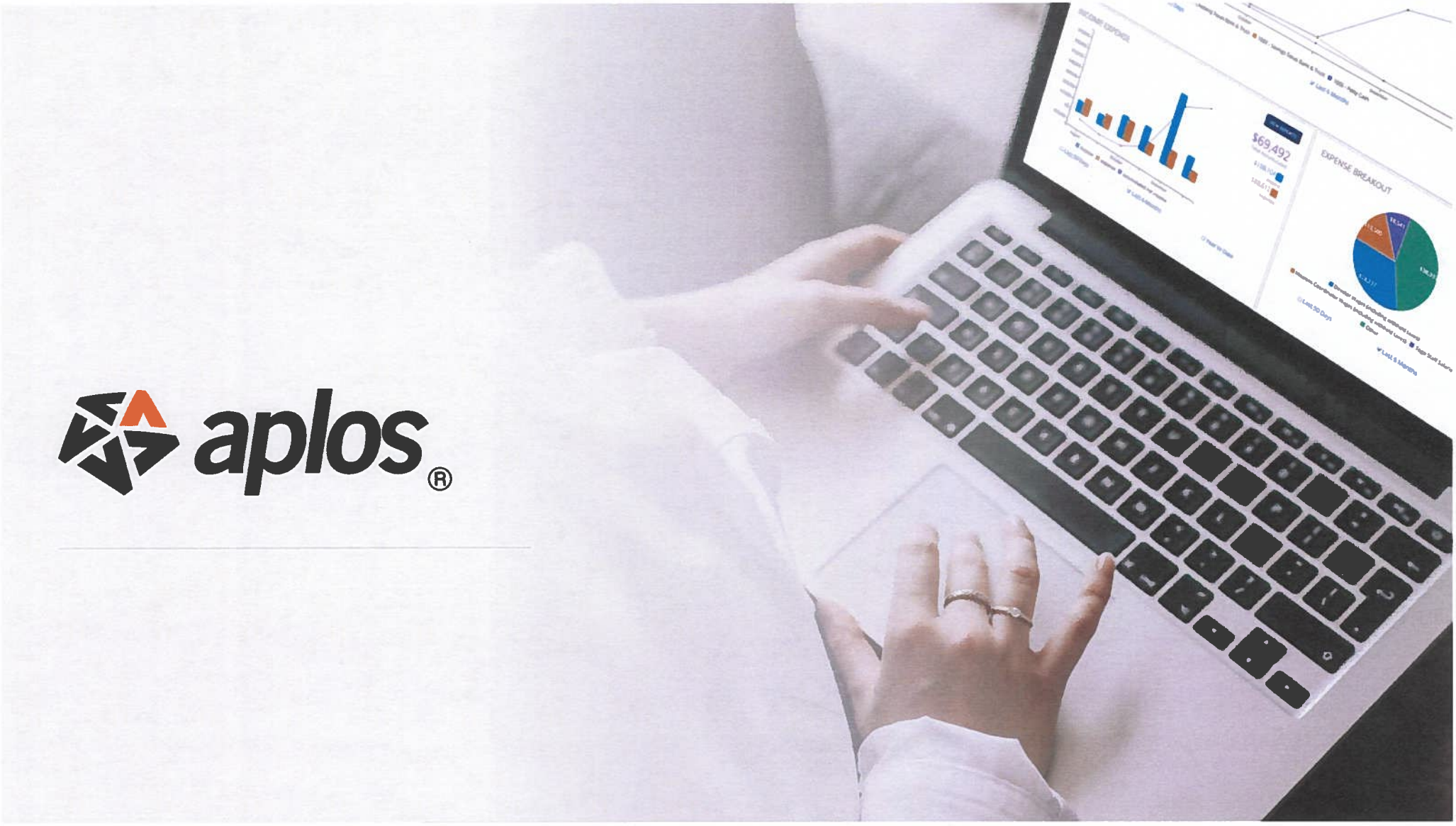
Any request to terminate prior to the end of the Contract End Date shall be in writing with at least thirty (30) days' written notice.If an early termination is granted, any request for a refund after the effective date of the termination shall be reviewed by Aplos.

I authorize Aplos Software, LLC to charge my payment method on file for $1,650.20 on 2024-02-01 and continuing on the first day of each year in the amounts detailed in the above provided schedule.

		2024-04-01
Aplos account owner first name	Accepted by (customer)	Subscription Start Date
Aplos account owner last name	Aplos account owner email	Date of acceptance
	Billing contact email	

Payment Terms & instructions

Payment due 0 days after Subscription Start Date. Discounts will apply only this contract term. Please send all billing Inquiries to finance@aplos.com



aplos®

OVERVIEW

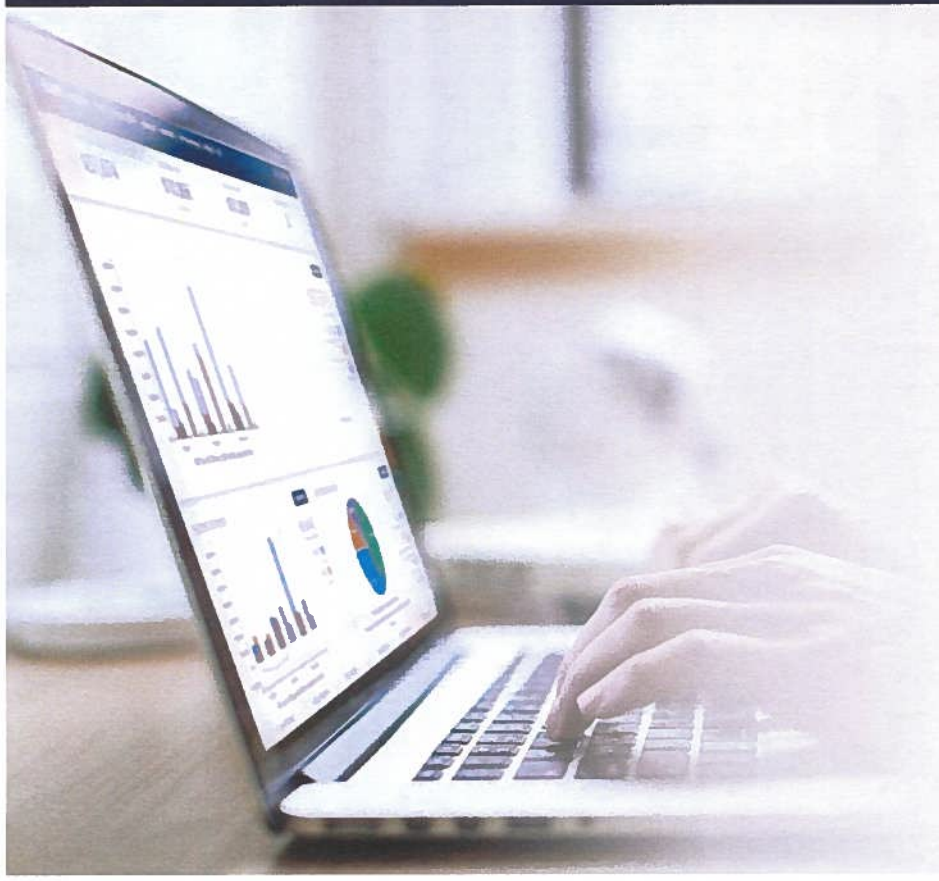
Since its founding in 2009, Aplos' primary mission has been to meet the financial and donation management software needs of the nonprofit sector.

Over the past 14 years, **Aplos has grown to serve more than 10,000 customers, 65,000 users, and 5 million donors and members.** As a growing company that is invested in the future of software for the nonprofit space, our team is currently made up of approximately 100 employees and continues to expand.

As a web-based SaaS provider, the platform has grown consistently to provide **best-in-class software** to manage accounting, contributions, people, online giving, events, and communications. We also offer **professional services** that include bookkeeping, implementation, coaching, and more.

In the early days of web-based software, few options were designed for the unique needs of nonprofits and churches. Aplos was founded to meet those needs, starting with fund accounting. Aplos has seen continued growth and now serves organizations all around the world. In addition to financial stewardship, churches and nonprofits fuel their missions through Aplos with a broader range of giving and people engagement tools.

FUND ACCOUNTING WITH APLOS

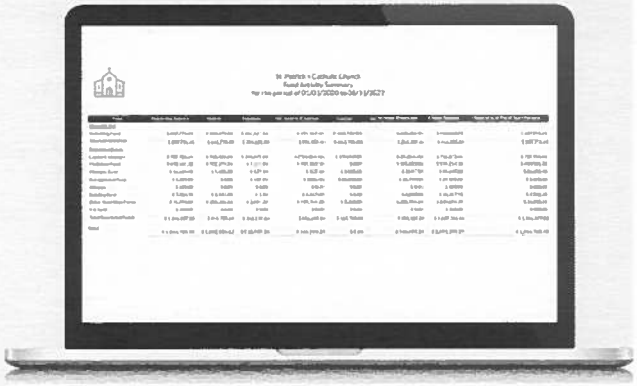


- Track income and expenses for designated funds
- See your true fund balances at any time
- Follow FASB guidelines
- Budget by fund
- No need to open multiple bank accounts for different funds
- No extra spreadsheets
- No workarounds that you'd need with business software

aplos®

FUND ACCOUNTING WITH APLOS

- True fund accounting
- Customized chart of accounts
- Bank integration
- Check register and journal entry
- Recurring transactions
- Bank reconciliation
- Budgeting
- Prepare 1099s
- Create invoices and receive payments online
- Track and pay bills
- Print checks
- Customize and save reports
- Preformatted financial reports



ADVANCED ACCOUNTING

Our Advanced Bundle Is A Perfect Fit If Your Organization Is Looking To:

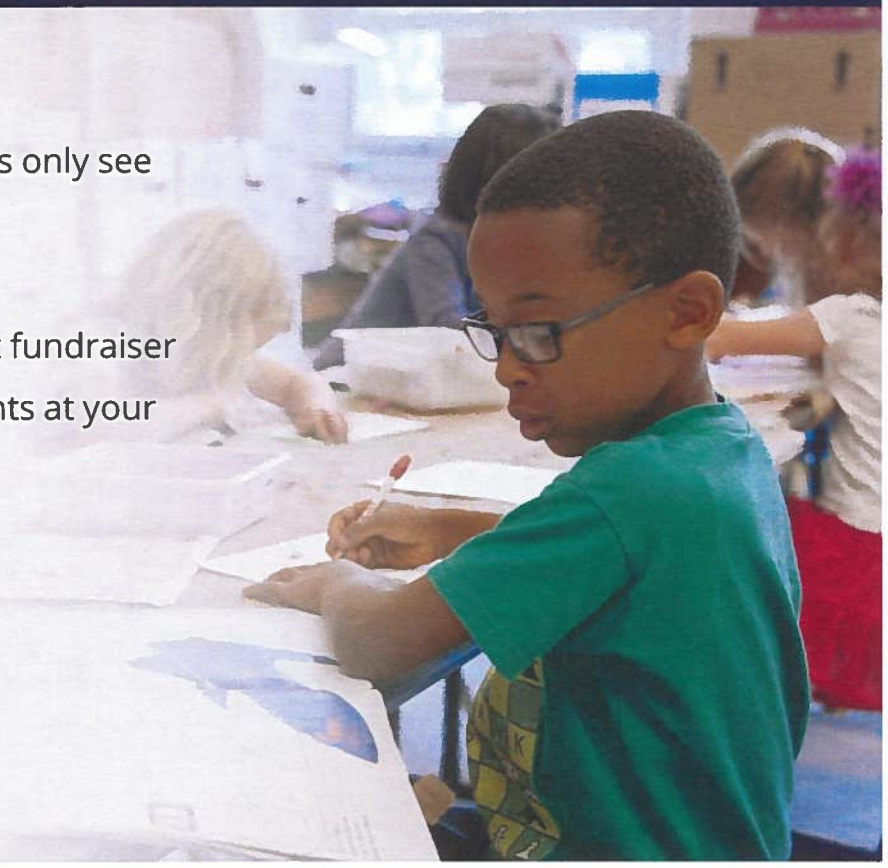
- Create reports that compare budget to actual for each fund or tag
- Further categorize your transactions in order to see more detailed information on your reports
- Use cost drivers to regularly allocate your income or expense transactions across the organization
- Track assets and post depreciations
- Simply and effectively build custom financial reports by events, departments, or projects

Includes:

- Advanced Budgeting
- 4 Tag Layers
- Fixed Asset Tracking
- Schedule Recurring Transactions
- Income And Expense Allocations
- Nacha File
- Bill Pay

ACCOUNTING MADE FOR NONPROFITS

- Easily track different departments using custom tags
- Set up different roles with different access so faculty members only see what they need to
- Generate financial reports for events or special projects
- Create unlimited online event registration forms for your next fundraiser
- Easily track capital campaigns that can fund large developments at your organization



Aplos Accounting

Made for Nonprofits

- Uses true fund accounting to see designated funds
- Track contributions for giving statements
- Create the financial reports your board needs

Easy to Use

- Fund accounting is simple with Aplos—a robust yet easy-to-use software
- Run needed reports with a few clicks
- Onboarding and setup assistance included

Happy Customers

- We care about nonprofits, and the software is made for your needs
- You get free, knowledgeable support for any questions you may have
- Users find Aplos intuitive and simple, earning us a 97% satisfaction rate

VS

QuickBooks® Online

Made for Small Businesses

- Intended for small businesses, not nonprofits
- Lacks basic features for fund accounting
- Contribution tracking, giving tools, and other features aren't included

Assembly Required

- Requires workarounds
- Extra steps are needed to set up a fund accounting chart of accounts
- Entire textbooks are written for how to use QuickBooks® for nonprofit organizations

Unhappy Customers

- QuickBooks® forums show exactly why QuickBooks® Online is not ideal for nonprofits
- Many Aplos customers are former QuickBooks® users who needed a better solution
- Getting your Cash Balance by Fund, Income Statement by Fund, Balance Sheet by Fund, etc. is time-consuming and complicated

APLOS MANAGEMENT PLATFORM

Administrators will have software access to manage the consolidated financial reporting and administrative controls.

- True Fund Accounting
- Member Database
- Communications
- Contribution Statements
- Events And Tickets
- Online Giving
- PEX Prepaid Cards
- Giving Reports
- Custom List Builder
- Budgeting
- Accounts Payable And Receivable
- Recurring Giving
- Groups And Teams

All-IN-ONE FINANCIAL & PARISH SOFTWARE

Each organization will have access to an ***all-in-one solution that includes fund accounting, contribution management, and donor management software that is fully integrated.*** This solution is entirely web-based and routinely improved.

WHY OTHER LEADERS CHOOSE APLOS

Aplos is trusted by churches around the world.

"Working with Aplos has been a fantastic experience. Everyone from the sales, implementation, and customer service teams are extremely responsive to our needs. We have started with a large-scale implementation for our high schools and the data conversion and overall transition to Aplos has been a smooth process. They have demonstrated a flexible, creative and 'can do' approach to finding solutions that work due to the diversity and complexity of our organization. We look forward to a long-term partnership with Aplos!"

David Yun
Chief Accounting & Financial Reporting Officer, Archdiocese of Los Angeles

"We choose Aplos for all our District Affiliated Churches because it is a user-friendly church management system that is effective for any size congregation. We have been impressed with the timely and effective support our churches receive from the Aplos team."

Greg Headley
North Texas District, Assemblies of God

WHY OTHER LEADERS CHOOSE APLOS

I like that everything is all together in one spot - donor software, accounting, newsletters and online giving forms.

SHERRY N.
Founder and President, Rescue Pink

We were looking for a program for our nonprofit that would provide a customer records management system, accounting system and credit card processing. Aplos provides all three at a very affordable price.

Joyce H.
Director, Killian Independent School District

WHY OTHER LEADERS CHOOSE APLOS

"Best Overall"

4.7 Forbes ADVISOR

"Top Performer"

Church Management Software

Capterra SHORTLIST 2022

"2022 FrontRunner"

Software Advice FRONT RUNNERS 2022

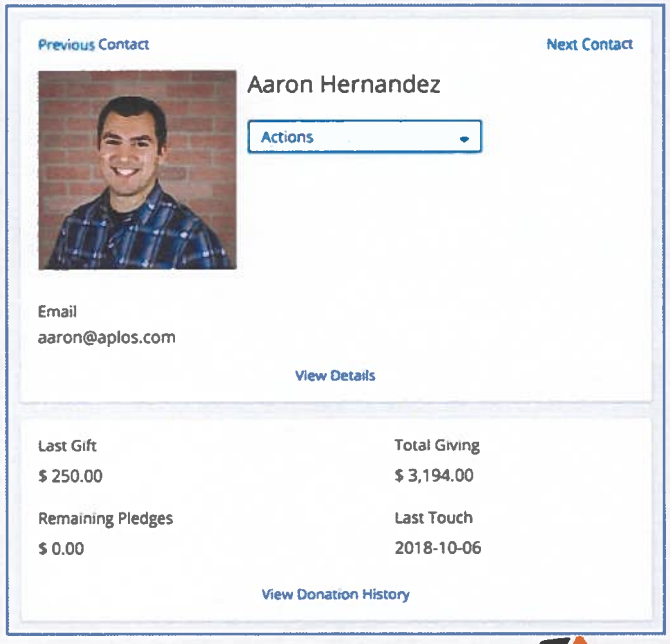
"High Performer"

G2 High Performer FALL 2022

PEOPLE DATABASE

Main Features

- Manage your contacts, including members, families, and vendors, and their contact info all in one place
- Connect relationships by household for consolidated giving statements
- View all giving, transaction, communication, and event history for each contact
- Track the data you need, such as volunteer involvement, important dates, or personal notes
- Build dynamic lists of your contacts to easily send communications to exactly the right people



aplos®

ASSIGNED REPRESENTATIVE AND CUSTOM IMPLEMENTATION PLAN

Our professional implementation team will coordinate with your organization to design the financial and census reporting requirements.

We'll follow a step-by-step approach for a successful implementation across your organization during kickoff, implementation, data migration as needed, and training.

WE'RE HERE TO HELP YOU

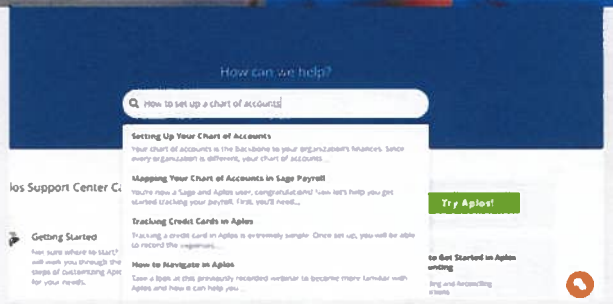
Aplos Award-Winning Support

We want you to be confident in managing your accounting, so free support is included with the software. Our award-winning support team is based in the United States, and we can help you get set up, walk you through customization options, and help you identify how to best use a feature.

Aplos provides free, live support via phone or email weekdays from 6am to 5pm (PT) for all users. In addition, the Aplos team offers training through an online knowledgebase, on-demand training courses, and regular live webinars.

Support is available via:

- **In-software messaging**
- **Email**
- **Phone**
- **Support Center**
- **Training Center**
- **Live webinars**



BOOKKEEPING SERVICES

Monthly Bookkeeping Services

Aplos Bookkeeping Services are designed for organizations that need help keeping up with their bookkeeping, want to free up some time by outsourcing time-consuming or challenging tasks, or want an expert to review the books to ensure they are done correctly.

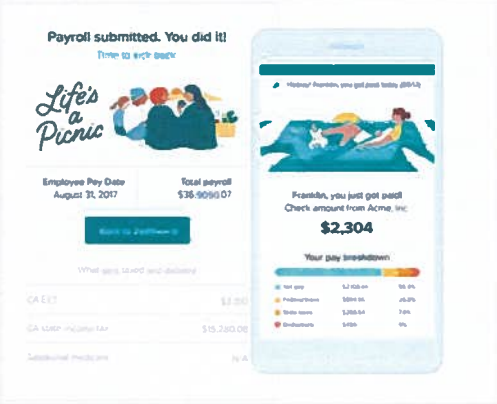
Transaction Entry and Categorization	X
Bank Reconciliation and Financial Reports	X
1099 Preparation	X
Account Review	X

PAYROLL INTEGRATION

Connect Aplos with Gusto to be confident your payroll is done right and your taxes are paid on time

Main Features

- Connects to your accounting in Aplos to automatically track your payroll and tax payments
- Submit and manage payroll online with a full-service payroll solution for employees based in the U.S.
- Gusto automatically calculates, pays, and files your federal, state, and local payroll taxes, as well as W-2s, 1099s, and new hire forms
- Unlimited payrolls in all 50 states and direct deposit come standard
- New employees self-onboard entirely online, reducing errors and paperwork
- Includes a staff portal to view vacation and sick time, access paystubs and W-2s, and manage voluntary deductions
- Supports housing allowances and pastoral tax exemptions



GUSTO
Payroll · Benefits · HR

EASY AND SECURE ONLINE GIVING

Main Features

- Your people can give a one-time gift or set up recurring giving
- People can give to specific purposes that you set up
- People can choose to cover their transaction fees
- Set up contributions to be automatically tracked in Aplos
- Automatic daily, weekly, or monthly bank deposits
- Members can log in to a secure portal to view their giving, download contribution statements, or manage their recurring tithes or offerings

YOUR DATA AND PRIVACY SECURED

- Secure Data Storage And Backups
- PCI-Compliant Payment Processing
- TLS Encryption
- Firewall Protection
- Frequent Monitoring
- Internal Controls
- Privacy Safeguards
- Disaster Recovery

ITEM 24-37 (TAB 7)

FY24 SFRAC MATERNAL COMMITEE

CHAIRMAN: **MEETING DATE:**

VICE-CHAIRMAN: **LOCATION:**

NAME	TITLE	COMPANY	PHONE	FAX	EMAIL

ITEM 24-38 (TAB 8)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

EMS/ PRE-HOSPITAL COMMITTEE	DATE: January 30, 2024	CHAIRPERSON: *Victor Villarreal*		VICE-CHAIR: *Chantelle Molina*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Peter Gonzalez	Laredo Lifeline	EMS	956-251-3787	lifelinepeter@yahoo.com
Jaime A. Lopez	Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us
Rene Castillo	Lalitas Ambulance	EMS	956-606-2169	rcr7474@gmail.com
Ismael Flores	Texas Superior Ambulance	EMS	956-251-6722	texassuperior.ismael@gmail.com
Johnny Cordero	Skyline EMS	EMS	956-246-4442	skyline.ems@gmail.com

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

PERINATAL / NICU/ MATERNAL COMMITTEE	DATE: January 30, 2024	CHAIRPERSON: *Angelica Perez*		VICE-CHAIR: *Guadalupe "Lupita" Cisneros*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Laura Uribe	Laredo Medical Center	Maternal	956-763-2088	maria_uribe@chs.net
Leticia Murrillo	Laredo Medical Center	Maternal	956-763-2088	leticia_murill@chs.net
Gabriela K. Arzuaga	Doctors Hospital of Laredo	Maternal	956-523-2115	gabriela.arzuaga@uhsinc.com
Rachelle V. Gonzalez	Doctors Hospital of Laredo	Maternal	956-523-2272	rochelle.gonzalez@uhsinc.com
Lilliana Limas Macias	Doctors Hospital of Laredo	Neonatal	956-523-2113	lilliana.limas@uhsinc.com

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

STROKE / STEMI COMMITTEE	DATE: JANUARY 30, 2024	CHAIRPERSON: *Jennifer Garcia*		VICE-CHAIR: *Angelica "Angie" Alvarez*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Jaime A. Lopez	City of Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

TRAUMA / INJURY PREVENTION	DATE: JANUARY 30, 2024	CHAIRPERSON: *Letisia Colon*		VICE-CHAIR: *Jose "Joe" Gonzalez, Jr.*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Jaime A. Lopez	City of Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us
Adolfo Martinez	Angel Care Ambulance	EMS	956-242-9814	fitomassge@hotmail.com
Angel Garcia	Angel Care Ambulance	EMS	956-763-3590	lineman51@gmail.com

ITEM 24-39 (TAB 9)

ITEM 24-39-a. (TAB 9)

FY24 SFRAC Membership Summary

TSA	Entity Name	County	Application submitted	EMS Affidavit Submitted	Needs Assessment Submitted	Date Paid/Date Deposited	Check Number	Amount Due/Paid	Board Meeting (9/29/2023)	Board Meeting (10/23/2023)	No Board Meeting (11/2023)	No Board Meeting (12/2023)	Board Meeting (1/30/2024)	Board Meeting (2/29/2024)	No Board Meeting (3/2024)	No Board Meeting (04/2024)	Board Meeting (5/30/2024)	No Board Meeting (6/2024)	No Board Meeting 07/2024	Board Meeting (08/2024)
T	Primary Care Ambulance (Joined: August 28, 2023)	Webb	Yes	Yes	Yes	10-31-2023/ 11-1-2023	#1126	FY24 Membership Fees: $750/Paid: $750.00/Bal. $0	P	P										
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	No	No	No	No	No	FY24 Membership Fees: $750/Paid: $0 Bal/ $750	P	P										
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb	Yes	Yes	Yes	9-11-2023/ 9-16-2023	#6016	FY24 Membership Fees: $750/Paid: $750.00 / Bal. $0	P	A										
T	City of Laredo Fire Department (Fully Vested)	Webb	No	No	No	10-26-2023/ 11-6-2023	#635308	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P										
T	Doctors Hospital of Laredo (Fully Vested)	Webb	No	No	No	No	No	FY24 Membership Fees: $1,950/Paid: $0/Bal. $1,950	P	P										
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb	No	No	No	No	No	FY24 Membership Fees: $750 / Paid: $0/ Bal. $750	P	A										
T	Laredo Lifeline, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-28-2023/ Pending	#2591	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P										
T	Texas Superior Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-18-2023/ 9-27-2023	#5459	FY24 Membership Fees: $750 /Paid: $750/Bal. $0.00	P	P										

FY24 SFRAC Membership Summary

T	Capital Care EMS (Fully Vested)	Webb	No	No	No	No	No	FY23 Membership Fees: $750 + FY23 Late Fees: $100 = $850 / FY24 Membership Fees: $750/Paid: $0/ Bal. $750/ Total Due: $1,600	P	A										
T	Laredo Medical Center (Fully Vested)	Webb	Yes	N/A	Yes	No	No	FY24 Membership Fees: $1,950/Paid: $0/Bal $1,950	P	P										
T	Priority EMS (Fully Vested)	Webb	No	No	No	9-20-2023/ 11 6-2023	#0584	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P										
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb	No	No	No	No	No	FY24 Membership Fees: $750/Paid: $0/ Bal. $750	P	P										
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-13-2023/ 9-27-2023	#5459	FY24 Membership Fees: $750/Paid: $0/ Bal. $750	P	P										
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	12-15-2023/ 12-16-2023	#49932	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	A										
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	9/29/2023/ 10/4/2023	#9192	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P										
T	Zapata County Fire/EMS (Fully Vested)	Zapata	Yes	Yes	Yes	10-18-2023/ 10-19-2023	#3575	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P										
T	Villa Ambulance Service (Board Approved Membership Fully Vested)	Webb	Yes	Yes	No	9-29-2023/ 10/4/2023	#1427	FY24 Membership Fees: $750/ Paid: $750/ Bal. $0	P	P										

ITEM 24-39-d. (TAB 9)

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

January 10, 2024

John Keiser, Regional Programs Director
The Seven Flags Regional Advisory Council on Trauma
P.O. Box 450094
Laredo, TX 78045

Dear Mr. Keiser:

The Texas Department of State Health Services (DSHS) Fiscal Support and Oversight Unit has completed the fiscal monitoring review of the EMS/CO-RAC SB8 and EMS/CO-RAC. The review covered the period of March 2023 through May 2023. The primary objective of this review was to determine if The Seven Flags Regional Advisory Council on Trauma complied with the fiscal requirements of federal and state grant regulations, DSHS policies and procedures, and the contract provisions.

The review of your organization resulted in three findings. The findings and recommendations are detailed in the enclosed report. Additional documents or other requested information necessary to mitigate the findings should be included with your response, which must be received in our office no later than January 23, 2024. Any questioned costs not resolved by your responses will become disallowed costs and a refund may be required.

A written management response with a corrective action plan must be submitted for each finding. The corrective action plan must include the steps planned by management to address the condition noted, the implementation date, and the responsible party. Please submit the responses by email to Gary James at Gary.James@dshs.texas.gov.

If you have any questions, please contact Gary James at (512) 221-7001 or David Lupercio, Audit Manager, at (512) 217-3085.

Sincerely,

Ann H. Duncan

Ann H. Duncan, CPA, MPA, CFE

Director, Independent Fiscal Support and Oversight
Office of Compliance and Accountability

Enclosure

Fiscal Support and Oversight
Fiscal Compliance Review Report
The Seven Flags Regional Advisory Council on Trauma
January 10, 2024

Objective:

To determine whether The Seven Flags Regional Advisory Council on Trauma (Seven Flags) financial management system and the amounts paid for the contracts referenced below complied with applicable state and federal regulations, Department of State Health Services (DSHS) rules, and contract term and conditions.

Contracts and Period Reviewed:

Contract Number	Program ID	Contract Term	Contract Amount	Review Period
HHS001256500001	EMS/CO-RAC SB8	9/15/2022-12/31/2024	$525,627.09	3/1/2023-5/31/2023
HHS000124600014	EMS/CO-RAC	5/01/2018-8/31/2023	$858,146.00	3/1/2023-5/31/2023

Legend for Program Abbreviations:

EMS/CO-RAC-SB8 - Emergency Medical Services/County-Regional Advisory Council -Senate Bill 8

EMS/CO-RAC - Emergency Medical Services/County-Regional Advisory Council

Fieldwork Conducted: November 2023

Scope: The scope of this review encompassed an analysis of policies, procedures, and supporting documentation for:

- Other contract expenditures - A total of 19 expenditure transactions were tested from the following expense budget categories: Equipment purchases, Scholarships, and administrative expenses.
- Cost Allocation Plan - Methodologies and the application to expenditures were tested.
- Equipment paid by DSHS - Testing included verification of existence and reporting accuracy.
- General compliance with rules, regulations, and contract provisions.

The DSHS fiscal monitoring team reviewed the agency's accounting policies and procedures to determine whether they were adequate to ensure accurate, current, and complete disclosure of the financial results of grant activities. The monitoring team examined the documentation to verify the source and application of contract funds. We also reviewed documentation and interviewed agency staff to determine whether the agency complied with applicable federal and state regulations, DSHS policies and procedures, and contract provisions. In some instances, the results of the independent audit and/or other audits were relied on to determine grant compliance with specific provisions.

Detailed Findings and Recommendations

The fiscal review resulted in three findings, as detailed below. The first finding is related to internal controls and several policies and procedures that were not provided. The second finding pertains to sales tax charged to the EMS/CO-RAC grant. The third finding is related to discrepancies with the property inventory report (GC-11). A questioned cost of $303.21 is associated with Finding #2.

Finding #1 DSHS Financial Admin/Internal Controls - Deficient

Condition: The following issues were noted during review of the agency's policies, procedures, Chart of Accounts and monthly bank reconciliations.

1. The grantee does not have written policies and/or procedures covering the following areas:

    a. Accounting
    b. Procurement of Goods and Services
    c. Fixed Assets Inventory
    d. Records Retention
    e. Information Technology

2. The grantee did not provide the Chart of Accounts, as requested by DSHS.

3. The grantee did not submit copies of monthly bank reconciliations, as requested by DSHS.

As a result, DSHS does not have reasonable assurance that DSHS grants are managed in accordance with the terms and conditions outlined in the contracts.

Criteria: 2 CFR §200.303, states in part, "*The non-Federal entity must: (a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.*"

Green Book, Standards for Internal Control in the Federal Government, section 3.10, states in part, "*Effective documentation assists in management's design of internal control by establishing and communicating the who, what, when, where, and why of internal control execution to personnel. Documentation also provides a means to retain organizational knowledge and mitigate the risk of having that knowledge limited to a few personnel, as well as a means to communicate that knowledge as needed to external parties, such as external auditors.*"

Questioned Cost: $0.00

Recommendation: To resolve this finding, submit a corrective action plan (CAP) to ensure board approved policies and/or procedures are written and adopted covering the areas specified above and that requested documents such as monthly bank reconciliations and the Chart of Accounts are made available upon request.

Management Response:

Responsible Party:

Implementation Date:

DSHS Reply:

Finding #2 DSHS Expenditures - Unallowable

Condition: Two out of nineteen expenditures tested for the grants included $303.21 of state sales tax, which is an unallowable charge to DSHS. The expenditures were for equipment purchases charged to the EMS/CO-RAC SB8 grant.

Criteria: 2 CFR 200: § 200.470 Taxes (including Value Added Tax) states in part, *"(b) For nonprofit organizations and IHEs: (1) In general, taxes which the nonfederal entity is required to pay and which are paid or accrued in accordance with GAAP, and payments made to local governments in lieu of taxes which are commensurate with the local government services received are allowable, except for: (i) Taxes from which exemptions are available to the non-Federal entity directly or which are available to the non-Federal entity based on an exemption afforded the Federal government and, in the latter case, when the Federal awarding agency makes available the necessary exemption certificates, (ii) Special assessments on land which represent capital improvements, and (iii) Federal income taxes."*

Questioned Cost: $303.21

Recommendation: To resolve this finding:

1. Submit a payment of $303.21 to DSHS according to the instructions included in the Final Report.

2. Submit a CAP that specifically details the policies and/or procedures that will be implemented to ensure unallowable sales tax will not be charged to DSHS grants.

Management Response:

Responsible Party:

Implementation Date:

DSHS Reply:

Finding #3 DSHS Equipment - Inaccurate/Incomplete report

Condition: The following discrepancies were noted during the review of the fiscal year 2023 Property Inventory Report (GC-11):

1. Two items reported on the fiscal year 2023 GC-11 form submitted to DSHS have incorrect purchase dates. The grantee reported the items were acquired on February 22, 2022. However, the invoice for the equipment states that the purchase date was February 21, 2023.

2. In addition, these same two items were listed with incorrect unit cost amounts. The grantee included the sales tax charged on the purchase of these items in the reported unit cost amounts (See Finding #2).

As a result, Seven Flags RAC is not in compliance with the GC-11 reporting requirements.

Criteria: Uniform Grant Management Standards (UGMS) June 2004, Subpart C, Post Award Requirements — Financial Administration, .20 Standards for financial management systems, states in part: *"(a) A state must expend and account for grant funds in accordance with state laws and procedures for expending and accounting for its own funds. Fiscal control and accounting procedures of the state, as well as its subgrantees, must be sufficient to— (1) Permit preparation of reports required by this part and the statutes authorizing the grant. (b) The financial management systems of other grantees and sub-grantees must meet the following standards- (3) Internal control. Effective control and accountability must be maintained for all grant and subgrant cash, real and personal property, and other assets. Grantees and subgrantees must adequately safeguard all such property and must assure that it is used solely for authorized purposes."*; and .32 Equipment, states, in part: *"(d) Management requirements. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part with grant funds, until disposition takes place will, as a minimum, meet the following requirements: (1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of property, who holds title, the acquisition date, and cost of the property, percentage of federal or state participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property. (2) A physical inventory of the property must be taken, and the results reconciled with the property records at least once every two years. (3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft shall be investigated."*

Questioned Cost: $0.00

Recommendation: To resolve this finding, submit a CAP to ensure future Property Inventory Reports (form GC-11) are complete and accurate. The discrepancies noted above must be corrected in the next annual Property Inventory Report submission.

Management Response:

Responsible Party:

Implementation Date:

DSHS Reply:

Seven Flags Regional Advisory Council
Trauma Service Area - T

January 18, 2024

Mr. Gary James
Financial Analyst II
Texas Department of State Health Services
P.O. Box 149347
Austin, Texas 78714

Dear Mr. James:

On behalf of the Board of Directors of the Seven Flags Regional Advisory Council (SFRAC), I wish to thank you for the opportunity to respond to the findings of the fiscal monitoring review conducted by you. As the report indicates, the review revealed three findings that the SFRAC organization was deficient in, those being: 1) Financial/Internal Controls; 2) Program Expenditures; and 3) Inaccurate/Incomplete Report.

The corrective action process requires that the SFRAC submit a corrective action plan for each finding. In the attachment that follows this letter, a response to the finding can be found. Once again, we thank you for the opportunity to submit our responses and look forward to addressing any deficiencies with a focus on implementing any corrective measures as needed.

Should there be any questions, please feel free to contact me at (956) 722-3995 or via email at jrkeiser@stdc.cog.tx.us.

Respectfully,

John R. Keiser
Administrator
Seven Flags Regional Advisory Council

ATTACHMENT

SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC)

RESPONSES TO DSHS FISCAL MONITORING REVIEW FINDING AND RECOMMENDATIONS

Finding #1

Management Response:

John R. Keiser, SFRAC Administrator will address these deficiencies in the following manner:

1) Develop a Financial Policies and Procedures Manual containing all the areas identified in the review as not having been met in addition to a comprehensive content layout to create a framework for operating standards and general fiscal expectations for internal control as an organization. The proposed Financial Policies and Procedures Manual will be a separate document from the existing SFRAC By-Laws.
2) Acquire (i.e., purchase) and implement accounting software which provides the needs specific to fund accounting for non-profits such as the SFRAC organization. The software program shall have the capability to create charts of accounts, bank reconciliation, generate other financial management reports as needed such as financial statements.

Responsible Party:

Development of Financial Policies and Procedures: John R. Keiser, SFRAC Administrator

Acquisition and implementation of a fund accounting software: John R. Keiser, SFRAC Administrator

Approval of Financial Policies and Procedures and purchase of fund accounting software: SFRAC Board of Directors/Executive Board:

Jorge Delgado, Chairman
Silvestre Rodriguez, Vice Chairman
Jose "Joe" Gonzalez, Jr., Treasurer
Letisia Colon, Secretary

Implementation Date:

Development and adoption of the proposed financial policies and procedures manual: Initial request; May 1, 2024.

Purchase and Implementation of fund accounting software license: February 1, 2024.

DSHS Reply:

Finding #2

Management Response:

What led to the payment of sales tax at the time of purchase for the equipment was that at during that period last year the SFRAC did not have a way to make a purchase (i.e., equipment) using a credit/debit card and therefore, John R. Keiser, SFRAC Administrator needed to use his personal credit card to make the purchase and was subsequently reimbursed by a SFRAC held account. The issue comes into play in that Dell Corporation could not allow sales tax exemptions on the purchase based on the use of a personal credit card. Since that time, SFRAC has changed the banking institution in which it does business with, including the setting up of fund accounts for the organization. Additionally, as part of that change, and to avoid the issue of paying non-allowable sales tax in the future, John R. Keiser, SFRAC administrator has obtained a credit/debit card under the name of the SFRAC organization, this way any purchase(s) made in the future requiring the use of a credit/debit card can apply the tax-exempt status. The SFRAC organization currently does have an active tax-exempt status.

SFRAC will submit a remittance check in the amount of $303.21 to DSHS to cover the disallowed sales tax expenditure made during the purchase of the SFRAC equipment for Dell Corporation.

Responsible Party:

Draft and issue remittance to DSHS: John R. Keiser, SFRAC Administrator.

Implementation Date:

February 29, 2024

DSHS Reply:

Finding #3

Management Response:

John R. Keiser, SFRAC Administrator admittingly recognizes the misinformation contained in the GC-11 report, however, attributes the misinformation to an oversight error and typo. John R. Keiser, SFRAC administrator has already made the corrections on the GC-11 form to reflect the correct unit costs (less the tax) and the correct purchase date (See Attached).

Henceforth, John R. Keiser, SFRAC administrator will make deliberate and concerted effort to ensure that the information inputted and contained in the GC-11 is accurate.

Responsible Party:

Accurate and timely submission of the annual GC-11 report: John R. Keiser, SFRAC Administrator.

Implementation Date:

January 31, 2024

DSHS Reply:

DEPARTMENT OF STATE HEALTH SERVICES
CONTRACTOR'S PROPERTY INVENTORY REPORT (FORM GC-11)
For the period ending August 31, 2023

Organization Name: Seven Flags Regional Advisory Council
Vendor ID: 17429154937000
Address: P.O. Box 450094
Laredo, Texas 78045

Prepared by: John R. Keiser
Phone Number: 956-722-3995
Date Completed: 9/27/2023 (Corrected on 1/17/2024)

No.	Item Description	Serial #	Unit Cost (round to nearest $)	Acquired (date received)	% of DSHS Funding	Life # of years	Acquired Under Program Attachment Number	DSHS Program	Location of Item	Current Status	Disposition Information: Disposition Date	Disposition Information: Sales Price If Sold	Reason for Disposition or Reason Item is Not In Use
1	Optiplex 5000 Micro BRX (210-BCRF) Model D15U	XPFN9 A00 JSD2	$1,611	2/21/2023	100%	1	HHS001256500001	Senate Bill 8	1216 Santa Maria Ave., Laredo, Texas 78040	☐ Not in Use ☑ In Use	N/A	N/A	N/A
2	Dell Mobile Precision workstation (7760 CTOG) Model P44E	FMV8M A00	$1,670	2/21/2023	100%	1	HHS001256500001	Senate Bill 8	1216 Santa Maria Ave., Laredo, Texas 78040	☐ Not in Use ☑ In Use	N/A	N/A	N/A
3										☐ Not in Use ☐ In Use			
4										☐ Not in Use ☐ In Use			
5										☐ Not in Use ☐ In Use			
6										☐ Not in Use ☐ In Use			
7										☐ Not in Use ☐ In Use			
8										☐ Not in Use ☐ In Use			
9										☐ Not in Use ☐ In Use			
10										☐ Not in Use ☐ In Use			

ITEM 24-39-e. (Tab 9)

EMS Wall Time White Paper

EMS and Hospitals have struggled for decades with getting incoming patients off of EMS stretchers and into hospital beds or chairs in a timely fashion. In many regions this was first exacerbated when hospital administration began programs to no longer go on ambulance diversion. Many facilities had challenges during times of high volumes and the EMS wall times issue was born. Ambulance Patient Off-load Time begins when the EMS unit arrives at the destination and ends when the patient is in an Emergency Department (ED) bed/chair and report has been given to the designated hospital individual, signifying patient care has been transferred immediately upon arrival. EMS Wall Time occurs during the Patient Off-load Time whenever there is a delay in placing a patient in a bed/chair requiring the EMS crew to wait and continue to care for their patient.

During the COVID pandemic, this problem of increasing EMS Wall Times intensified exponentially with routine reports of EMS crews being held in ED's for over eighteen hours. This problem has persisted as staffing issues, high patient volumes, ED overcrowding and hospital through-put challenges have become constant problems in communities-throughout the state and nation.

In 2006, the Center for Medicare and Medicaid Services (CMS) issued an opinion that addressed extended EMS Wall Times:

> *"This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community. Additionally, this practice may also result in a violation of 42 CFR 482.55, the. Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice.*
>
> *A hospital has an EMTALA obligation as soon as a patient "presents" at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff."*

The Department of State Health Services has sought clarification from CMS who stands by the statements made in the above opinion. CMS has met publicly with the Governor's EMS and Trauma Advisory Council (GETAC) Committees and Regional Advisory Councils (RACs) across Texas and has provided technical assistance and explained the process for reporting ongoing issues if necessary.

The EMS Committee of GETAC, working with the Medical Director's Committee and the Education Committee developed the following principles to be used locally and regionally to

address the problem with EMS Wall Times. This list of recommendations is meant to be used collectively rather than individually, to address this complex healthcare issue.

This paper will use the following terms to denote different time frames that are a part of an ambulance's time at a destination delivering a patient.

- Ambulance Patient Off-Load Time: This time begins when the ambulance arrives at the destination and ends when the patient is in an Emergency Department (ED) bed/chair and report has been given to the designated hospital individual, signifying patient care has been transferred. The acceptable Ambulance Patient Off-Load Time should be determined locally and/or regionally between EMS and hospital leaders.
- EMS Wall Time: This time occurs during the Ambulance Patient Off-Load Time whenever there is a delay in placing a patient in a bed/chair requiring the EMS crew to wait and/or continue to care for their patient.
- Ambulance Reset Time: This time begins when patient care has been transferred and ends when the ambulance is available for another call or departs the hospital. This time is the responsibility of the EMS agency.
- Ambulance Turnaround Time: This is the total time an ambulance is at the hospital and is the sum of the Ambulance Patient Off-Load Time, any EMS Wall Time and the Ambulance Reset Time.

- **EMS Wall Times are not an EMS problem; it's a healthcare system problem**
    a. Everyone involved in these issues must agree that this is a systemic problem and true solutions can only be developed with every part of the healthcare system involved. This goes beyond the EMS and ED leaders and includes various other players including the EMS Medical Director, the ED Medical Director, the Chief Nursing Officer, the House Supervisor, the Chief Executive Officer, the RAC Executive Director and others who should all work towards a systemic solution.

- **Identify an acceptable EMS Patient Off-Load Time**
    a. EMS unit availability across a community is dependent upon the EMS agency being able to turn units around reliably in a reasonable amount of time. ANY issue that delays this turnaround time must be seen by the receiving facility as a reduction in service to the community and responded to immediately, regardless of the time of day or day of week. This time is necessary to define so EMS Wall Times can be measured reliably.

- **Develop a process by which low-acuity patients can be placed in triage/waiting rooms**
    a. EMS Medical Direction, EMS agencies and ED leadership must be willing to place low acuity, non-urgent patients into the waiting room or triage areas. This should be a community wide process that is agreeable to medical direction of both the EMS agency and the ED staff.

b. The best practice for EMS agencies is to have a protocol that defines patients that are eligible to be placed in triage/waiting areas. This protocol should be developed in conjunction with the receiving facility(ies) and RACs.

- **Define data points to measure this across the state with data shared regionally and statewide**
  a. Data is critical to truly understanding this issue across the State. EMS leadership believes that Ambulance Patient Off-Load Time and any associated EMS Wall Time is what should be tracked, not Ambulance Turnaround Time.
  b. Develop a time capture process in a reportable format for local, regional, and state reporting.

- **Establish relationships between EMS leaders and the hospital executive team in addition to ED leadership**
  a. The role of the local EMS agency is critical to the hospital and vice versa. Too often, ED leadership is relegated the role of EMS relations and relationship management. This can be appropriate in many situations, but when there are larger issues or more systemic issues, the EMS Leaders must have a relationship with the hospital executive team so that these issues can be addressed rapidly. Too often, when there are significant issues like EMS Wall Times at a hospital, there is limited relationships with the individuals at the level that must address these issues. These relationships must be cultivated so that trust and collaboration come more easily during heightened tensions of large community issues.

- **Implement innovative treatment and transport models**
  a. EMS reimbursement and transport systems are rapidly changing, and it will be imperative that EMS systems of all sizes become competent and proficient in these new options rapidly. The days of everyone who calls 911 goes to the hospital are shifting and the better EMS integrates this into their normal operations, the larger impact this will have on EMS Wall Times.
  b. Alternative destinations (i.e. Free-Standing Emergency Departments, Urgent Care Centers, and Behavioral Health Centers) can help EMS balance patient destinations and off-load ERs across the local jurisdiction and region.
  c. Telehealth technology has improved and is beginning to integrate into EMS. This could also help EMS systems with triage and transport decisions.

- **Create operational guidelines for extended EMS Wall Times**
  a. Based upon community solutions built with everyone at the table, EMS should have operational guidelines on how to respond when EMS Wall Times begin to impact patient care and community resource availability. This guideline should be used as EMS Wall Times begin to develop to prevent extended and repetitive times from developing.

b. The solution to long wall times will require all levels of healthcare to work together to build a monitoring and notification system.

- **Involve Regional Advisory Councils**
  a. Regional Advisory Councils (RACs) must be involved in these relationships and solutions. These solutions should be built on the policies and guidance of the Regional Advisory Council (RAC) system. Very few of these issues only affect a single hospital and a single EMS provider. The more uniformity that can be built into these healthcare systems across a region or communities within the region, the better and more comprehensive the solutions will be.

- **Resolve immediate issues at the management level**
  a. EMS and hospital leaders should never allow this issue to create conflict or division between the EMS care providers and the ED clinical staff. The relationship between these clinicians should almost be seen as sacrosanct and protected as such. Issues should be immediately addressed at the management level within the agency/facility.
  b. Keeping the patient and the community at the center of these discussions must remain the focus as the healthcare system works together for solutions.

- **Inclusion of rural and frontier communities along with their hospitals**
  a. While highly complex in a metro area with multiple EMS agencies and multiple hospitals, these communities are as equally complex with a single EMS agency and/or a single hospital when there are no other transport possibilities within a reasonable time frame or distance. This is another critical reason that this issue must include the RAC as the center of an effective solution. RACs are charged to solve regional issues within the Emergency Healthcare System and should ensure that the right leadership is a part of the solution.

- **Provide conflict resolution education to EMS field crews**
  a. This is another example where conflict resolution skills should be taught in EMS initial education courses as well as by EMS providers. Formally educated personnel would be beneficial to EMS/Hospital issues as personnel would be better prepared to effectively interact with ED staff during times of crisis while still maintaining the EMS – ED relationship. These skills would also be beneficial in almost every facet of a field provider's performance from patient interaction, scene safety, customer service issues and many others.

ITEM 24-40 (Tab 10)

John R. Keiser

From: RDC-EXEC <rdc-exec-bounces@list.strac.org> on behalf of Traceee Rose <Traceee.Rose@strac.org>
Sent: Tuesday, January 16, 2024 11:21 AM
To: rdc-exec@list.texasrdc.org
Cc: Kim Hermie
Subject: [RDC-EXEC] Texas State CARES Coodinator
Attachments: ATT00001.txt

Friends,
I would like to introduce Kim Hermie. She has been selected to be the Texas State CARES Coordinator. She is a seasoned nurse with over 25 years of experience; most recently she was a cardiac coordinator at Methodist Metropolitan Hospital in San Antonio.

Starting today, we will be meeting with CARES Registry individuals to get her on-boarded and moving forward in this position.

Kim.Hermie@STRAC.org
210-420-1991

Have a great day!
TR

Traceee Rose, MSN, RN, CCNS-BC, CCRN
Acute Care Division Director
Southwest Texas Regional Advisory Council (STRAC)
7500 U.S. Hwy 90 West
AT&T Building, Suite 200
San Antonio, TX 78227
210-760-4911
Alt email: AcuteCare@strac.org

John R. Keiser

From:	Hilary Watt <hilary.watt@cbrac.org>
Sent:	Monday, January 15, 2024 11:39 AM
To:	Cindy Rodriquez; Carlos Palacios; nathan@tsav.org; John R. Keiser; admin@priorityEMSTX.com
Cc:	John Phillips; Bernardino Palacios; Nathan Rubio; Scott Marsh
Subject:	Region 11 FEMA ICS 300 & Disaster Training Courses for Trauma Program Managers
Importance:	High

Good morning,

I hope this finds you all well.

As you may know, in partnership with TEEX, DSHS is funding 13 FEMA ICS 300 & Disaster Training courses in each PHR over the coming months. This course has been designed specifically for Trauma Program Managers to meet the requirements of the new trauma rules.

Region 11 was funded for one course, and it will be held in Corpus Christi Tuesday February 20 - Thursday February 22 (3 full days). Location is Del Mar College West Campus, 4101 Old Brownsville Road. Please have your relevant staff and TPM's save these dates. Travel is not included in the course funding.

In addition to the traditional ICS 300 curriculum, this course includes presentations on statewide initiatives such as Pulsara and the Texas EMS Wristbands. It will also include EMTF 101, TDEM and RAC/RHMOC 101. Since implementation of some initiatives differ from RAC to RAC, a RAC representative from T and V is required to present on their RAC specific processes for RAC ops, Pulsara and Wristbands.

The prerequisites for this course are FEMA ICS 100, 200, 700 and 800. All of these courses can be completed online. Students will need to obtain a FEMA SID and create an account on www.preparingtexas.org. If these have been completed, students should already have these ID's.

When the registration link goes live, we will share. In the meantime, please advise your TPM's to complete the online prerequisite courses and save the dates.

Please contact us with any question.

With kind regards,

Hilary Watt
CEO, CFO, Governmental Affairs
Coastal Bend Regional Advisory Council (CBRAC)
www.cbrac.org 361-929-5401 ext. 1007
361-960-2871 (work cell)

For all DDC, Local/County EOC, or RHMOC operations --- Please use the following CBRAC Single Point of Service email address for all requests, notifications, or questions sps@cbrac.org. A CBRAC team member will follow up as soon as possible. In the event of a time-sensitive or emergency request, please call (361) 929-5401, Dial 2 for the CBRAC Patient Transfer Coordination Center, Dial 3 for the EMTF 11 Activation Emergency Hotline, or Dial 4 for the HPP Emergency Hotline.

The information contained in and/or attached to this email may be Controlled but Unclassified Information (CUI, SBU, FOUO, LES, TLP) and is not releasable to anyone without valid need to know. All items will be labeled and must be handled appropriately. For information related to Traffic Light Protocol (TLP) please go to www.us-cert.gov/tlp

John R. Keiser

From: RDC-EXEC <rdc-exec-bounces@list.strac.org> on behalf of Kim Hermie <Kim.Hermie@strac.org>
Sent: Thursday, January 25, 2024 4:05 PM
To: rdc-exec@list.strac.org
Subject: [RDC-EXEC] CARES Cordinator
Attachments: CARES Form (Required Elements Only).pdf; CARES Hospital Form (Required Elements Only) (1).pdf; ATT00001.txt

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon ,
it was a pleasure meeting you at this afternoon's meeting , I look forward to being your Texas CARES State Coordinator

As I am getting acclimated to the CARES Program, in the coming weeks please do not hesitate to reach out to me if you would like my presence at any of your meetings.
As discussed, this afternoon, please find the enclosed PDF's which contain the data fields for both EMS and hospital reporting.

Once again, I do look forward to working with and please do not hesitate to contact me.

Respectfully,

Kim Hermie BSN, RN
Texas CARES State Coordinator
Southwest Texas Regional Advisory Council (STRAC)
7500 U.S. Hwy 90 West
AT&T Building, Suite 200
San Antonio, TX 78227
210-420-1991

Cardiac Arrest Registry to Enhance Survival

CARES
Cardiac Arrest Registry to Enhance Survival

Part A. Demographic Information

1. Street Address (Where Arrest Occurred)

2. City **3. State** **4. Zip Code** **5. County**

6. First Name **7. Last Name**

8. Age
☐ Days
☐ Months
☐ Years

9. Date of Birth
☐ DOB Unknown

10. Gender
☐ Male ☐ Female-to-Male, Transgender Male
☐ Female ☐ Male-to-Female, Transgender Female
☐ Non-Binary

11. Race/Ethnicity
☐ American-Indian/Alaska Native ☐ Hispanic/Latino ☐ Unknown
☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Black/African American ☐ White

Part B. Run Information

14. Date of Arrest

15. Incident #

16. Fire/First Responder
☐ No First Responder dispatched

17. Destination Hospital

Part C. Arrest Information

18. Location Type
☐ Home/Residence
☐ Public/Commercial Building
☐ Street/Highway
☐ Nursing Home
☐ Healthcare Facility
☐ Place of Recreation
☐ Industrial Place
☐ Transport Center
☐ Other _____

19. Arrest Witness Status
☐ Unwitnessed
☐ Witnessed by Bystander
☐ Witnessed by 911 Responder

20. Presumed Cardiac Arrest Etiology
☐ Presumed Cardiac Etiology
☐ Trauma
☐ Respiratory/Asphyxia
☐ Drowning/Submersion
☐ Electrocution
☐ Exsanguination/Hemorrhage
☐ Drug Overdose
☐ Other _____

Resuscitation Information

21. Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival)
☐ Yes
☐ No

22. Who Initiated CPR
☐ Not Applicable
☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ First Responder
Did Law Enforcement initiate CPR?
☐ Yes
☐ No
☐ EMS Responder (transport EMS)

25. Was an AED Applied Prior to EMS Arrival
☐ Yes, with defibrillation
☐ Yes, without defibrillation
☐ No

26. Who First Applied the AED
☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ Law Enforcement First Responder
☐ Non-Law Enforcement First Responder

27. Who First Defibrillated the Patient
☐ Not Applicable
☐ Bystander
☐ Family Member
☐ Healthcare Provider (non-911 Responder)
☐ Law Enforcement First Responder
☐ Non-Law Enforcement First Responder
☐ EMS Responder (transport EMS)

First Cardiac Arrest Rhythm of Patient and ROSC Information

29. First Arrest Rhythm of Patient
☐ Ventricular Fibrillation
☐ Ventricular Tachycardia
☐ Asystole
☐ Idioventricular/PEA
☐ Unknown Shockable Rhythm
☐ Unknown Unshockable Rhythm

30. Sustained ROSC (20 consecutive minutes) or present at end of EMS care
☐ Yes, but pulseless at end of EMS care (or ED arrival)
☐ Yes, pulse at end of EMS care (or ED arrival)
☐ No

31. Was Hypothermia Care Provided in the Field
☐ Yes
☐ No

32. End of Event
☐ Effort ceased due to DNR
☐ Pronounced in the Field
☐ Pronounced in the ED
☐ Ongoing Resuscitation in ED

Part E. Hospital Section

47. ER Outcome
☐ Died in the ED
☐ Admitted to hospital
☐ Transferred to another acute care facility from the ED

48. Was hypothermia care/TTM initiated or continued in the hospital
☐ Yes ☐ No

49. Hospital Outcome
☐ Died in the hospital
☐ Discharged alive
☐ Patient made DNR
Choose one of the following:
☐ Died in the hospital
☐ Discharged alive
☐ Transferred to another acute care hospital
☐ Not yet determined
☐ Transferred to another acute care hospital
☐ Not yet determined

50. Discharge from the Hospital
☐ Home/Residence
☐ Rehabilitation Facility
☐ Skilled Nursing Facility/Hospice

51. Neurological Outcome at Discharge from Hospital
☐ Good Cerebral Performance (CPC 1)
☐ Moderate Cerebral Disability (CPC 2)
☐ Severe Cerebral Disability (CPC 3)
☐ Coma, vegetative state (CPC 4)

General Comments

Cardiac Arrest Registry to Enhance Survival

CARES
Cardiac Arrest Re
to Enhance Surviv

Part E. Hospital Section

47. ER Outcome

- ☐ Died in the ED
- ☐ Admitted to hospital
- ☐ Transferred to another acute care facility from the ED

48. Was hypothermia care/TTM initiated or continued in the hospital

☐ Yes ☐ No

49. Hospital Outcome

- ☐ Died in the hospital
- ☐ Discharged alive
- ☐ Patient made DNR
  Choose one of the following:
  - ☐ Died in the hospital
  - ☐ Discharged alive
  - ☐ Transferred to another acute care hospital
  - ☐ Not yet determined
- ☐ Transferred to another acute care hospital
- ☐ Not yet determined

50. Discharge from the Hospital

- ☐ Home/Residence
- ☐ Rehabilitation Facility
- ☐ Skilled Nursing Facility/Hospice

51. Neurological Outcome at Discharge from Hospital

- ☐ Good Cerebral Performance (CPC 1)
- ☐ Moderate Cerebral Disability (CPC 2)
- ☐ Severe Cerebral Disability (CPC 3)
- ☐ Coma, vegetative state (CPC 4)

Hospital Comments