# SEVEN FLAGS REGIONAL ADVISORY COUNCIL

## Trauma Service "T"

Board of Directors Meeting Packet

***JIM HOGG, WEBB, ZAPATA***

# SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

# AGENDA

***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***

# AGENDA

**24-18** Item 24-18: Call to Order – Chairman, Jorge Delgado
a. Roll Call – Chairman.
b. Introduction of Guests – Chairman.

**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.

**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.

**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.

**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.

**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.

**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)
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)

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

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
b. Report on the Status of South Texas Wristband Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.
c. Report on the Senate Bill 8 State Program – Joe Gonzalez.
d. Presentation by Ms. Sally Snow, Texas ImPACTS Pediatric Readiness Improvement, Project Manager, "Pediatric Readiness in Texas Trauma Centers".
e. Discussion of a Request from Texas A&M University (TAMIU) for Stop the Bleed Course Training.

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

**24-27** Item 24-27: 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** | |
| **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.

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

# ITEM 24-19 (TAB 1)

***Regular Meeting of the SFRAC Board of Directors***
***Friday, September 29, 2023, 10:00 a.m. to 12:00 p.m.***
***Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041***

# AGENDA

# MINUTES

**24-01** Item 24-01: Call to Order – Chairman, Jorge Delgado

*The meeting was called to order by the Chairman, Jorge Delgado at 10:17 a.m., Friday, September 29, 2023.*

Roll Call – Chairman.

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

*Angel Care Ambulance: Reynaldo Veliz (Director) - Present*
*Bronze Star Ambulance: Victor Romano (Alternate) - Present*
*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: Francisco Martinez (Alternate) Present*
*Zapata County Fire/EMS: Daniel "Danny" Arriaga (Director) – Present*
*Victorious Care Ambulance Service: Grace Garza (Alternate) – Present*
*Laredo Lifeline: Peter Gonzalez (Director) – Present*
*Lalitas Ambulance: Rene Castillo (Director) - Present*
*Capital Care EMS: Jose Garcia (Alternate) - Present*
*Texas Superior Ambulance Service: Ismael Flores (Director) - Present*
*Skyline EMS: Johnny Cordero (Alternate) - Present*
*Villa Ambulance: Abigail Valdez (Alternate) - Present*
*Primary Care Ambulance: Elisa Parra (Alternate) – Present*

*A quorum of members was met.*

a. Introduction of Guests – Chairman.

*SFRAC Administrator introduced Ms. Deidra Lee, DSHS Program Specialist.*

**24-02** *(Tab 1)* Item 24-02: Presented to the Board for Review and Possible Action in the Approval of the Minutes to the SFRAC Board meeting held August 25, 2023 - Chairman.

*A motion to approve the Minutes from the August 25, 2023, Board meeting as presented was made by Mr. Joe Gonzalez and seconded by Ms. Letisia Colon. Motion carried unanimously.*

**24-03** *(Tab 2)* Item 24-03: 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 August 11, 2023, thru September 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 August 11, 2023, through September 10, 2023. A motion to accept the reports as presented was made by Chief Silvestre Rodriguez and seconded by Mr. Peter Gonzalez. Motion carried unanimously.*

**24-04** *(Tab 3)* Item 24-04: Presented to the Board for Review and Possible Action is the Approval of the Projected and Proposed FY24 Operating and Grants Program Budget – Chairman.

*SFRAC Administrator presented the Board with the projected and proposed FY24 operating and grants program budget. Consistent with the report was a presentation of the different grants allocated to the SFRAC and its respective allocations among the participating SFRAC membership entities. Additionally, operating expenses (liabilities) under the General Fund were also presented.*

*A motion to approve the proposed budget was made by Mr. Joe Gozalez and seconded by Chief Rodriguez. Motion carried unanimously.*

**24-05** *(Tab 4)* Item 24-05: Presented to the Board for Review and Possible Action is the Approval to Nominate a Vice-Chairman and Secretary to Serve on the Seven Flags Regional Advisory Council (SFRAC) for a Two-Year Consecutive Term to Cover Fiscal Year 2024 and 2025, (i.e., September 1, 2023, thru August 31, 2025) - Chairman.

*SFRAC chairman presented the item indicating that this was a "housekeeping" item from last Board meeting held in September 2023, in that a vote was not called for the approval of the nominations for Vice-Chairman and Secretary.*

*A motion to approve the nominations was made by Mr. J. Gonzalez and seconded by Mr. Reynaldo Veliz. Motion carried unanimously.*

**24-06** Item 24-06: Presented to the Board for Review and Possible Action is the Approval on the Appointment and Installation of the Following SFRAC Officers, Chief Silvestre Rodriguez to Serve as SFRAC Vice-Chairman and Ms. Letisia Colon to Serve as SFRAC Secretary, Both Serving for the Period Commencing September 1, 2023, and Ending August 31, 2025 – Chairman.

*A motion to approve the appointment and installation of SFRAC officers Silvestre Rodriguez to serve as SFRAC Vice-Chairman and Ms. Letisia Colon to serve as Secretary for the period commencing September 1, 2023, and ending August 31, 2023.*

*A motion to approve the appointment and installation was made by Mr. J. Gonzalez and seconded by Mr. Peter Gonzalez. Motion carried unanimously.*

**24-07** *(Tab 5)* Item 24-07: Presented to the Board for Review and Possible Action is the Approval to Authorize the Renewal of GoDaddy's Subscription Supporting the Sevenflagsrac.org Domain (i.e., Website) and the Microsoft 365-Email Essentials and for a Period of One Year at a Cost of Three Hundred and Thirty-Six Dollars ($336.00) – Chairman.

*A motion to approve the renewal of the GoDaddy subscription for a one-year period for FY24 was made by Mr. Veliz and seconded by Mr. Medina. Motion carried unanimously.*

**24-08** Item 24-08: Presented to the Board for Review and Possible Action in the Approval and Authorization to Transfer Senate Bill 8 Funds from Currently Allocated Budget Line Items Under "Equipment" and "Incentives" to the Currently Existing Budget Line Item "Scholarships" in the amount of Eighteen Thousand Three Hundred and Twenty Three and Twenty Seven Cents ($18,323.27) and Fifty Four Thousand Nine Hundred and Sixty Nine Dollars and Eighty Two Cents ($54,969.82), respectively, for a Newly Amended Scholarship Line Item Total of One Hundred and Seventy Eight Thousand Six Hundred and Seventy Two Dollars and Twelve Cents $178,672.12.00 - Chairman.

*SFRAC Administrator addressed the Board informing them that DSHS has allowed RAC to transfer line-item funds under the SB8 program Incentives and Equipment to be added to Scholarships, if necessary. Mr. J. Gonzalez also addressed the Board presenting information to support the need to initiate and complete the transfer. The additional funds channeled into Scholarships are proposed to be used for additional EMS tuition/courses to be offered and provided by the City of Laredo Fire/EMS Department.*

*A motion to approve the transfer of funds from Incentives and Equipment to Scholarships was made by Mr. J. Gonzalez and seconded by Mr. Veliz. Motion carried unanimously.*

**24-09** *(Tab 6)* Item 24-09 Presented to the Board for Review and Possible Action in the Approval to Accept the Second Reading of the Revisions, Deletions, and Additions to the Seven Flags Regional Advisory Council By-Laws – Chairman.

*SFRAC Administrator introduced the second reading of the By-Laws to the Board. He explained the process and called attention to specific areas within the By-Laws in which he asked for specific Board review and recommendations. Those areas involved areas covering "Membership Renewal Applications", "Payment of Membership Dues", and "Tardiness".*

*Under Membership Renewal Applications, the Board agreed to retain verbiage which would allow the Board ultimate authority of determine an entity's status if an application is not submitted the due date (i.e., January). For the second review under Payment of Membership Dues, the Board agreed to revise the date membership fees would be due from July 31st to March 1st. And finally, under the section regarding Tardiness, the Board agreed to eliminate the section completely.*

*A motion to approve and accept the revisions, deletions and additions to the SFRAC By-Laws was made by Mr. Johnny Cordero and seconded by Mr. Ismael Flores. Motion carried unanimously.*

**24-10** Item 24-10: Presented to the Board for Discussion and Possible Action in the Approval and Adoption of the Seven Flags Regional Advisory Council By-Laws, as Amended and Revised - Chairman.

*A motion to approve the adoption of the By-Laws as presented was made by Mr. Veliz and seconded by Mr. Cordero. Motion carried unanimously.*

**24-11** *(Tab 7)* Item 24-11: Presented to the Board for Discussion and Possible Action in the Approval and Authorization to Execute an Amendment to the Current FY24 Seven Flags Regional Advisory Council Contract with the Texas Department of Stage Health Services, Adding One Hundred and Fifty Thousand Dollars ($150,000) Under the Systems Development Program Component - Chairman.

*SFRAC Administrator presented the Board with the amendment to the current contract under the EMS RAC program adding one hundred and fifty thousand dollars. SFRAC Administrator noted a correction for the record pointing out that the motion for the amendment listed the affected program as System Development but actually should be the EMS RAC program. SFRAC Administrator further explained that the additional funds could be used for SFRAC projects and adding SFRAC administrative/staffing support.*

*A motion to approve and authorize the contract amendment was made by Chief Rodriguez and seconded by Mr. J. Gonzalez. Motion carried unanimously.*

**24-12** *(Tab 8)* Item 24-12: 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)

*The Trauma/Injury Prevention Committee did not have any items to report.*

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

*The Perinatal/NICU/Maternal Committee did not have any items to report.*

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

*The EMS/Prehospital Committee did not have any items to report.*

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

*The Stroke/STEMI Committee did not have any items to report on.*

*A motion to accept the Committee reports was made by Chief Rodriguez and seconded by Mr. J. Gonzalez. Motion carried unanimously.*

**24-13***(Tab 9)* Item 24-13: Other Business – Chairman.

a. Report on the FY23 Final Close-Out Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

   *SFRAC Administrator presented the Board with a summary of the membership fees and submittal status of required SFRAC documentation, indicating that thus only a few entities had submitted any of the documents or paid the membership fees.*

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

   *Mr. J. Gonzalez presented the Board with a brief status report on the progress of the implementation of the wristband project, indicating the implementation was going well with good participation from hospitals and EMS entities.*

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

*Mr. J. Gonzalez presented the Board with a report on the Senate Bill 8 program. He advised the Board that the drop out rate for students having entered EMS course work/classes was very high, and as a result dropouts would need to pay back tuition costs paid for those students. In an effort to conduct this collection process, he informed the Board that certified return receipt letters will be sent to each student advising them of the need to pay back the funds spent on their tuition costs.*

d. Report on the Outcome of the Bowling Tournament Fund Raiser – Joe Gonzalez.

*Mr. J. Gonzalez and Jorge Delgado, SFRAC Chairman reported to the Board the outcome of the Bowling Tournament Fund Raiser. Both gentlemen thank everyone involved for all their efforts and participation in making this event a success. Mr. Delgado reported that $10,300.00 in sponsorships was generated. Mr. Delgado did advise the Board that four payments were still pending to be submitted. In regard to expenses for the event, approximately $3,040.00 was spent, rendering a net profit of approximately $7000.00.*

e. Question Regarding Availability of Child Safety Seat Trainers/Training in the SFRAC region.

*SFRAC Administrator addressed the Board with a question regarding the availability of Child Safety Seat Trainers in the region. Both hospitals responded by indicating that they did not have that training set up at this point in time.*

**24-14** *(Tab 10)* Item 24-14 Communication/Correspondence – Chairman.

*SFRAC Administrator presented the Board with two sets of correspondence, the first was a letter to Doctors Hospital for their Maternal program re-designation, and the second vendor information for the ordering of DisposeRX. There was enough interest from members of the Board to order a batch of the product which will be delivered to the SFRAC for distribution.*

**24-15** Item 24-15: 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 27, 2023** | **TBD** |
| **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** |

**24-16** Item 24-16: 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.

*Chief Rodriguez provided information regarding a fund-raising campaign for the American Cancer Association. He indicated that the goal for Webb County is $50,000, and as such requested everyone's support. For those at the meeting who would be interested in supporting the effort a link could be provided to them through Chief Rodriguez.*

**24-17** Item 24-17: Adjournment – Chairman.

*A motion to adjourn the meeting was made by Mr. Angel Garcia and seconded by Ms. Angelica Perez. Motion carried unanimously. Meeting adjourned.*

# ITEM 24-20 (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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

EMS County Assistance

## 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

6/23/2015
Date

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

Five hundred twenty nine 47/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For EMS Asst. Grant

⑆111492481⑆ 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

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
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
6721 McPherson Rd. Laredo, Texas 78041

Silvia Rodriguez

For 2nd Admin Fee Payment

⑆114924810⑆ 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
6721 McPherson Rd. Laredo, Texas 78041

Silvia Rodriguez

For 3rd Qtr. Admin Fee Payment

⑆114924810⑆ 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
6721 McPherson Rd. Laredo, Texas 78041

Silvia Rodriguez

For 4th Qtr. Admin Fee Payment

⑆114924810⑆ 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, 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<br>DNH*GODADDY.COM<br>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⑆ 10105913 96⑈

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⑆ 10105913 96⑈

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

Texas Community Bank

CHECKING DEPOSIT

Date 10/4/23

Name Seven Flags Regional Skyline 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⑆ 10105913 96⑈

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

Texas Community Bank

CHECKING DEPOSIT

Date 10/4/23

Name Seven Flags Regional Vitas 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⑆ 10105913 96⑈

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

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
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/xx 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/xx 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/xx 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/xx 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/xx 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/xx 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/xx 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
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
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/23
Primary Account 1010591792
Enclosures 1

Page 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
1216 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 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For Part #3 as per contract (3139)

⑆114924810⑆1018 ⑈1010591792⑈

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

# FY24 OPERATING BUDGET EXPENSE REPORT (SEPTEMBER THRU OCTOBER)

## FY24 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY

| | |
|---|---|
| General Fund Projected Membership Revenue for FY24 | $15,150.00 |
| Actual Membership Funds Collected to Date | $3,750.00 |
| Total (+/-) 25% | ($11,400.00) |

## 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 |
| Total | $320,812.00 |

## 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 |
| RAC Chair/GETAC Travel (November 2023, Austin, | $3,800.00 | | $3,800.00 |
| 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/Confemce | $0.00 | | $0.00 |
| GoDaddy Web Site Renewal (Debit) | $400.00 | $381.09 | $18.91 |
| Zoom | $0.00 | | $0.00 |
| Subtotal | $13,580.00 | $557.09 | $13,022.91 |
| Total Under/Over Budget: | | | -$13,022.91 |

## 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 |

| | Projected Cost | Actual Cost Paid | Difference |
|---|---|---|---|
| N/A | | | |
| Subtotal | **$0.00** | **$0.00** | $0.00 |

## 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 | $0.00 | $8,516.75 |
| 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** | **$0.00** | $34,067.00 |

| | Projected Cost | Actual Cost Paid | Difference |
|---|---|---|---|
| N/A | | | |
| Subtotal | | | |

## Senate Bill 8 Grant Program Funding

| | Projected Cost | Actual Expenditures | Balance |
|---|---|---|---|
| Education/Scholarships | $302,334.00 | $123,661.88 | $178,672.12 |
| RAC Administration | $73,293.09 | $25,541.25 | $47,751.84 |
| Equipment | $0.00 | | |
| Incentives | $0.00 | | |
| Subtotal | **$375,627.09** | **$149,203.13** | $226,423.96 |

## 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 |

**John R. Keiser**

---

**From:** donotreply@usps.com
**Sent:** Tuesday, October 10, 2023 2:32 AM
**To:** John R. Keiser
**Subject:** USPS PO Boxes - Renewal Payment Due

**Follow Up Flag:** Follow up
**Flag Status:** Flagged

Dear JOHN KEISER:

This is a friendly reminder that your Post Office Box renewal fee of $176.00 for the PO Box listed below is due by 10/31/2023.

| | |
|---|---|
| PO Box: | 450094 |
| Post Office location: | 2395 E DEL MAR BLVD<br>LAREDO, TX 78045 |

Your options for making a payment are:

- Pay Now: sign in to usps.com and access your PO Boxes Online account to make a one-time payment.
- Pay at a self service kiosk (SSK): you can find an SSK at Find a kiosk or by downloading the USPS mobile application at http://www.usps.com/mobile/info.htm.
- Pay by mail: send a check or money order payable to "U.S. Postal Service" to the Postmaster where your PO Box is located. [Include your PO Box number on the face of the check]
- Pay in person: pay at the Post Office where your PO Box is located using cash, check, credit card, or debit card.

**Note:** Caller Service customers can only pay **in person** or **by mail**. Caller Service receipts will be provided at the caller service pickup window.

If we have not received your payment by the 10th day after the due date, your PO Box service will be terminated and all incoming mail will be returned to senders. To reopen your box, you would need to pay in person and, in addition to any unpaid box fees, you may be assessed a lock change or handling fee. To avoid this inconvenience and this extra cost, we encourage you to renew on time.

Take the stress out of remembering to make your next payment by signing up for our Automatic Renewal payment program. It's free, it's fast, and it's easy! To do so, go to www.usps.com/poboxes, select "Rent or Renew a PO Box" and then sign in to your account.

**New!...** At your location, at least one of the following enhanced services is available: Real Mail Notification (receive email or text when new mail is in your box), Street Addressing (allows private carrier package delivery) and Signature on File (easy pickup for some signature items). There is **no extra charge** for these enhancements. Visit your Post Office to sign up for these services today! These services do not apply to Caller Service and Group E Box customers.

*You are receiving this renewal email because you provided an email address at the time you applied for your PO Box. These renewal emails will continue (annually or bi-annually) unless you want them to be discontinued. Please visit the Post Office where your PO Box is located, or send an email to the Internet Customer Care Center at* uspstechnicalsupport@mailps.custhelp.com *to stop receiving these email reminder notices.*

**Please do not respond to this system-generated email.**
If you need assistance with PO Boxes Online, please visit USPS Help or Contact Us.

UNITED STATES POSTAL SERVICE

If Undeliverable as Addressed,
Return to Local Postmaster

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 99998
POSTAGE WILL BE PAID BY ADDRESSEE

PO BOX FEE PAYMENT
POSTMASTER
DEL MAR STATION
2395 E. DEL MAR BLVD
LAREDO, TX 78045-9998

Print
Post Office
Address Here
City, State, ZIP Code

**Your PO Box fee is due by the LAST DAY OF THIS MONTH.**

Your PO Box will be closed if the fee is not paid by the due date. If the fee is not paid within 10 days after the due date, **a late payment charge will apply.** You may make payment by any of the convenient options noted on the inside top portion of this envelope.

Make checks or money orders payable to **"U.S. Postal Service."** If the bank returns your check, or if payment is not received by the due date, your PO Box service will be suspended **until all associated charges** are paid.

Please disregard this notice if payment has been made.

Thank you.

☐ Annual

☐ Semiannual

$ _____
*Amount*

**Box Number**

Box #450094 78045
SEVEN FLAGS REGIONAL ADVISORY
6 Months: $88.00 12 Months: $176.00
Due Date: 10/31/2023

# Post Office Box Service Fee

Notice 32-B, September 2010 | PSN 7610-03-000-8332

UNITED STATES POSTAL SERVICE.

DEL MAR
2395 E DEL MAR BLVD
LAREDO, TX 78045-9998
(800)275-8777

10/14/2023 11:08 AM

| Product | Qty | Unit Price | Price |
|---|---|---|---|
| Box Renewal | | | $176.00 |

ZIP Code™: 78045
Box #: 450094
Rental Start Date: 11/01/2023
Next Renewal Date: 10/31/2024
~~Customer Name: JOHN KEISER~~

Grand Total: $176.00

Debit Card Remit $176.00
Card Name: VISA
Account #: XXXXXXXXXXXX3893
Approval #: 436235
Transaction #: 474
Receipt #: 051684
Debit Card Purchase: $176.00
AID: A0000000980840 Chip
AL: US DEBIT
PIN: Verified

Preview your Mail
Track your Packages
Sign up for FREE @
https://informeddelivery.usps.com

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: https://postalexperience.com/Pos
or scan this code with your mobile device,

or call 1-800-410-7420.

# ITEM 24- 21 (TAB 3)

# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

## FINANCIAL STATUS REPORT

FSR Form 269A

P.O. Box 149347
Austin, Texas 78714-9347

This form can be downloaded at:
http://www.dshs.state.tx.us/grants/forms.shtm

Fiscal Division/Accounts Payable
Phone (512) 458-7435

| | | | |
|---|---|---|---|
| Contractor Name: | Seven Flags Regional Advisory Council | DSHS Program ID: | 0 |
| Payee Name: | Seven Flags Regional Advisory Council | DSHS Contract # | HHS000124600014(#5) |
| | | Attachment # | |
| Address: | 1216 Santa Maria Ave. | Contract Term ( Month / Day / Year ) | |
| Address: | 0 | Begin Date | End Date |
| City, ST, Zip: | Laredo, Texas 78040 | Septembrer 1, 2022 | 8/31/2023 |
| Payee Vendor ID No.: | 0 | Period Covered by this Report | |
| PO Number: | 0 | Begin Date | End Date |
| | | 6/1/2023 | 8/31/2023 |
| Check If Final Report: | ☐ | Basis: | ☐ Cash ☑ Accrual |

| 1<br>BUDGET CATEGORIES | 2<br>APPROVED BUDGET | 3<br>CURRENT PERIOD PROJECT COSTS | 4<br>CUMULATIVE PROJECT COSTS | 5<br>REMAINING BUDGET BALANCE |
|---|---|---|---|---|
| a. Personnel | | | $ - | $ - |
| b. Fringe Benefits | | | 0.00 | - |
| c. Travel | | | 0.00 | - |
| d. Equipment | | | 0.00 | - |
| e. Supplies | | | 0.00 | - |
| f. Contractual | | 33,381.00 | 0.00 | - |
| g. Other | | 46,021.05 | 0.00 | - |
| **h. Total Direct Charges** | $ - | $ 79,402.05 | $ - | $ - |
| i. Indirect Charges | | | 0.00 | - |
| **j. Total Charges** | $ - | $ 79,402.05 | $ - | $ - |
| **Less:** | k. Program Income Collected | - | 0.00 | |
| | l. Non-DSHS Funding | - | 0.00 | |
| | m. In-kind (See Instructions) | - | 0.00 | |
| | **DSHS SHARE >>** | $ 79,402.05 | $ - | |
| **n. Advance:** | ADVANCE RECEIVED | REPAID THIS PERIOD | CUMULATIVE REPAYMENTS | ADVANCE BALANCE |
| | $ 79,402.00 | | $ - | $ 79,402.00 |
| o. Total Reimbursement Requested (net of advances) | | $ 79,402.05 | $ - | |
| p. Total Reimbursement Requested and Received | | | | |

| | | | |
|---|---|---|---|
| Prepared by: | John R. Keiser | Telephone # | Fax # |
| Title: | Administrator | (956)722-3995 | |

CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

| | | |
|---|---|---|
| Signature of Authorized Certifying Official: | Telephone # | Fax # |
| | (956)722-3995 | |
| Typed or Printed Name and Title of Certifying Official: | Date Submitted: | |
| John R. Keiser | DSHS USE ONLY | |
| | FSR Receipt Date: | |

| SUPPORT DOCUMENT revised 1/13/23 | |
|---|---|
| RAC SYSTEMS DEVELOPMENT EXPENDITURES | |
| CURRENT FISCAL YEAR (FY) | 2023 |

| | | |
|---|---|---|
| RAC SYSTEMS DEVELOPMENT Allocation Amount | $ | 46,021.00 |
| Total RAC SYSTEMS DEVELOPMENT Expenditures | $ | 46,021.05 |
| Total Unexpended Funds | $ | (0.05) |
| Program Income | $ | - |

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

| Total Funds Available for Current Year | | Program Costs | Administrative Costs | Total of Program & Administrative Costs | Data Check |
|---|---|---|---|---|---|
| $ 46,021.00 | | $ 46,021.05 | $ - | $ 46,021.05 | Program + Admin Costs = Current FY Expenditures. Good job! |

## Current FY Activities

| | | 1st Quarter | | | | 2nd Quarter | | | | 3rd Quarter | | | | 4th Quarter | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | September | October | November | 1st Quarter Totals | December | January | February | 2nd Quarter Totals | March | April | May | 3rd Quarter Totals | June | July | August | 4th Quarter Totals | Total Expenditures |
| PERSONNEL | List employees<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | $ - | $ - | $ - | | $ - | $ - | $ - | | $ - | $ - | $ - | | $ - | $ - | $ - | | |
| FRINGE BENEFITS | Fringe Benefits | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| TRAVEL | List each individual expense<br>Local Travel<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 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<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| SUPPLIES | List each individual expense<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| CONTRACTUAL | List each individual expense<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| OTHER | List each individual expense<br>Awards issued to individual EMS & Hospital entities in the region | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ 3,068.06 | $ 15,340.40 | $ 18,408.46 | $ 6,136.12 | $ 15,340.30 | $ 6,136.17 | $ 27,612.59 | $ 46,021.05 |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 3068.06 | | | | | 472.01 | | |
| | Webb County Volunteer Fire/EMS | | | | | | | | | | | | | | | 472.05 | | |
| | Zapata County Fire/EMS | | | | | | | | | | | 3068.11 | | | | 472.01 | | |
| | Laredo Medical Center | | | | | | | | | | | 3068.06 | | | | 472.01 | | |
| | Bronze Star | | | | | | | | | | | 3068.06 | | | | 472.01 | | |
| | Medpoint Ambulance | | | | | | | | | | | 3068.06 | | | | 472.01 | | |
| | Doctors Hospital of Laredo | | | | | | | | | | | | | 3068.06 | | 472.01 | | |
| | Laredo Lifeline | | | | | | | | | | | | | 3068.06 | | 472.01 | | |
| | Skyline EMS | | | | | | | | | | | 3068.11 | | | | 472.01 | | |
| | City of Laredo Fire/EMS | | | | | | | | | | | | | | 3068.06 | 472.01 | | |
| | Lasalle Ambulance | | | | | | | | | | | | | | 3068.06 | 472.01 | | |
| | Presidio EMS | | | | | | | | | | | | | | 3068.06 | 472.01 | | |
| | Angel Care Ambulance | | | | | | | | | | | | | | 3068.06 | 472.01 | | |
| | Texas Superior Ambulance Service | | | | | | | | | | | | | | 3068.06 | 472.01 | | |
| INDIRECT COSTS | List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum<br>N/A | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| | All Non-Personnel Indirect Costs | | | | | | | | | | | | | | | | | |
| TOTAL COSTS | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ 3,068.06 | $ 15,340.40 | $ 18,408.46 | $ 6,136.12 | $ 15,340.30 | $ 6,136.17 | $ 27,612.59 | $ 46,021.05 |
| | | | | | | | | | | | | | | | | | | $ 46,021.05 |

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

| | September | October | November | 1st Quarter Totals | December | January | February | 2nd Quarter Totals | 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 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ 3,068.06 | $ 15,340.40 | $ 18,408.46 | $ 6,136.12 | $ 15,340.30 | $ 6,136.17 | $ 27,612.59 | $ 46,021.05 |
| TOTAL COSTS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ 3,068.06 | $ 15,340.40 | $ 18,408.46 | $ 6,136.12 | $ 15,340.30 | $ 6,136.17 | $ 27,612.59 | $ 46,021.05 |
| **Administrative Costs** | | | | | | | | | | | | | | | | | |
| PERSONNEL | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| FRINGE BENEFITS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| TRAVEL | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| EQUIPMENT | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| SUPPLIES | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| CONTRACTUAL | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| OTHER | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| INDIRECT | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| TOTAL COSTS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ 3,068.06 | $ 15,340.40 | $ 18,408.46 | $ 6,136.12 | $ 15,340.30 | $ 6,136.17 | $ 27,612.59 | $ 46,021.05 |

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

# ITEM 24-22 (TAB 4)

# DISTRIBUTION REPORT
## EMS/COUNTY

| | | | |
|---|---|---|---|
| Date Completed: | | Person Completing Form: | John R. Keiser |
| Grantee Name: | Seven Flags Regional Advisory Council | | |
| Grantee Address: | 1216 Santa Maria Ave. | | |
| | Laredo, Texas 78040 | | |
| Phone Number: | (956) 722-3995 | Contract No. (Number is on your Contract): | HHS000124600014 |
| Contract FY: | 2023 | Contract Term: | 09/1/2022 thru 08/31/2023 |

| | | |
|---|---|---|
| Prior FY Year EMS/County Carryforward | $ - | FY 2023 - 2024 Carry over from Contract Number # _____N/A_____ |
| Current FY EMS/County Allocation Amount | $ 89,225.00 | |
| Current FY EMS/County Expenditures | $ 89,225.00 | |
| Less: Unexpended Prior FY Carryforward (if any) | $ - | Prior Year Carryforward has been Expended. Balance is Now $0.00. |
| Total Unexpended Funds (Subject to Carryforward) | $ - | |

| EMS PROVIDER RECEIVING FUNDS | COUNTY | AMOUNT TO EMS PROVIDER (AMOUNT MUST BE A WHOLE NUMBER) |
|---|---|---|
| Bronze Starr Ambulance | Webb | $5,824.10 |
| Laredo Fire Department EMS/Fire | Webb | $5,824.10 |
| Angel Care Ambulance | Webb | $5,824.10 |
| Webb County Volunteer Fire/EMS | Webb | $5,824.10 |
| Victorious Care Ambulance | Webb | $5,824.10 |
| Priority EMS | Webb | $5,824.03 |
| Texas Superior Ambulance | Webb | $5,824.10 |
| Laredo Lifeline | Webb | $5,824.10 |
| Medpoint Ambulance | Webb | $5,824.10 |
| Lalitas Ambulance Care | Webb | $5,824.10 |
| Skyline EMS | Jim Hogg | $16,297.00 |
| Zapata County Fire/EMS | Zapata | $14,687.07 |
| | | $0.00 |
| | | $0.00 |
| | | $0.00 |
| | | $0.00 |
| | PAGE 1 TOTAL | $89,225.00 |
| | PAGE 2 TOTAL | $0.00 |
| | PAGE 3 TOTAL | $0.00 |
| | PAGE 4 TOTAL | $0.00 |
| | Carryforwad TOTAL | $0.00 |
| | GRAND TOTAL (ALL PAGES) | $89,225.00 |

PRINTED: 10/18/20232:14 PM

# ITEM 24-23 (TAB 5)

# FY23 Seven Flags Regional Advisory Council
# (RAC-T)
# Annual Report

| **RAC** | Seven Flags Regional Advisory Council |
|---|---|
| **Report Period** | FROM: September 1, 2022, to August 31, 2023 |

1. On Attachment A provide current information for RAC Officers and Executive Committee/Board as of September 1st.

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

   At the beginning of each fiscal year, between September and November, members are asked to submit individual entity needs assessments on a designated form, along with other required membership documents. Items listed on needs assessments by local EMS/hospital entities in the region are usually acquired with funds received by the RAC other than System Development and EMS County Assistance funds, such as Local Planning Grant (LPG) funds. However, since there was no LPG issued during the FY23 cycle, no items specific to those listed on needs assessment forms were not purchased.

3. Administrative/Operational & Clinical:

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

      The SFRAC responds readily to request for information on becoming a member of the RAC from EMS entities in the region. Information is provided to them regarding membership. During this period, there were no new inquiries made by EMS entities on becoming members or participating in the RAC.

   b. Summarize the need for and outcomes of <u>specially called RAC meetings</u>.

      No specially called RAC meeting occurred during FY23.

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

No plans to realign.

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

The role of the SFRAC is limited to the issuance of member status letters for the purpose of designation or re-designation confirming participation in the RAC. During the FY23 program year, the SFRAC issued three (3) letters for re-designation to local hospital, namely, Doctors Hospital of Laredo for Stroke and Trauma re-designation. And Laredo Medical Center for Perinatal/NICU.

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

During the month of May 2023, Doctors Hospital's Ms. Letisia Colon, R.N. reported that Doctors Hospital, in collaboration with the SFRAC's Trauma/Injury Prevention Committee, sponsored a city-wide campaign referred to as "Click it or Ticket".

On August 2023, Mr. Jose Gonzalez from Laredo Medical Center reported that on August 17, 2023, LMC, in collaboration with the SFRAC's Trauma/Injury Prevention Committee conducted a Stop the Bleed class on, provided to the Adult and Child protective group of the state/county.

A second Stop the Bleed course was also held in the month of August sponsored by Laredo Medical Center, where 15 investigators from DHS were certified.

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

No SQI/Performance Improvements to report for this period. The SFRAC does not have a SQI/Performance Improvement Committee. SFRAC committees are limited to the following: Perinatal/NICU/Maternal, EMS/Prehospital, Trauma/Injury Prevention, and Stroke/STEMI.

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

The SFRAC does not have a SQI/Performance Improvement Committee. SFRAC committees are limited to the following: Perinatal/NICU/Maternal, EMS/Prehospital, Trauma/Injury Prevention, and Stroke/STEMI.

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

Meetings were held mostly in person, however, the SFRAC has retained its subscription to Zoom in the event that an EMS, physicians, or vendors are not able to attend meetings in person, a virtual platform (i.e., Zoom) can be made available.

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

No areas of concern identified in the past twelve months.

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

Yes

5. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

No areas of concerns or issues to report.

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

# FY23 Seven Flags Regional Advisory Council
# (RAC-T)
# Annual Report

Presented at a regularly scheduled SFRAC Board of Directors meeting for review and approval.

# FY23 Seven Flags Regional Advisory Council
# (RAC-T)
# Annual Report

*Complete and include with the Annual Report the following:*
*Attachment A – Officers/Board Members*
*Attachment B – Annual Bylaws Affidavit*
*Attachment C – Annual Regional Trauma System Plan Affidavit*

***Annual Participation Report***

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

## ATTACHMENT A
## FY24 DIRECTORS / OFFICERS (EXECUTIVE) BOARD MEMBERS CONTACT INFORMATION AND TERM PERIODS

| Name | Office/Board Position | Term | Affiliation | Telephone | Email |
|---|---|---|---|---|---|
| Armando Parra | Director | N/A | Primary Ambulance | 956-462-5390 | Primaryambulance@yahoo.com |
| Letisia Colon | Secretary (Board Officer) | 2-yr. 9/1/23 to 8/31/2025 | Doctors Hospital of Laredo | 956-523-2193 | letisia.colon@uhsinc.com |
| Hector M. Medina, Jr. | Director | N/A | BronzeStar Ambulance Service | 956-712-3667 | bronzestaramb@yahoo.com |
| Jorge Delgado | Chairman (Board Officer) | 2-yr. 9/1/22 to 8/31/24 | Priority EMS | 956-251-5318 | admin@priorityemstx.com |
| Reynaldo Veliz | Director | N/A | Angel Care Ambulance | 956-725-7484 | desvet297@yahoo.com |
| Silvestre Rodriguez | Vice-Chairman (Board Officer) | 2-Yr. 9/1/2023 to 8/31/2025 | City of Laredo Fire EMS | 956-718-6022 | Srodrigue4@ci.laredo.tx.us |
| Jose "Joe" Gonzalez | Treasurer | 2-yr. 9/1/2022 to 8/31/2024 | Laredo Medical Center | 956-796-2309 | Jose_gonzalez@chs.net |
| Baldamero Santos | Director | N/A | Villa Ambulance Service | 95-568-2916 | Villaambulance@gmail.com |
| Ricardo Rangel | Director | N/A | Webb County Volunteer Fire/EMS | 956-523-5700 | rirangel@webbcountytx.gov |
| Chief Daniel Arriaga | Director | N/A | Zapata County Volunteer Fire/EMS | 956-765--9942 | Firepolice114@gmail.com |
| Victor Villarreal | Director | N/A | Victorious Care Ambulance Service | 956-568-1178 | Victorvillarreal8784@yahoo.com |
| Kevin L. Harris | Director | N/A | Skyline EMS | 956-682-7222 | Kharris286@gmail.com |
| Mike Martinez | Director | N/A | Capital Care EMS | 956-712-8911 | capitalcareems@ymail.com |
| Ismael Flores | Director | N/A | Texas Superior Ambulance | 956-568-3380 | txsuperiorambulance@outlook.com |
| Peter Gonzalez | Director | N/A | Laredo Lifeline | 956-602-0387 | lifelinepeter@yahoo.com |
| Juan Medellin | Director | N/A | Medpoint Ambulance, Inc. | 956-728-7707 | medpointambulance@yahoo.com |
| Rene Castillo | Director | N/A | Lalitas Ambulance Care, LLC. | 956-516-4499 | rc.lalitasamb@outlook.com |

## ATTACHMENT B
## ANNUAL BYLAWS AFFIDAVIT

---

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

RAC NAME: Seven Flags Regional Advisory Council has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on: First reading by the Board of revision to the SFRAC By-Laws on August 25, 2023. Second reading by the Board of revisions to the SFRAC By-Laws on September 29, 2023.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?
[ X ] YES [ ] NO

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

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.
[ X ] YES [ ] NO

## ATTACHMENT C
## ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

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

RAC NAME: Seven Flags Regional Advisory Council has completed a complete revision/amendment of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on October 26, 2021.

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

| COMPONENT | DATE |
|---|---|
| Access to the System | October 26, 2021 |
| Communication | October 26, 2021 |
| Medical Oversight | October 26, 2021 |
| Pre-hospital Triage Criteria | October 26, 2021 |
| Diversion Policies | October 26, 2021 |
| Bypass Protocols | October 26, 2021 |
| Regional Medical Control | October 26, 2021 |
| Facility Triage Criteria | October 26, 2021 |
| Inter-hospital Transfers | October 26, 2021 |
| Designation of Trauma Facilities, Planning for | October 26, 2021 |
| Performance Improvement | October 26, 2021 |
| Regional Trauma Treatment Protocols | October 26, 2021 |
| Regional Helicopter Activation Protocols | October 26, 2021 |
| Injury Prevention | October 26, 2021 |
| Committees | October 26, 2021 |

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?
[ ] YES [ X ] NO

If NO, has one has been attached with this report?
[ X ] YES [ ] NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.
[ ] YES [ x ] NO (A complete revised/amended plan available on the SFRAC website: sevenflagsrac.org.

## ATTACHMENT D
## ANNUAL PARTICIPATION REPORT

## DESIGNATED HOSPITALS

| |
|---|
| Laredo Medical Center |
| Doctors Hospital of Laredo |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

## ATTACHMENT E
## ANNUAL PARTICIPATION REPORT

# HOSPITALS SEEKING DESIGNATION

| |
|---|
| N/A |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

## ATTACHMENT F
## ANNUAL PARTICIPATION REPORT

# EMS PROVIDERS

| |
|---|
| Angel Care Ambulance Service |
| BronzeStar Ambulance Service |
| City of Laredo Fire/EMS |
| Priority EMS |
| Skyline EMS |
| Webb County Volunteer Fire/EMS |
| Zapata County Fire/EMS |
| Victorious Care Ambulance Service |
| Laredo Lifeline |
| Lalitas Ambulance Care |
| Capital Care EMS |
| Texas Superior Ambulance |
| Medpoint Ambulance |
| Villa Ambulance Service |
| |
| |
| |
| |
| |
| |
| |

## ATTACHMENT G
## ANNUAL PARTICIPATION REPORT

# RECOGNIZED FIRST RESPONDER ORGANIZATIONS

| |
|---|
| City of Laredo Fire/EMS |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

## ATTACHMENT H
## ANNUAL PARTICIPATION REPORT

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

| |
|---|
| Chief Jaime Lopez (City of Laredo Fire/EMS) |
| Adolfo Martinez (Angel Care Ambulance) |
| Angel Garcia (Angel Care Ambulance) |
| Laura Uribe (Laredo Medical Center) |
| Leticia Murillo (Laredo Medical Center) |
| Gabriela K. Arzuaga (Doctors Hospital of Laredo) |
| Rachelle V. Gonzalez (Doctors Hospital of Laredo) |
| Lilliana Limas Macias (Doctors Hospital of Laredo) |
| Peter Gonzalez (Laredo Lifeline) |
| Rene Castillo (Lalitas Ambulance) |
| Ismael Flores (Texas Superior Ambulance) |
| Johnny Cordero (Skyline EMS) |
| Jennifer Garcia (Laredo Medical Center) |
| Angelica Alvarez (Doctors Hospital of Laredo) |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

# ITEM 24-24 (TAB 6)

**SEVEN FLAGS REGIONAL ADVISORY COUNCIL**
**FY24 COMMITTEES SIGN-IN SHEET**

| TRAUMA / INJURY PREVENTION | DATE: October 23, 2023 | 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**SEVEN FLAGS REGIONAL ADVISORY COUNCIL**
**FY24 COMMITTEES SIGN-IN SHEET**

| PERINATAL / NICU/ MATERNAL COMMITTEE | DATE: OCTOBER 23, 2023 | 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**

| EMS/ PRE-HOSPITAL COMMITTEE | DATE: OCTOBER 23, 2023 | 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**

| STROKE / STEMI COMMITTEE | DATE: OCTOBER 23, 2023 | 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# ITEM 24-25 (TAB 7)

# ITEM 24-25-a. (TAB 7)

# 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 (10/30/2023) | 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 | | | FY24 Membership Fees: $750/Paid: $0.00/Bal. $750 | P | | | | | | | | | | | |
| T | Angel Care Ambulance, LCC (Fully Vested) | Webb | | | | | | FY24 Membership Fees: $750/Paid: $0 Bal/ $750 | 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 | | | | | | | | | | | |
| T | City of Laredo Fire Department (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0.00/Bal. $0 | 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 | | | | | | | | | | | |
| T | Lalitas Ambulance Care (Membership Initiated (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750 / Paid: $0/ Bal. $750 | P | | | | | | | | | | | |
| T | Laredo Lifeline, LLC (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0/ Bal. $750 | 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 | | | | | | | | | | | |

# 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 | | | | | | | | | | | |
| T | Laredo Medical Center (Fully Vested) | Webb | Yes | N/A | Yes | No | No | FY24 Membership Fees: $1,950/Paid: $0/Bal $1,950 | P | | | | | | | | | | | |
| T | Priority EMS (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0/ Bal. $750 | P | | | | | | | | | | | |
| T | Medpoint Ambulance, Inc. (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0/ Bal. $750 | P | | | | | | | | | | | |
| T | Victorious Care Ambulance (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0/ Bal. $750 | P | | | | | | | | | | | |
| T | Webb County Volunteer Fire/EMS (Fully Vested) | Webb | No | No | No | No | No | FY24 Membership Fees: $750/Paid: $0/ Bal. $750 | P | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

# ITEM 24-25-e. (TAB 7)

**John R. Keiser**

**From:** Christine Reeves <creeves@centraltexasrac.org>
**Sent:** Wednesday, October 18, 2023 10:08 AM
**To:** John R. Keiser
**Cc:** Christine Reeves
**Subject:** FW: Stop the Bleed Training

John – Please let me know when you get this request handled. Thanks.

CReeves

**Christine Reeves**
Chair
Stop the Bleed Texas Coalition
www.stopthebleedtx.org

Book time to meet with me

---

**From:** Stop the Bleed <stopthebleed@facs.org>
**Sent:** Wednesday, October 18, 2023 9:46 AM
**To:** Christine Reeves <creeves@centraltexasrac.org>
**Cc:** justin.regner@bswhealth.org; SchererE@uthscsa.edu
**Subject:** FW: Stop the Bleed Training

Good morning, Christine,

Could you please see the request below and reach out to the individual directly for further assistance in finding an instructor near them? They are located in Laredo, Texas.

Thank you!
Your ACS STOP THE BLEED® Team.

Sincerely,
**Anna Stimac** she/her
Program Coordinator | STOP THE BLEED® Program
P: 312.202.5790
E: astimac@facs.org

---

**From:** Berndt, Daniel <daniel.berndt@tamiu.edu>
**Sent:** Wednesday, October 18, 2023 9:41 AM

**To:** Stop the Bleed <stopthebleed@facs.org>
**Subject:** RE: Stop the Bleed Training

CAUTION: External
Good morning,

Please see my answers below in **red**.

Thank you,

**Daniel Berndt**
Environmental Health & Safety Coordinator II
956-326-2329

TEXAS A&M **INTERNATIONAL** UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY

---

**From:** Stop the Bleed <stopthebleed@facs.org>
**Sent:** Monday, October 16, 2023 3:35 PM
**To:** Berndt, Daniel <daniel.berndt@tamiu.edu>
**Subject:** RE: Stop the Bleed Training

CAUTION: This email originated from outside of the University. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Thank you for your interest in hosting a STOP THE BLEED® course in your community! Can we send your information to your State Champion? The Champion is a local volunteer who will help you find instructors and set up a course. Please confirm the following information:

1. Are you the main contact? Yes, for now.
2. Where would the course be located (City and State)? Texas A&M International University, 5201 University Boulevard, Laredo, Texas 78041
3. About how many are interested in taking the training? We do not have a cap, but we do have a 1:10 ratio, and this will give the Champion an idea of how many instructors will be needed. Right now we could easily fill a class of 10 folks. Depending on our initial thoughts of the course there may be a desire for more training.

Please note, the cost is determined by the instructor.

Thank you,
Your ACS STOP THE BLEED® Team.

Sincerely,
**Anna Stimac** she/her
Program Coordinator | STOP THE BLEED® Program
P: 312.202.5790
E: astimac@facs.org

**From:** Berndt, Daniel <daniel.berndt@tamiu.edu>
**Sent:** Monday, October 16, 2023 3:29 PM
**To:** Stop the Bleed <stopthebleed@facs.org>
**Cc:** Safety <safety@tamiu.edu>
**Subject:** Stop the Bleed Training

CAUTION: External
Good afternoon,

I don't see any Stop the Bleed trainings offered near Laredo, Texas and so I wanted to inquire about the possibility of bringing a training to our campus. We have various members of our university in numerous departments that are interested in receiving this training, or learning about it more. Further, efforts of this type are something we as a University are looking at possibly expanding on in the future.

If you're able to provide any insight or direction as to next steps, we would greatly appreciate it.

Thank you,

**Daniel Berndt**
Environmental Health & Safety Coordinator II
956-326-2329

TEXAS A&M INTERNATIONAL UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY

# ITEM 24-26 (TAB 8)

TEXAS
Health and Human Services

Texas Department of State Health Services

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

October 4, 2023

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

Dear Mr. Keiser:

This letter confirms the October 3, 2023 communication from Gary James regarding the upcoming fiscal onsite review of The Seven Flags RAC on Trauma. Additionally, an on-site entrance conference is scheduled for November 13, 2023.

During the on-site visit, we will require a securable workspace with electrical outlets for three notebook computers, as well as access to a copier/scanner and wireless internet (if available). Your staff is expected to be available on-site during the DSHS visit.

The attached *Request for Information (RFI)* lists the specific contract(s), period(s), and documents needed to conduct the review. Please clearly number, using the same number per the RFI, and label each document with the agency name, document name, and description when you submit.

We will work with your organization to schedule an exit conference at the end of the review. We require that at least one member from the Board of Directors or their designated representative be present.

If you have any questions concerning this review, please contact Gary James at (512) 221-7001 or me at (512) 217-3085. Thank you in advance for your cooperation and assistance.

Sincerely,

*David Lupercio*

David Lupercio, CFE
Audit Manager
DSHS Independent Fiscal Support and Oversight

Enclosure: Request for Information
Financial Status Report to General Ledger Reconciliation form

## REQUEST FOR INFORMATION

**Grantee:** The Seven Flags RAC on Trauma

**CONTRACTS AND PERIODS TO BE REVIEWED**

| Contract No. | Program ID | Contract Budget Year | Review Period |
|---|---|---|---|
| HHS001256500001 | EMS/CO-RAC SB8 | 4/05/2023-12/31/2024 | 3/1/2023-5/31/2023 |
| HHS000124600014 | EMS/CO-RAC | 9/01/2022-8/31/2023 | 3/1/2023-5/31/2023 |

**Required Prior to the Review**

Please submit the following documents using the DSHS shared folder link provided via email by **October 11, 2023**.

1. The completed Internal Control Questionnaire (ICQ) via weblink.

2. A list of the names and numbers for all cost centers with a narrative which explains the structure of the general ledger account number (e.g., – 1st two digits indicate the cost center, next two digits indicate the fiscal year, next five digits indicated the account number, etc.).

3. Chart of Accounts listing the account name associated with the account number and cost center.

4. A reconciliation of the Financial Status Reports (FSR) to the general ledgers for the contracts listed above for the review period listed above.

5. A monthly detailed general ledger with both revenue and expenditure accounts for all the other funding sources that support the same type of activities (scope of work) as the programs (contracts) for the review period listed above. The general ledger must be provided in an Excel file.

6. Current organizational charts:

    - that show all employees funded by the contracts listed above
    - for the entire agency

7. The organization's current cost allocation plan or a document that explains all allocation methods used for charging cost to the programs listed above. Please include documentation to support the cost allocation plan methodology. (For example, if rent expense is allocated by square

footage, provide a building layout that documents space usage by a program).

8. A list of Board of Director's including contact information.

9. Board of Director's meeting minutes that cover the entire contract funding period, that document:

    - Review of detailed quarterly or monthly financial statements
    - Presentation of Independent Financial Audit by performing CPA firm
    - Review and approval of the organization's annual budget
    - Approval of all executive-level salaries (if applicable)

10. Most recent single audit report with audit management letter or the financial statement (s) that were used in place of the single audit report, the most recent external fiscal audit, and the Single Audit Exemption Letter.

11. Bank statements for the months in the review period and the month immediately prior to and after the review period.

12. Approved bank reconciliations for the review period and documents to support the bank reconciliations. (i.e. check register/GL cash account, bank statements)

13. Copy of the Fidelity Bond policy declaration page, copy of Directors and Officers Insurance policy declaration page for non-governmental entities or evidence of self-insurance.

14. Policies and Procedures, including but not limited to the policies listed below. Please submit any other relevant policies and procedures.

    - Fiscal Policies (e.g., Accounting Manual)
    - Personnel Policies (e.g., Human Resources Manual)
    - Travel Policy
    - Procurement of Goods and Services Policy (including independent single audit services)
    - Fixed Asset and Inventory Policy
    - Records Retention Policy
    - Information Technology Security Policy
    - Protected Health Information, if applicable
    - Program Income and Cash Handling Policies, if applicable.
    - Subrecipient Monitoring Plan, if applicable.

15. The agency's complete (assets, liabilities, expenses, revenues) detailed general ledger, cash disbursements journal, and cash receipts journal for the review period listed above, as needed.

16. If payroll cost are charged to the grant or as match, then include items #16, #17, and #18 in the request.

17. List of employees with wages charged to each program/contract. Include job titles and employee numbers (if applicable). Please annotate the names of staff in each position. Identify staff no longer employed by your agency and include their termination date(s).

18. The Employer's Quarterly Federal Tax Return (Form 941) and proof of tax payments (e.g., EFTPS confirmations, bank statements) for quarter ending June 30, 2023, and related payroll documentation that supports the amounts reported on the 941.

19. Labor distribution, payroll register, payroll schedule, and other accounting records for the review period listed above for all employees charged in whole or in part to the programs listed above.

20. Copies of current contracts, grants, and budgets for all funding sources supporting the same activities as those funded under the contracts listed above (Non-DSHS or HHSC contracts).

21. Copies of all contracts for professional services reported under the "Other" budget category. Relevant deliverables should be included in the document submission.

22. Copies of all contracts for services reported under the "Contractual" budget category. Relevant deliverables should be included in the document submission.

23. Reports, monitoring tools, records, contracts and working papers related to financial compliance monitoring of subrecipients, including all documented efforts to track and document 340B-generated revenue, as applicable.

24. Lease agreements for facilities, equipment, and vehicles charged to the grant(s).

25. Remodeling or renovation plans if related expenses were charged to DSHS grant(s).

A sample Financial Status Report (FSR) to General Ledger Reconciliation is attached in the Notification Letter email.