



SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA



Regular Meeting of the SFRAC Board of Directors
Thursday, January 30, 2025, 2:00 p.m. to 4:00 p.m.
City of Laredo Fire/EMS Department Administrative Bldg., 2nd Floor Conference Rm., 616 E. Del Mar, Laredo,
Texas, 78045

AGENDA

25-14 Item 25-14: Call to Order – Chairman, Jorge Delgado

- a. Roll Call
- b. Introduction of Guests

25-15 (Tab 1) Item 25-15: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held September 30, 2024 - Chairman.

25-16 (Tab 2) Item 25-16: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

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

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

Cardiac/STEMI Committee: (Chairman: Cristina Paez; Vice-Chairman: Rosie Tamez)

25-17 (Tab 3) Item 25-17: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of September 11, 2024, thru January 10, 2025 – Chairman.

25-18 (Tab 4) Item 25-18: Presented to the Board for Review and Possible Action is the Approval in Ratifying the Execution of Contract Amendment No. 3, Between the Seven Flags Regional Advisory Council and the Texas Department of State Health Services under the FY2025 EMS RAC Program, Contract No. HHS001336600020 – Chairman.



25-19 (Tab 5) Item 25-19: Presented to the Board for Review and Possible Action is the Ratification to Approve the First (1st) Quarter 2025 Fiscal Year EMS RAC/Exceptional Item Funding, and System Development Financial Report as submitted to the Texas Department of State Health Services – Chairman.

25-20 (Tab 6) Item 25-20: Presented to the Board for Discussion and Possible Action is the Approval on Implementing the First Phase of Capacity Building Consisting of Initiating the Hiring Process by Forming the Position of Regional Health System Specialist (HSS) to Develop and Administer the SFRAC System Assessment and Improvement Program as Required by DSHS Under TAC Rule 157.123, and in so doing Authorize the Administrator to Assume and Remit Payment for Related Expenditures Incurred through the Publishing of Job Ads in Local and Regional Newspapers, as well as Posting on Social Media and Job Seeking Platforms, as needed – Chairman.

25-21 (Tab 7) Item 25-21: Other Business – Chairman.

- a. Report on the FY25 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
- b. Information Regarding DSHS' Requirement to Collect and Report Specific Data from Local Hospitals on a Quarterly Basis – Nathan Rubio, HPP Coordinator.
- c. W.H.A.L.E.: A Child Safety Seat Occupant Identification Program.
- d. New Trauma Rule Requirement (TAC Subchapter G, Sec. 157.126) Regarding Trauma Medical Director participation in the SFRAC to become Effective September 1, 2025.
- e. Notice of Distribution for the EMS County Assistance (Due April 30th) and System Development Funds (Due May 31st) to Eligible SFRAC Entities.
- f. Report on the Senate Bill 8 State Program – Joe Gonzalez.
- g. EMS/Trauma (Hospital) 2023 Data Report.
- h. General Announcement or Inquiries

25-22 (Tab 8) Item 25-22 Communication/Correspondence – Chairman.

25-23 Item 25-23: Next SFRAC Board meeting – Chairman.

FY25 Meeting Schedule	
Date	Location
Monday, September 30, 2024	Laredo Medical Center, 1700 E. Saunders, 1st Floor, Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041
Thursday, January 30, 2025	City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045
Wednesday, April 30, 2025	TBD
Friday, August 29, 2025	TBD



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

25-24 Item 25-24: 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.

25-25 Item 25-25: Adjournment – Chairman.



ITEM 25-15 (TAB 1)





**Regular Meeting of the SFRAC Board of Directors
Monday, September 30, 2024, 2:00 p.m. to 4:00 p.m.
Laredo Medical Center, 1700 E. Saunders, 1st Floor,
Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041**

AGENDA

MINUTES

25-01 Item 25-01: Call to Order – Chairman, Jorge Delgado

SFRAC Board Chairman, Mr. Jorge Delgado, called the meeting to order at 2:13 P.m., Monday, September 30, 2024.

a. Roll Call – Chairman.

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

*SFRAC Board Chairman: Mr. Jorge Delgado - Present
Angel Care Ambulance: Reynaldo Veliz (Director) - Present
Bronze Star Ambulance: Absent
City of Laredo Fire/EMS: Robert Gonzalez (Alternate) – Present
Doctors Hospital of Laredo: Letisia Colon (Officer/Secretary) – Present
Priority EMS: Jorge Delgado (Chairman) – Present
Laredo Medical Center: Joe Gonzalez (Officer/Treasurer) – Present
Medpoint Ambulance: Juan Medellin (Director) – Present
Webb County Volunteer Fire/EMS: Anthony Stahl (Alternate) Present
Zapata County Fire/EMS: Gabriela Gonzalez (Alternate) – Present
Victorious Care Ambulance Service: Grace Garza (Alternate) – Present
Laredo Lifeline: Peter Gonzalez (Director) – Present
Lalitas Ambulance: Rene Castillo (Director) – Present
Capital Care EMS: Absent
Texas Superior Ambulance Service: Absent
Skyline EMS: Gilbert Garza (Alternate) - Present
Villa Ambulance: Lilliane Paul (Alternate) – Present
Primary Care Ambulance: Armando Parra (Director) – Present
Digni Care: Manuel Aguilera (Alternate) – Present
Gateway Ambulance (Non-participating Entity) – Present
Subject Matter Expert: Janson Delattre – Absent
Member at -Large: John Jones: Absent*



b. Introduction of Guests – Chairman.

No guest in attendance for the meeting.

25-02 (Tab 1) Item 25-02: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held August 30, 2024 - Chairman.

A motion was made to approve the minutes as presented by Mr. Reynaldo Veliz and seconded by Mr. Juan Medellin. Motion carried unanimously.

25-03 (Tab 2) Item 25-03: Presented to the Board for Discussion and Possible Action is 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.

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

No items to report from the EMS/Prehospital Committee.

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

No items to report from the Neonatal/NICU Committee.

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

No items to report from the Maternal Committee.

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

No items to report from the Stroke Committee.

Cardiac/STEMI Committee: (Chairman: Cristina Paez; Vice-Chairman: Rosie Tamez)

No items to report from the Cardiac/STEMI Committee

A motion was made by Cristina Paez to approve the reports as presented, the motion was seconded by Chantelle Molina. Motion carried unanimously.



- 25-04** Item 25-04: Presented to the Board for Discussion and Possible Action is the Approval in the Installation of the SFRAC Slate of Officers as Chairman, Mr. Jorge Delgado and as Treasurer, Mr. Joe Gonzalez, Each Serving a Two-Year Consecutive Term from Fiscal Year 2025 through Fiscal Year 2026, (i.e., September 1, 2024, thru August 31, 2026) - Chairman.

A motion to approve the installation of officers for the two-year consecutive term of the 2025 and 2026 fiscal years was made by Mr. Veliz and seconded by Gilbert Garza. Motion carried unanimously.

- 25-05 (Tab 3)** Item 25-05: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of August 11, 2024, thru September 10, 2024 – Chairman.

SFRAC Administrator presented the Board with a report on the SFRAC Bank Fund Balances, the Accounts Statements, and Expense Report for the period between August 2024 and September 2024. A motion to approve the reports as presented was made by Mr. Gilbert Garza and seconded by Mr. Juan Medellin. Motion carried unanimously.

- 25-06 (Tab 4)** Item 25-06: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Fiscal Year 2025 Proposed Operating and Grants Program Budget – Chairman.

SFRAC Administrator presented the Board with the proposed FY25 General Fund operating budget as well as projected DSHS grant allocations under EMS County Assistance, System Development, EMS RAC, and Exceptional Item (EI) funds. He noted that allocation totals under the EI funds had not yet been determined being that these funds would also be used to potentially fund a position to implement the RAC self-assessment program component and once a total compensation for that position was determined a total for EMS/Hospital allocations could be made.

A motion to approve the proposed FY2025 SFRAC program budget was made by Mr. Veliz and seconded by Mr. Garza. Motion carried unanimously.

- 25-07 (Tab 5)** Item 25-07 Presented to the Board for Review and Possible Action is the Approval to Accept a Request from United Med Care Ambulance, LLC. to Join the Seven Flags Regional Advisory Council as Participating Voting Members – Chairman.

SFRAC Administrator indicated that this item was being brought out and presented after having previously been tabled due to the absence of a member representative during the time the item was being considered for approval by the Board. Administrator also provided the Board with a brief summary of the nature of the



request from United Med Care Ambulance to become participating members of the SFRAC. A representative for the company (Mr. Jorge Vargas) was present during the meeting, as required. A motion to approve and accept United Med Care Ambulance as participating members of the SFRAC was made by Mr. Adolfo Martinez and seconded by Mr. Garza. Motion carried unanimously.

25-08 (Tab 6) Item 25-08: Presented to the Board for Discussion and Possible Action is the Approval of the Senate Bill 8 Scholarship Reconciliation Report and the Senate Bill 8 Eight (8th) Quarter Financial Report as Submitted to the Texas Department of State Health Services - Chairman.

Mr. Joe Gonzalez, SB8 Program Specialist, presented the Board with a report on the Senate Bill 8 8th Quarter Financial Report. A motion to approve the report as presented was made by Mr. Peter Gonzalez and seconded by Mr. Medellin. Motion carried unanimously.

25-09(Tab 7) Item 25-09: Other Business – Chairman.

a. Report on the FY24 Close-Out Membership Summary - SFRAC Administrator.

SFRAC Administrator presented the Board with a review of the FY24 Membership Summary, reporting that all SFRAC participating entities would be eligible for grant funds in FY25, except for Capital Care Ambulance, who were absent for all meeting but one in fiscal year 2024.

b. Report on the FY25 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

SFRAC Administrator introduce the FY25 Membership Summary, indicating that the program year had just started which explained the missing documentation across the board from most SFRAC entities. SFRAC Administrator reminded the Board that there were deadlines for the submittal of documents and payment of fees, which if not met could affect their funding.

c. Presentation and Discussion regarding the DSHS RAC Performance Criteria and Self-Assessment Scoring Instrument/Tool.

SFRAC Board members were introduced to the DSHS new RAC Performance Criteria and Self-Assessment Scoring Instrument and Tool. SFRAC Administrator explained the origins of the document and the purpose. He mentioned that plans to address the document in achieving its intended goal would be done so through the hiring of a contractor to implement the necessary tasks. Finally, the Administrator informed the Board that the implementation of the tool would require participation from the SFRAC stakeholders, via committees and otherwise.



- d. Report on the Status of South Texas MCI Wristbands/Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.

Mr. Gonzalez presented the Board with a report of the wristbands/Pulsara Projects, indicating that it is going well and remains a work in progress.

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

Mr. Gonzalez had previously provided the Board with financial information regarding the Senate Bill 8 program, and at this point presented additional information on the program and the use of the last funding dollars. He explained that funds not needed or used locally in the region would be used to serve other RAC regions needing additional funding.

- f. Presentation and Dissemination DSHS' Board Responsibility Attestation Form for Newly Affiliated SFRAC Board Members – SFRAC Administrator.

SFRAC Administrator presented two new members with information regarding the requirement to view DSHS' endorsed video presentation entitled "What Every Non-Profit Board Member Needs to Know".

25-10 Item 25-10 Communication/Correspondence – Chairman.

No Items to present.

25-11 Item 25-11: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	Location
Friday, September 29, 2023	Laredo Medical Center, 1700 E. Saunders, 3 rd . 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	City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm., 616 E. Del Mar, Laredo, Texas 78045
Thursday, May 30, 2024	Laredo Medical Center, 1700 E. Saunders, 1 st Floor, Community Center Rm., Tower B, Laredo, Texas, 78041
Friday, August 30, 2024	Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm. Tower B., Laredo, Texas, 78041



Monday, September 30, 2024

**Laredo Medical Center, 1700 E. Saunders, 1st
Floor, Cafeteria Private Dining Rm., Main Entrance,
Laredo, Texas, 78041**

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

25-12 Item 25-12: 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.

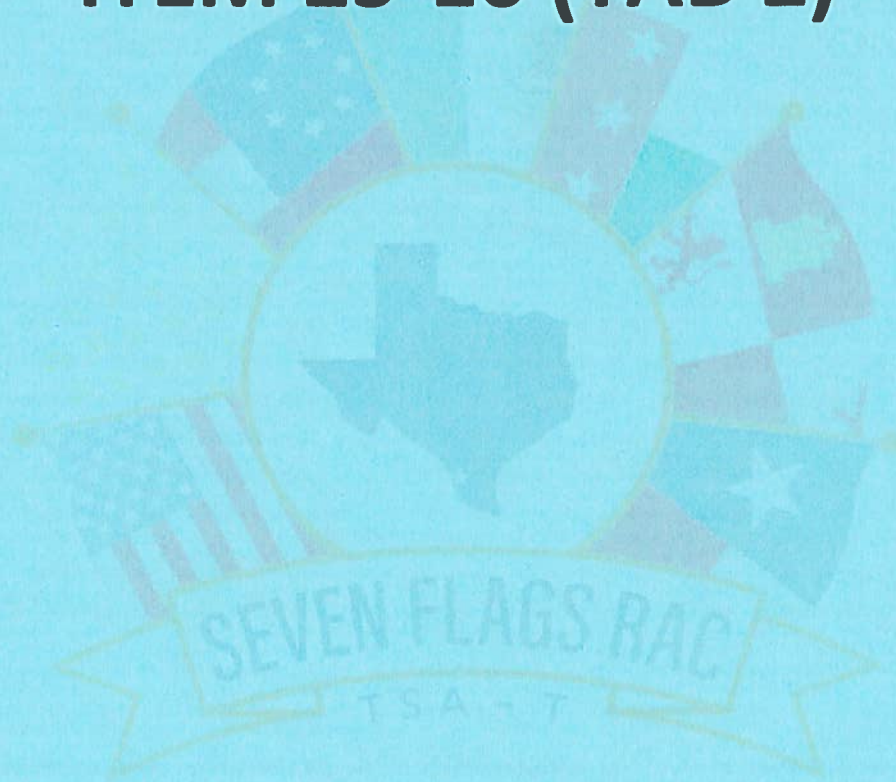
There were no requests registered for public comment.

25-13 Item 25-13: Adjournment – Chairman.

A motion to adjourn the meeting was made by Mr. Garza and seconded by Mr. Veliz. Meeting was adjourned.



ITEM 25-16 (TAB 2)



FY25 TRAUMA / INJURY PREVENTION COMMITTEE

VICE-CHAIRMAN:

JOE GONZALEZ
(LMC)

Present Absent Present Absent

LAREDO FIRE DEPT.

**BLD., 616 E. DEL MAR,
LAREDO TX. 78045**

[illegible]

FY25 EMS / PRE-HOSPITAL COMMITTEE

CHAIRMAN:

VICTOR VILLARREAL
(*VICTORIOUS CARE*)

MEETING DATE:

JANUARY 30, 2025

MEETING DATE:

(VICTORIOUS CAKE)
JANUARY 30, 2025

Present: ____ Absent ____

VICE-CHAIRMAN: LOCATION: J. ADRO

VICE-CHAIRMAN: LOCATION: LAREDO
FIRE DEPT.

ANGEL GARCIA
(ANGEL CARE)

(ANGEL CARE)

Present _____ Absent _____

LANE DO 1A:10043

[illegible]

FY25 NEONATAL / NICU COMMITTEE

CHAIRMAN:

ANGELICA PEREZ
(LMC)

MEETING DATE:

JANUARY 30, 2025

Present: ___ Absent: ___

VICE-CHAIRMAN:

LILLY LIMAS
(DOCTORS)

LOCATION:

**LAREDO FIRE DEPT.
ADMINISTRATION
BLD., 616 E. DEL MAR,
LAREDO TX.78045**

Present ___ Absent ___

NAME	TITLE	COMPANY	PHONE	EMAIL
Angelica Perez	NPM	LMC	956-326-0676	angelica_perez@chs.net
Dr. Satbir Chhina	NMD	LMC	956-206-0112	sschhina@icloud
Patricia Diaz	NICU Director	LMC	956-251-8351	patricia_diaz1@chs.net
Lisa Y. Gonzalez	NICU Program Manager	DHL	956-523-2232	Lisa.Gonzalez2@uhsinc.com
Lilliana Limas	Neonatal Director	DHL	956-523-2113	Lilliana.limas@uhsinc.com
Dr. Roberto Villegas	Neonatal Medical Director	DHL	956-523-2104	Roberto.VillegasMD@uhsinc.com

FY25 MATERNAL COMMITTEE

CHAIRMAN:

MARIA SANTILLAN
(LMC)

Present: ☐ Absent ☐

VICE-CHAIRMAN:

STACEY LOPEZ
(DOCTORS)

Present ☐ Absent ☐

MEETING DATE:

JANUARY 30, 2025

LOCATION:

**Laredo Fire Dept.
Administration Bld.,
616 E. del Mar, Laredo
tx.78045**

NAME	TITLE	COMPANY	PHONE	EMAIL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Stacey.lopez@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisneros@uhsinc.com
Dr. David Benavides	Maternal Medical Director	Doctors Hospital of Laredo		
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Leticia Murillo	Clinical Coordinator	Laredo Medical Center	956-796-4516	Leticia_murillo@chs.net
Maria Uribe	Director Women's Services	Laredo Medical Center	956-796-4501	Maria_uribe@chs.net
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center		

FY25 STROKE COMMITTEE

CHAIRMAN:

**CHANTELLE MOLINA
(LMC)**

Present: ☐ Absent ☐

VICE-CHAIRMAN:

**ANGIE AVILA
(DOCTORS)**

Present: ☐ Absent ☐

MEETING DATE:

JANUARY 30, 2025

LOCATION:

**Laredo Fire Dept.
Administration Bld.,
616 E. del Mar, Laredo
tx.78045**

NAME	TITLE	COMPANY	PHONE	EMAIL
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	Angelica.Salinas@uhsinc.com

[illegible]

FY25 CARDIAC / STEMI COMMITTEE

CHAIRMAN:**CRISTINA PAEZ (LMC)**

Present: ___ Absent: ___

MEETING DATE:**January 30, 2025****VICE-CHAIRMAN:****ROSIE TAMEZ (DOCTORS)**

Present ___ Absent: ___

LOCATION:**Laredo Fire Dept.
Administration Bld.,
616 E. del Mar, Laredo
tx.78045**

NAME	TITLE	COMPANY	PHONE	EMAIL
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	letisia.colon@uhsinc.com

[illegible]



ITEM 25-17 (TAB 3)



[illegible]

Table 1. Mean (SD) age, height, weight, and body mass index (BMI) of the 100 children in the study

Measure	Mean (SD)
Age (years)	10.1 (0.5)
Height (cm)	145.2 (10.1)
Weight (kg)	40.8 (10.2)
BMI (kg m ⁻²)	19.8 (3.2)

children were asked to perform a series of tasks designed to assess their ability to perform a range of physical activities.

The first task was a 100 m sprint. The children were asked to run as fast as they could for 100 m. The time taken to complete the sprint was recorded.

The second task was a 100 m shuttle run. The children were asked to run back and forth between two lines 100 m apart for 100 m. The time taken to complete the shuttle run was recorded.

The third task was a 100 m obstacle course. The children were asked to run a 100 m course that included a series of obstacles. The time taken to complete the obstacle course was recorded.

The fourth task was a 100 m relay race. The children were asked to run a 100 m relay race in which they had to pass a baton to a partner. The time taken to complete the relay race was recorded.

The fifth task was a 100 m endurance run. The children were asked to run a 100 m course as fast as they could for 100 m. The time taken to complete the endurance run was recorded.

The sixth task was a 100 m agility test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the agility test was recorded.

The seventh task was a 100 m speed test. The children were asked to run a 100 m course as fast as they could for 100 m. The time taken to complete the speed test was recorded.

The eighth task was a 100 m power test. The children were asked to run a 100 m course as fast as they could for 100 m. The time taken to complete the power test was recorded.

The ninth task was a 100 m coordination test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the coordination test was recorded.

The tenth task was a 100 m balance test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the balance test was recorded.

The eleventh task was a 100 m reaction time test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the reaction time test was recorded.

The twelfth task was a 100 m decision making test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the decision making test was recorded.

The thirteenth task was a 100 m problem solving test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the problem solving test was recorded.

The fourteenth task was a 100 m communication test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the communication test was recorded.

The fifteenth task was a 100 m teamwork test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the teamwork test was recorded.

The sixteenth task was a 100 m leadership test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the leadership test was recorded.

The seventeenth task was a 100 m responsibility test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the responsibility test was recorded.

The eighteenth task was a 100 m respect test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the respect test was recorded.

The nineteenth task was a 100 m honesty test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the honesty test was recorded.

The twentieth task was a 100 m fairness test. The children were asked to run a 100 m course that included a series of cones. The time taken to complete the fairness test was recorded.



6721 McPherson Road
P.O. Box 450263
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 10/10/24
Primary Account
Enclosures

Page 1
1010591594
1

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591594	Statement Dates	9/11/24 thru 10/10/24
Previous Balance	5,961.00	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	1,026.00
1 Checks/Debits	5,922.00	Average Collected	1,026.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
9/16	1033	5,922.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
9/11	5,961.00	9/16	39.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL EMS COUNTY ASSISTANCE 1210 SANTA MARIA LAREDO, TX 78040		1033 09 248/1/143
PAY to the order of <u>Priority EMS</u>		Date <u>7/5/2024</u>
<u>Five thousand nine hundred & twenty two</u>		\$ <u>5,922.00</u>
Dollars		00
Texas Community Bank 6721 McPherson Rd. Laredo, Texas 78041 956-787-6367		Signature <u>[Signature]</u>
For <u>Exy Award Allocation</u>		MICR Line: ⑆ 1 149 248 10 ⑆ 1033 ⑆ 10 1059 159 ⑆ ⑆

DDA REGULAR CHECK 1033 Date: 09/16 Amount: \$5,922.00



6721 McPherson Road
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/24
Primary Account
Enclosures

Page 1
1010591495
7

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	7
Account Number	1010591495	Statement Dates	9/11/24 thru 10/10/24
Previous Balance	25,791.07	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	3,680.59
7 Checks/Debits	24,985.10	Average Collected	3,680.59
Service Charge	.00		
Interest Paid	.00		
Current Balance	805.97		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/11	1019	10,477.64	9/19	1028*	805.97
10/08	1020	805.97	9/11	1030*	805.97
9/13	1023*	805.97	9/16	1034*	10,477.61
9/16	1025*	805.97			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	14,507.46	9/16	2,417.91	10/08	805.97
9/13	13,701.49	9/19	1,611.94		

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

1019
08-2481/1149

7/31/2024

Doctors Hospital of Laredo \$10,477.64
Ten thousand four hundred & seventy seven and 61/100

Pay to the Order of Doctors Hospital of Laredo

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101019 1010591495

DDA REGULAR CHECK 1019 Date: 09/11 Amount: \$10,477.64

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

1023
08-2481/1149

8/7/2024

Pay to the Order of Wichita County Volunteer Fire/EMS \$805.97

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101023 1010591495

DDA REGULAR CHECK 1023 Date: 09/13 Amount: \$805.97

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

1028
08-2481/1149

8/7/2024

Pay to the Order of Zapata County Fire/EMS \$805.97

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101028 1010591495

DDA REGULAR CHECK 1028 Date: 09/19 Amount: \$805.97

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

1034
08-2481/1149

8/12/2024

Pay to the Order of Priority EALS \$10,477.61

Ten thousand four hundred & seventy seven and 61/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101034 1010591495

DDA REGULAR CHECK 1034 Date: 09/16 Amount: \$10,477.61

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

1020
08-2481/1149

8/7/2024

Pay to the Order of Bronze Star Ambulance \$805.97

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101020 1010591495

DDA REGULAR CHECK 1020 Date: 10/08 Amount: \$805.97

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

1025
08-2481/1149

8/7/2024

Pay to the Order of Priority EALS \$805.97

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101025 1010591495

DDA REGULAR CHECK 1025 Date: 09/16 Amount: \$805.97

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

1030
08-2481/1149

8/7/2024

Pay to the Order of Doctors Hospital \$805.97

Eight hundred & five 97/100

TX 12 No-dist. E.I.

0721 McPherson Rd., Laredo, Texas 78041
956-789-6333

1149248101030 1010591495

DDA REGULAR CHECK 1030 Date: 09/11 Amount: \$805.97



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

Date 10/10/24
Primary Account
Enclosures

Page 1
1010591396
4

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	4
Account Number	1010591396	Statement Dates	9/11/24 thru 10/10/24
Previous Balance	41,783.42	Days in the statement period	30
4 Deposits/Credits	3,000.00	Average Ledger	42,958.42
Checks/Debits	.00	Average Collected	42,908.42
Service Charge	.00		
Interest Paid	.00		
Current Balance	44,783.42		

DEPOSITS AND ADDITIONS

Date	Description	Amount
9/16	DDA REGULAR DEPOSIT	750.00
9/27	DDA REGULAR DEPOSIT	750.00
10/07	DDA REGULAR DEPOSIT	750.00
10/07	DDA REGULAR DEPOSIT	750.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
9/11	41,783.42	9/27	43,283.42
9/16	42,533.42	10/07	44,783.42

Texas Community Bank

CHECKING DEPOSIT

Date 9/16/24 Priority 750.00
Name The Seven Flags Regional EMS
General Fund Advisory
ACCOUNT NUMBER
1010591396 OK 0917 750.00
SIGN HERE FOR CASH RECEIVED BY REQUIRED

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

Texas Community Bank

CHECKING DEPOSIT

Date 09-27-24 750.00
Name Seven Flags Regional
Advisory
ACCOUNT NUMBER
1010591396
SIGN HERE FOR CASH RECEIVED BY REQUIRED

⑆5057⑆00⑆⑆⑆⑆ ⑆0⑆059⑆396⑆

DDA REGULAR DEPOSIT Date: 09/16 Amount: \$750.00

Texas Community Bank

CHECKING DEPOSIT

Date 10-05-24 750.00
Name Seven Flags Regional
DEPOSIT'S MAY NOT BE AVAILABLE FOR CASH WITHDRAWAL
ACCOUNT NUMBER
1010591396
SIGN HERE FOR CASH RECEIVED BY REQUIRED

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

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

Texas Community Bank

CHECKING DEPOSIT

Date 10-05-24 750.00
Name The Seven Flags
DEPOSIT'S MAY NOT BE AVAILABLE FOR CASH WITHDRAWAL
ACCOUNT NUMBER
1010591396
SIGN HERE FOR CASH RECEIVED BY REQUIRED

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

DDA REGULAR DEPOSIT Date: 10/07 Amount: \$750.00

DDA REGULAR DEPOSIT Date: 10/07 Amount: \$750.00



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

Date 10/10/24
Primary Account
Enclosures

Page 1
1010591693
7

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	7
Account Number	1010591693	Statement Dates	9/11/24 thru 10/10/24
Previous Balance	15,367.11	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	8,430.24
7 Checks/Debits	7,838.74	Average Collected	8,430.24
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,528.37		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/11	1039	3,287.21	9/19	1048*	252.88
10/08	1040	252.86	9/11	1050*	252.86
9/13	1043*	252.86	9/16	1053*	3,287.21
9/16	1045*	252.86			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	11,827.04	9/16	8,034.11	10/08	7,528.37
9/13	11,574.18	9/19	7,781.23		

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

1039
00-248/1149

7/31/2024

Pay to the Order of: Doctor Hospital of Laredo \$3,287.21
Three thousand two hundred eighty seven and 21/100 Dollars

For: FY24 Sys. Dev. Award

1149 1149 248 1039 1010591693

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

1040
00-248/1149

8/6/2024

Pay to the Order of: Bronze Star Annulance \$252.86
Two hundred fifty two and 86/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1040 1010591693

DDA REGULAR CHECK 1039 Date: 09/11 Amount: \$3,287.21

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

1043
00-248/1149

8/6/2024

Pay to the Order of: Webb County Volunteer Fire/EMS \$252.86
Two hundred fifty two and 86/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1043 1010591693

DDA REGULAR CHECK 1040 Date: 10/08 Amount: \$252.86

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

1045
00-248/1149

8/6/2024

Pay to the Order of: Priority EMS \$252.86
Two hundred fifty two and 86/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1045 1010591693

DDA REGULAR CHECK 1043 Date: 09/13 Amount: \$252.86

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

1048
00-248/1149

8/6/2024

Pay to the Order of: Zapata County Fire/EMS \$252.86
Two hundred fifty two and 86/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1048 1010591693

DDA REGULAR CHECK 1045 Date: 09/16 Amount: \$252.86

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

1050
00-248/1149

8/6/2024

Pay to the Order of: Doctors Hospital of Laredo \$252.86
Two hundred fifty two and 86/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1050 1010591693

DDA REGULAR CHECK 1048 Date: 09/19 Amount: \$252.86

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

1053
00-248/1149

8/12/2024

Pay to the Order of: Priority EMS \$3,287.21
Three thousand two hundred eighty seven and 21/100 Dollars

For: FY24 no-dist. sys. dev.

1149 1149 248 1053 1010591693

DDA REGULAR CHECK 1050 Date: 09/11 Amount: \$252.86

DDA REGULAR CHECK 1053 Date: 09/16 Amount: \$3,287.21



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

Date 10/10/24
Primary Account
Enclosures

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1010591792
3

CHECKING ACCOUNT

TCB COURTESY CHECKING			Number of Enclosures	3
Account Number	1010591792		Statement Dates	9/11/24 thru 10/10/24
Previous Balance	359,026.46		Days in the statement period	30
Deposits/Credits	.00		Average Ledger	93,736.26
3 Checks/Debits	275,000.00		Average Collected	93,736.26
Service Charge	.00			
Interest Paid	.00			
Current Balance	84,026.46			

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/12	1025	8,867.76	9/12	1027	262,058.74
9/16	1026	4,073.50			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	359,026.46	9/12	88,099.96	9/16	84,026.46

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

1025
09-248/1/149

8/30/2024
Date

Pay to the Order of CBRAC SB8 \$ 8,867.76
Eight thousand eight hundred sixty seven and 76/100 Dollars

Texas Community Bank
6721 McPherson Rd., Laredo, Texas 78041
806-725-2539

For SB8 Institution (Carpus RDC)

⑆ 114924810⑆ 1025 ⑈ 1010591792⑈

DDA REGULAR CHECK 1025 Date: 09/12 Amount: \$8,867.76

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

1027
09-248/1/149

9/4/2024
Date

Pay to the Order of Department of State Health Services \$ 262,058.74
Two hundred sixty two thousand & fifty eight and 74/100 Dollars

Texas Community Bank
6721 McPherson Rd., Laredo, Texas 78041
806-725-2539

For HH500256500001

⑆ 114924810⑆ 1027 ⑈ 1010591792⑈

982023

DDA REGULAR CHECK 1027 Date: 09/12 Amount: \$262,058.74

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

1026
09-248/1/149

8/30/2024
Date

Pay to the Order of Victoria Fire Department \$ 4,073.50
Four thousand & seventy three and 50/100 Dollars

Texas Community Bank
6721 McPherson Rd., Laredo, Texas 78041
806-725-2539

For SB8 cause action (Victoria)

⑆ 114924810⑆ 1026 ⑈ 1010591792⑈

DDA REGULAR CHECK 1026 Date: 09/16 Amount: \$4,073.50



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

Date 11/08/24
Primary Account
Enclosures

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1010591594

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates	10/11/24 thru 11/11/24
Previous Balance	39.00	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	39.00
Checks/Debits	.00	Average Collected	39.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.00		

DAILY BALANCE INFORMATION

Date	Balance
10/11	39.00



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

Date 11/08/24
Primary Account
Enclosures

Page 1
1010591495
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591495	Statement Dates	10/11/24 thru 11/11/24
Previous Balance	805.97	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	251.86
1 Checks/Debits	805.97	Average Collected	251.86
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
10/21	1021	805.97

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/11	805.97	10/21	.00

09/24/11 149

Pay to the
Order of—

City of Laredo Fire/EMS

8/7/2024

2. CHECK ANSWERS

Pay to the
Order of

City of Laredo Fire 100
a hundred fire 97

—Dollar


 The logo of the University of Illinois Press, featuring a stylized 'U' and 'P' inside a shield-like shape.

4731 McPherson Rd., Levee, Tampa 33611

For FY 24 1st Round - Aust. B.T.

01149248101021 0101059149510

DDA REGULAR CHECK 1021 Date: 10/21 Amount: \$805.97



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

Date 11/08/24
Primary Account
Enclosures

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1010591396
4

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	4
Account Number	1010591396	Statement Dates	10/11/24 thru 11/11/24
Previous Balance	44,783.42	Days in the statement period	32
4 Deposits/Credits	4,200.00	Average Ledger	47,425.11
3 Checks/Debits	601.47	Average Collected	47,293.86
Service Charge	.00		
Interest Paid	.00		
Current Balance	48,381.95		

DEPOSITS AND ADDITIONS

Date	Description	Amount
10/21	DDA REGULAR DEPOSIT	750.00
10/21	DDA REGULAR DEPOSIT	750.00
10/21	DDA REGULAR DEPOSIT	750.00
10/21	DDA REGULAR DEPOSIT	1,950.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
10/21	POS DEB 1024 10/19/24 00265266 USPS PO 4849510301 2395 E DEL MAR BLV LAREDO TX C#3893	182.00-
11/01	DBT CRD 1324 10/31/24 62513995 DNH*GODADDY#3385582273 https://www.g AZ C#3893	294.09-
11/07	DBT CRD 1046 11/06/24 04176321 DNH*GODADDY#3372429204 480-5058855 AZ C#3893	125.38-



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Date 11/08/24
Primary Account
Enclosures

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1010591396
4

TCB COURTESY CHECKING

1010591396 (Continued)

DAILY BALANCE INFORMATION			
Date	Balance	Date	Balance
10/11	44,783.42	11/01	48,507.33
10/21	48,801.42	11/07	48,381.95

Texas Community Bank

CHECKING DEPOSIT

Date June 7/14
Name June 7/14
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED IF REQUIRED

☒ CASH
☐ CHECKS
☐ OTHER
TOTAL FROM OTHERS
BUS TOTAL
LESS CASH RECEIVED
NET DEPOSIT750.00750.00

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

Texas Community Bank

CHECKING DEPOSIT

Date June 7/14
Name June 7/14
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED IF REQUIRED

☒ CASH
☐ CHECKS
☐ OTHER
TOTAL FROM OTHERS
BUS TOTAL
LESS CASH RECEIVED
NET DEPOSIT750.00750.00

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

DDA REGULAR DEPOSIT Date: 10/21 Amount: \$750.00

Texas Community Bank

CHECKING DEPOSIT

Date June 7/14
Name June 7/14
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED IF REQUIRED

☒ CASH
☐ CHECKS
☐ OTHER
TOTAL FROM OTHERS
BUS TOTAL
LESS CASH RECEIVED
NET DEPOSIT750.00750.00

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

DDA REGULAR DEPOSIT Date: 10/21 Amount: \$750.00

Texas Community Bank

CHECKING DEPOSIT

Date June 7/14
Name June 7/14
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED IF REQUIRED

☒ CASH
☐ CHECKS
☐ OTHER
TOTAL FROM OTHERS
BUS TOTAL
LESS CASH RECEIVED
NET DEPOSIT750.00750.00

⑆5057⑆00⑆⑆⑆⑆

⑆0⑆059⑆396⑆

DDA REGULAR DEPOSIT Date: 10/21 Amount: \$750.00

DDA REGULAR DEPOSIT Date: 10/21 Amount: \$1,950.00



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

Date 11/08/24
Primary Account
Enclosures

Page 1
1010591693
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591693	Statement Dates	10/11/24 thru 11/11/24
Previous Balance	7,528.37	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	7,354.52
1 Checks/Debits	252.86	Average Collected	7,354.52
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,275.51		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
10/21	1041	252.86

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/11	7,528.37	10/21	7,275.51



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

Date 11/08/24
Primary Account
Enclosures

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1010591792
3

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591792	Statement Dates	10/11/24 thru 11/11/24
Previous Balance	84,026.46	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	57,343.04
3 Checks/Debits	72,838.46	Average Collected	57,343.04
Service Charge	.00		
Interest Paid	.00		
Current Balance	11,188.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
10/23	1028	8,000.00	11/05	1030	16,838.46
10/31	1029	48,000.00			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/11	84,026.46	10/31	28,026.46
10/23	76,026.46	11/05	11,188.00

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

1028
88-2481/1149

Date: 10/2/2024

Pay to the Order of: Guero Regional Hospital Gals \$ 8,000.00
Eight thousand 00/100 Dollars

For: March 4th anniversary celebration

0731 McPherson Rd., Laredo, Texas 78041
682-723-6333

11492481028 1010591792

DDA REGULAR CHECK 1028 Date: 10/23 Amount: \$8,000.00

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

1029
88-2481/1149

Date: 10/25/2024

Pay to the Order of: Brown Star Ambulance \$ 48,000.00
Forty eight thousand 00/100 Dollars

For: SRB ambulance cost

0731 McPherson Rd., Laredo, Texas 78041
682-723-6333

11492481029 1010591792

DDA REGULAR CHECK 1029 Date: 10/31 Amount: \$48,000.00

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

1030
88-2481/1149

Date: 10/25/2024

Pay to the Order of: Brazos Valley RAC (N) \$ 16,838.46
Sixteen thousand eight hundred thirty eight and 46/100 Dollars

For: SRB ambulance cost

0731 McPherson Rd., Laredo, Texas 78041
682-723-6333

11492481030 1010591792

DDA REGULAR CHECK 1030 Date: 11/05 Amount: \$16,838.46



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

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

Date 12/10/24
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates	11/12/24 thru 12/10/24
Previous Balance	39.00	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	39.00
Checks/Debits	.00	Average Collected	39.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.00		

DAILY BALANCE INFORMATION

Date	Balance
11/12	39.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/10/24
Primary Account
Enclosures

Page 1
1010591495

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates	11/12/24 thru 12/10/24
Previous Balance	.00	Days in the statement period	29
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
11/12	.00

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

Date 12/10/24
Primary Account
Enclosures

Page 1
1010591396
8

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	8
Account Number	1010591396	Statement Dates	11/12/24 thru 12/10/24
Previous Balance	48,381.95	Days in the statement period	29
7 Deposits/Credits	6,450.00	Average Ledger	53,562.21
1 Checks/Debits	1,911.22	Average Collected	53,339.79
Service Charge	.00		
Interest Paid	.00		
Current Balance	52,920.73		

DEPOSITS AND ADDITIONS

Date	Description	Amount
11/12	DDA REGULAR DEPOSIT	750.00
11/12	DDA REGULAR DEPOSIT	750.00
11/12	DDA REGULAR DEPOSIT	750.00
11/12	DDA REGULAR DEPOSIT	750.00
11/12	DDA REGULAR DEPOSIT	1,950.00
12/03	DDA REGULAR DEPOSIT	750.00
12/05	DDA REGULAR DEPOSIT	750.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
12/09	1025	1,911.22

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
11/12	53,331.95	12/03	54,081.95	12/05	54,831.95



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Date 12/10/24
Primary Account
Enclosures

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1010591396
8

TCB COURTESY CHECKING

1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance
12/09	52,920.73

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TEXAS COMMUNITY BANK

CHECKING DEPOSIT

Date: Sept 11, 1950

Name: Sen. J. Lee Rouse

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER: 10105 91356

SEND HERE FOR CASH RECEIVED IF REQUIRED

DEPOSIT	<input checked="" type="checkbox"/> CASH	TOTAL FROM OTHER BANK
	<input type="checkbox"/> RECEIVED FROM	
SUB TOTAL		LESS CASH PAID VSD
NET DEPOSIT		

1950

1950.00

⑆505⑆000⑆0⑆0⑆0059⑆396⑆

DDA REGULAR DEPOSIT Date: 11/12 Amount: \$1,950.00

[illegible]

DDA REGULAR DEPOSIT Date: 11/12 Amount: \$750.00

TEXAS COMMUNITY BANK

DATE 12/3/24

NAME Seven Flags Regional

ACCOUNT NUMBER 1010591396

UNITED MEDICAL AMBULANCE EX #555

CASH RECEIVED 750.00

CHECK 750.00

AMOUNT 1500.00

TEXAS COMMUNITY BANK

DDA REGULAR DEPOSIT Date: 12/03 Amount: \$750.00

[illegible]

DDA REGULAR CHECK 1025 Date: 12/09 Amount: \$1,911.22



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

Date 12/10/24
Primary Account
Enclosures

Page 1
1010591693

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates	11/12/24 thru 12/10/24
Previous Balance	7,275.51	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	7,275.51
Checks/Debits	.00	Average Collected	7,275.51
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,275.51		

DAILY BALANCE INFORMATION

Date	Balance
11/12	7,275.51

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

Date 12/10/24
Primary Account
Enclosures

Page 1
1010591792

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates	11/12/24 thru 12/10/24
Previous Balance	11,188.00	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	11,188.00
Checks/Debits	.00	Average Collected	11,188.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	11,188.00		

DAILY BALANCE INFORMATION

Date	Balance
11/12	11,188.00

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

Date 1/10/25
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates	12/11/24 thru 1/12/25
Previous Balance	39.00	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	39.00
Checks/Debits	.00	Average Collected	39.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.00		

DAILY BALANCE INFORMATION

Date	Balance
12/11	39.00

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

Date 1/10/25
Primary Account
Enclosures

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1010591495

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates	12/11/24 thru 1/12/25
Previous Balance	.00	Days in the statement period	33
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
12/11	.00

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

Date 1/10/25
Primary Account
Enclosures

Page 1
1010591396

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591396	Statement Dates	12/11/24 thru 1/12/25
Previous Balance	52,920.73	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	52,920.73
Checks/Debits	.00	Average Collected	52,920.73
Service Charge	.00		
Interest Paid	.00		
Current Balance	52,920.73		

DAILY BALANCE INFORMATION

Date	Balance
12/11	52,920.73

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/10/25
Primary Account
Enclosures

Page 1
1010591693

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates	12/11/24 thru 1/12/25
Previous Balance	7,275.51	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	7,275.51
Checks/Debits	.00	Average Collected	7,275.51
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,275.51		

DAILY BALANCE INFORMATION

Date	Balance
12/11	7,275.51

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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Laredo, TX 78045
(956) 722-8333

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

Date 1/10/25
Primary Account
Enclosures

Page 1
1010591792
1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591792	Statement Dates	12/11/24 thru 1/12/25
Previous Balance	11,188.00	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	10,098.98
1 Checks/Debits	7,187.50	Average Collected	10,098.98
Service Charge	.00		
Interest Paid	.00		
Current Balance	4,000.50		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
1/08	1032	7,187.50

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	11,188.00	1/08	4,000.50

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL HOLDING ACCOUNT 1216 SANTA MARIA LAREDO, TX 78040		1032 00 24817149
Pay to the Order of <u>Jose Gonzalez</u>		Date <u>12/31/2024</u>
<u>Seven thousand one hundred eighty seven 50</u>		\$ <u>7,187.50</u>
For <u>Final 588 Proj. Save point</u>		Signature <u>[Signature]</u>
MICR Line: ⑆ 1 149 248 10 ⑆ 1032 ⑆ 10 1059 1792 ⑆		

DDA REGULAR CHECK 1032 Date: 01/08 Amount: \$7,187.50

Table 1. The effect of the presence of a second person on the time taken to complete the task (mean \pm SD) for the three groups of participants

Group	Time taken to complete the task (s)
Control	10.1 \pm 1.2
Low	10.1 \pm 1.2
High	10.1 \pm 1.2

Table 2. The effect of the presence of a second person on the time taken to complete the task (mean \pm SD) for the three groups of participants

Group	Time taken to complete the task (s)
Control	10.1 \pm 1.2
Low	10.1 \pm 1.2
High	10.1 \pm 1.2

Table 3. The effect of the presence of a second person on the time taken to complete the task (mean \pm SD) for the three groups of participants

Group	Time taken to complete the task (s)
Control	10.1 \pm 1.2
Low	10.1 \pm 1.2
High	10.1 \pm 1.2

Table 4. The effect of the presence of a second person on the time taken to complete the task (mean \pm SD) for the three groups of participants

Group	Time taken to complete the task (s)
Control	10.1 \pm 1.2
Low	10.1 \pm 1.2
High	10.1 \pm 1.2

FY25 OPERATING AND EXPENSE BUDGET (OCTOBER - JANUARY)

FY25 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY

TOTAL PROJECTED OPERATING BUDGET

General Fund Projected Membership Revenue for FY24	\$15,900.00	
Actual Membership Funds Collected to Date	\$14,400.00	
Total Membership Dues (+/-)	(\$1,500.00)	\$15,705.00

FY25 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

FY25 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Annual Fee	\$190.00	\$182.00	\$8.00
Mailing & Shipping Costs	\$100.00	\$30.45	\$69.55
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 2024, Austin, Tx.)	\$3,800.00	\$1,911.22	\$1,888.78
GETAC Travel (March 2025, Austin, Tx.)	\$2,000.00		\$2,000.00
GETAC Travel (June 2025 Austin, Tx.)	\$2,000.00		\$2,000.00
GETAC Travel (August 2025 Austin, Tx.)	\$2,000.00		\$2,000.00
TETAF Annual Workshop/Conference	\$0.00		\$0.00
GoDaddy Web Site Renewal (Debit)	\$400.00	\$419.47	-\$19.47
Zoom	\$165.00		\$165.00
Supplies	\$150.00		\$150.00
Advertising/Publication	\$1,500.00		\$1,500.00
Subtotal	\$15,705.00	\$2,543.14	\$13,161.86

FY25 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Totals
Bronze Starr Ambulance	\$5,494.00		
Laredo Fire Department EMS/Fire	\$5,494.00		
Angel Care Ambulance	\$5,494.00		
Webb County Volunteer Fire/EMS	\$5,494.00		
Victorious Care Ambulance	\$5,494.00		
Priority EMS	\$5,494.00		
Zapata County Fire/EMS	\$15,175.00		
Texas Superior Ambulance	\$5,494.00		
Laredo Lifeline	\$5,494.00		
Medpoint Ambulance	\$5,494.00		
Primary Care Ambulance	\$5,494.00		
Villa Ambulance			
Lalitas Ambulance Care	\$5,494.00		
Skyline EMS	\$16,808.00		
Total	\$92,417.00	\$0.00	\$0.00

Total Under/Over Budget: -\$13,161.86

FY25 General Fund (FY24 Bowlathon Fund Raiser)

	Funds Generated	Fund Utilization	Balance
Bowlathon Proceeds	\$10,305.00	\$0.00	\$10,305.00
Funds Raiser Expense		\$3,041.26	-\$3,041.26
Reimbursements to Joe		\$2,112.77	-\$2,112.77
EMS MCI Wristband Purchase			
Subtotal	\$10,305.00	\$5,154.03	\$5,150.97

FY25 System Development Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
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		
VIA Ambulance			
Texas Superior Ambulance	\$3,068.06		
Zapata County Fire/EMS	\$3,068.06		
Laredo Medical Center	\$3,068.11		
Doctors Hospital of Laredo	\$3,068.11		
Lalitas Ambulance Care	\$3,068.06		
Medpoint Ambulance	\$3,068.06		

FY25 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	\$7,958.00		\$7,958.00
Administrative Fee (2nd Qtr.)	\$7,958.00		\$7,958.00
Administrative Fee (3rd Qtr.)	\$7,958.00		\$7,958.00
Administrative Fee (4th Qtr.)	\$7,958.00		\$7,958.00
Subtotal	\$31,832.00	\$0.00	\$31,832.00

FY25 EMS RAC Grant (Exceptional Item Funds) \$150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Project Funding (To Be Determined)	\$147,732.00		
Aplos Accounting Software Purchasee and Set Up Fee	\$2,268.00		
Subtotal	\$150,000.00		\$0.00

Senate Bill 8 Grant Program Funding

	Allocation	Expended Funds	Balance
Education/Scholarships	\$190,275.26	\$125,001.14	\$65,274.26
RAC Administration	\$73,293.09	\$54,541.25	\$18,751.84
Equipment	\$0.00		
Incentives	\$0.00		
Subtotal	\$263,568.35	\$179,542.39	\$84,026.10

Local Planning Grant (LPG)

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

Grand Total: \$46,021.00

	Projected Cost	Actual Cost	Balance
Bronze Starr Ambulance			
Laredo Fire Department EMS/Fire			
Angel Care Ambulance			
Webb County Volunteer Fire/EMS			
Victorious Care Ambulance			
Priority EMS			
Laredo Lifeline			
Ville Ambulance			
Texas Superior Ambulance			
Zapata County Fire/EMS			
Laredo Medical Center			
Doctors Hospital of Laredo			
Medpoint Ambulance			
Lalitas Ambulance Care			
Primary Care Ambulance			
Skyline EMS			
Subtotal	\$0.00		\$0.00



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

10/19/2024

10:24 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Box Renewal			\$182.00
ZIP Code [™] : 78045			
Box #: 450094			
Rental Start Date: 11/01/2024			
Next Renewal Date: 10/31/2025			
Customer Name: JOHN KEISER			

Grand Total:	\$182.00
--------------	----------

Debit Card Remit	\$182.00
------------------	----------

Card Name: VISA
Account #: XXXXXXXXXXXX3893
Approval #: 917629
Transaction #: 668
Receipt #: 065266
Debit Card Purchase: \$182.00
AID: A0000000980840
AL: US DEBIT
PIN: Verified

Chip

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Track your Packages
Sign up for FREE @
<https://informedelivery.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.

UFN: 484951-0301
Receipt #: 840-57800853-3-9129354-1
Clerk: 13

CONTACT US 24/7 1-480-505-8877

Receipt

No 3385582273

DATE:
10/31/2024

CUSTOMER #:
200994685

BILL TO:
John Keiser
PO BOX 450094,
Laredo, Texas 78045,
United States
Seven Flags Regional Advisory Council
+1.9566930536

PAYMENT:
Visa •••• 3893 \$294.09

Previous Balance \$294.09

Received Payment (\$294.09)

Balance Due (USD) \$0.00

Term	Product	Amount
1 yr	Websites + Marketing Premium Renewal sevenflagsrac.org	\$275.88

1 mo

Renewal Usage

\$0.00

Subtotal

Taxes

Fees

\$275.88

\$18.21

\$0.00

Total (USD)

\$294.09

REFERENCE

Taxes

\$18.21

GoDaddy.com, LLC

2155 E GoDaddy Way,

Tempe, Arizona 85284,

United States

\$18.21

A1	Net	\$275.88	General Sales and Use Tax (6.25%)	\$13.80
			General Sales and Use Tax (0.50%)	\$1.10
			General Sales and Use Tax (1.25%)	\$2.76
			General Sales and Use Tax (0.25%)	\$0.55

Fees

\$0.00

Universal Terms of Service

Receipt

No 3372429204

DATE:
11/6/2024

CUSTOMER #:
200994685

BILL TO:
John Keiser
PO BOX 450094,
Laredo, Texas 78045,
United States
Seven Flags Regional Advisory Council
+1.9566930536

PAYMENT:
Visa •••• 3893 \$125.38

Previous Balance \$125.38

Received Payment (\$125.38)

Balance Due (USD) \$0.00

Term	Product	Amount
1 yr	.ORG Domain Renewal ^{A1} SEVENFLAGSRAC.org ¹	\$22.99

1 yr	Microsoft 365 Email Essentials Renewal	A2	\$95.88
	info@sevenflagsrac.org		

Subtotal	\$118.87
Taxes	\$6.33
Fees	\$0.18

Total (USD)	\$125.38
--------------------	-----------------

REFERENCE

	Taxes				\$6.33
A	GoDaddy.com, LLC				\$6.33
	2155 E GoDaddy Way,				
	Tempe, Arizona 85284,				
	United States				
A1	Net	\$22.99	General Sales and Use Tax (0.00%)	\$0.00	
			General Sales and Use Tax (0.00%)	\$0.00	
			General Sales and Use Tax (0.00%)	\$0.00	
			General Sales and Use Tax (0.00%)	\$0.00	
A2	Net	\$95.88	General Sales and Use Tax (6.25%)	\$4.80	
			General Sales and Use Tax (0.50%)	\$0.38	
			General Sales and Use Tax (1.25%)	\$0.96	
			General Sales and Use Tax (0.25%)	\$0.19	
	Fees				\$0.18
1.	ICANN				\$0.18
	SEVENFLAGSRAC.org			\$0.18	

Universal Terms of Service

SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL AUTHORIZATION
(PRIOR APPROVAL)

SUBMITTED BY:	John R. Keiser	DATE SUBMITTED	11/14/2024
DATE OF TRIP:	November 22, 2024	DEPARTURE TIME:	8:00 a.m.
DESTINATION:	Fort Worth, Texas	Tarrant	TX
	City	County	State
ESTIMATED RETURN DATE:	November 26, 2024	TIME OF ARRIVAL:	5:00 p.m.

Purpose of the Trip:

To attend the quarterly meetings of the GETAC Committes, RAC Chair, and GETAC in Fort Worth, Texas.

FISCAL INFORMATION

CHARGE TO:	Do Not Pay, This Is A SFRAC Covered Expense.						
Estimated Milcage:	852	miles @	0.67	per mile	\$	570.84	
	2	First Day/Last Day	\$75.00	(75% of Per Diem)	\$	112.50	
	3	Full Travel Day(s)	\$75.00	(B+L+D=Per Diem)	\$	225.00	
Estimated Lodging:	4	Nights (s) @	\$ 174.00	per night +	\$138.88	tax \$	834.88
Other (Specify):	Parking @ \$42.00/night x 4/nights					\$	168.00
Other (Specify):							
Total Estimated Expenses:						\$	1,911.22

RECOMMENDED APPROVAL:

APPROVED:

VERIFIED FOR
MATHEMATICAL ERRORS


JOHN R. KEISER
PROGRAM DIRECTOR

JUAN E. RODRIGUEZ
EXECUTIVE DIRECTOR

JOSAFAT SALDIVAR
FISCAL OFFICER

REQUEST FOR ADVANCE: ☒ No ☐ Yes FOR ACCOUNTING DEPARTMENT USE ONLY

I hereby request that the above travel
expense be advanced:

Date

Need check by _____ (allow 5 working days for processing)

ADVANCE APPROVED:

Mr. Juan E. Rodriguez
Executive Director

Date

**SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL EXPENSE CLAIM AND TRIP REPORT**

EXPENSE ACCOUNT OF: John R. Keiser

PAY PERIOD ENDING: 11/29/2024

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


SIGNATURE

12/2/2024
DATE

DATE OF DEPARTURE: 11/22/2024

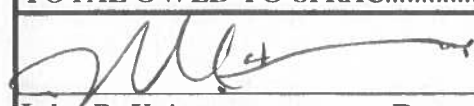
TIME OF DEPARTURE: 8:00: a.m.

DATE OF RETURN: 11/26/2024

TIME OF RETURN: 5:00 p.m.

CHARGE TO: N/A (Expense incurred by SFRAC General Fund)

DATE	EXPENSE REPORT					TOTAL
	Mileage from	<u>Laredo, TX.</u>	to	<u>Fort Worth, TX.</u>		
		<u>426</u>	miles @	<u>\$ 0.67</u> per mile	<u>\$ 285.42</u>	
	Mileage from	<u> </u>	to	<u> </u>		
		<u>426</u>	miles @	<u>\$ 0.67</u> per mile	<u>\$ 285.42</u>	
Total Actual Mileage.....						\$ 570.84
<u>2</u> First Day/Last Day Travel				<u>\$ 75.00</u> (75% of Per Diem)	<u>\$ 112.50</u>	
<u>3</u> Full Travel Day(s)				<u>\$ 75.00</u> (B+L+D=Per Diem)	<u>\$ 225.00</u>	
Total Actual Meals.....						\$ 337.50
<u>4</u> Night(s) @ <u>\$ 174.00</u> per night				+ <u>38.18</u> tax		
Total Actual Lodging.....						\$848.72
Other Expenses (Specify)	<u>Daily Parking x 4 @ \$12.00</u>				<u>\$ 168.00</u>	
Other Expenses (Specify)	<u>Gasoline</u>				<u>\$ -</u>	
Other Expenses (Specify)	<u> </u>					


John R. Keiser
Director/Administrator

Date 12/2/24

DATE	
11/22/2024	Traveled to Fort Worth, Texas in preparation for the GETAC Committee and RAC Chairs meetings.
11/22-24/2024	On these days I attended the various GETAC committee meetings throughout both days.
11/25/2024	On this day attended the the RAC Chairs meeting as well as the GETAC meeting.
11/25/2024	On this day I spent the day traveling in car back to Laredo, Texas from Fort Worth, Texas.



EMBASSY SUITES FORT WORTH-DOWNTOWN
600 COMMERCE STREET
FORT WORTH, TX 76102
United States of America
TELEPHONE 817-332-6900 • FAX 817-877-5440
Reservations
www.hilton.com or 1 800 HILTONS

KEISER, JOHN R.

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

Room No: 1104/KEXN
Arrival Date: 11/22/2024 3:08:00 PM
Departure Date: 11/26/2024 3:39:00 PM
Adult/Child: 1/0
Cashier ID: LPARRISH5
Room Rate: 174.00
AL:
HH #
VAT #
Folio No/Che 608624 A

Confirmation Number: 52537047

EMBASSY SUITES FORT WORTH-DOWNTOWN 11/26/2024 3:38:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
11/22/2024	2856574	VALET PARKING 5988	\$42.00
11/22/2024	2856574	VALET PARKING SALES TAX	\$3.47
11/22/2024	2856575	GUEST ROOM	\$174.00
11/22/2024	2856575	RM-STATE TAX	\$10.70
11/22/2024	2856575	RM-CITY TAX	\$16.05
11/22/2024	2856575	TOURISM PUBLIC IMPROVEMENT DIS	\$3.48
11/22/2024	2856575	VENUE TAX	\$3.57
11/22/2024	2856575	STATE COST RECOVERY FEE	\$0.91
11/23/2024	2857169	VALET PARKING 5988	\$42.00
11/23/2024	2857169	VALET PARKING SALES TAX	\$3.47
11/23/2024	2857170	GUEST ROOM	\$174.00
11/23/2024	2857170	RM-STATE TAX	\$10.70
11/23/2024	2857170	RM-CITY TAX	\$16.05
11/23/2024	2857170	TOURISM PUBLIC IMPROVEMENT DIS	\$3.48
11/23/2024	2857170	VENUE TAX	\$3.57
11/23/2024	2857170	STATE COST RECOVERY FEE	\$0.91
11/24/2024	2858094	VALET PARKING 5998	\$42.00
11/24/2024	2858094	VALET PARKING SALES TAX	\$3.47
11/24/2024	2858095	GUEST ROOM	\$174.00
11/24/2024	2858095	RM-STATE TAX	\$10.70
11/24/2024	2858095	RM-CITY TAX	\$16.05
11/24/2024	2858095	TOURISM PUBLIC IMPROVEMENT DIS	\$3.48
11/24/2024	2858095	VENUE TAX	\$3.57
11/24/2024	2858095	STATE COST RECOVERY FEE	\$0.91
11/25/2024	2858754	VALET PARKING 5998	\$42.00
11/25/2024	2858754	VALET PARKING SALES TAX	\$3.47
11/25/2024	2858755	GUEST ROOM	\$174.00
11/25/2024	2858755	RM-STATE TAX	\$10.70
11/25/2024	2858755	RM-CITY TAX	\$16.05
11/25/2024	2858755	TOURISM PUBLIC IMPROVEMENT DIS	\$3.48
11/25/2024	2858755	VENUE TAX	\$3.57
11/25/2024	2858755	STATE COST RECOVERY FEE	\$0.91

KEISER, JOHN R.

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

Room No: 1104/KEXN
Arrival Date: 11/22/2024 3:08:00 PM
Departure Date: 11/26/2024 3:39:00 PM
Adult/Child: 1/0
Cashier ID: LPARRISH5
Room Rate: 174.00
AL:
HH #
VAT #
Folio No/Che 608624 A

Confirmation Number: 52537047

EMBASSY SUITES FORT WORTH-DOWNTOWN 11/26/2024 3:38:00 PM

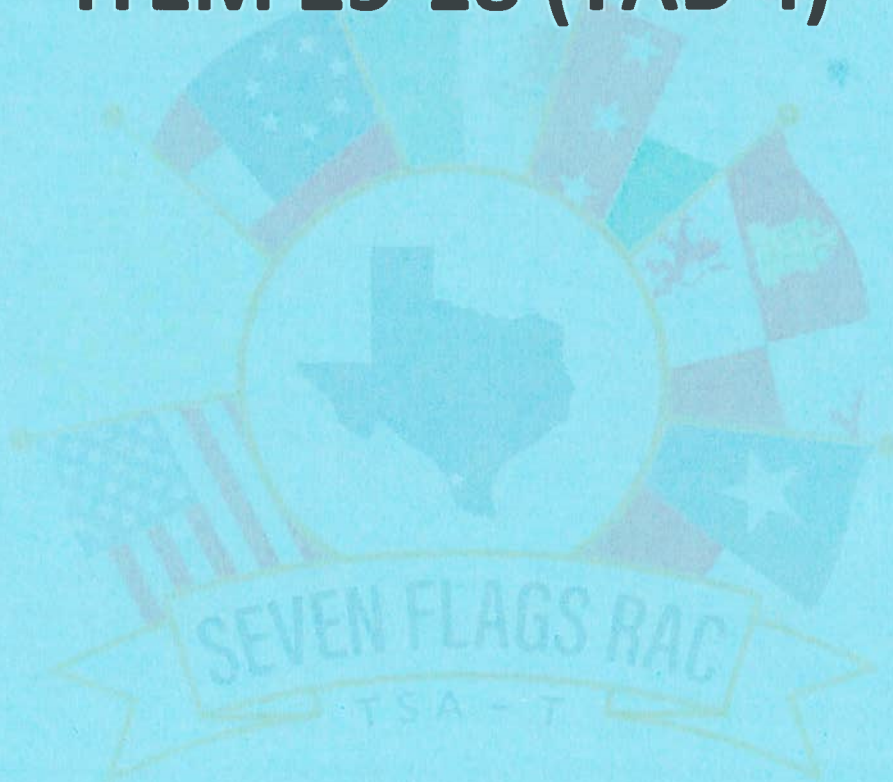
DATE	REF NO	DESCRIPTION	CHARGES
11/26/2024	2859091	MC *8762	(\$1,016.72)
BALANCE			\$0.00

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ITEM 25-18 (TAB 4)



**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001336600020
AMENDMENT NO. 3**

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”), as amended, now desire to further amend the Contract.

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

WHEREAS, the Parties desire to update the Contract Affirmations;

WHEREAS, the Parties desire to update the Uniform Terms and Conditions; and

WHEREAS, the Parties desire to revise the Deliverables Reporting Calendar.

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

1. **ATTACHMENT A-2, SECOND REVISED STATEMENT OF WORK**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**, which is attached to this Amendment No. 3 and incorporated into and made part of the Contract as if fully set forth therein.
2. **ATTACHMENT C-1, HHS CONTRACT AFFIRMATIONS, VERSION 2.3**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT C-2, HHS CONTRACT AFFIRMATIONS – v.2.5, NOVEMBER 2024**, which is attached to this Amendment No. 3 and incorporated into and made part of the Contract as if fully set forth therein.
3. **ATTACHMENT D-1, HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.3**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT D-2, HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.5, EFFECTIVE SEPTEMBER 2024**, which is attached to this Amendment No. 3 and incorporated into and made part of the Contract as if fully set forth therein.
4. **ATTACHMENT F-1, FY25 DELIVERABLES REPORTING CALENDAR**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR**, which is attached to this Amendment No. 3 and incorporated into and made part of the Contract as if fully set forth therein.
5. This Amendment No. 3 shall be effective as of the date last signed below.
6. Except as modified by this Amendment No. 3, all terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

7. Any further revision to the Contract shall be by written agreement of the Parties.
8. Each Party represents and warrants that the individual executing this Amendment No. 3 on its respective behalf has full power and authority to enter into Amendment No. 3.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 3
DSHS CONTRACT NO. HHS001336600020**

DEPARTMENT OF STATE HEALTH SERVICES

**THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
ON TRAUMA, TRAUMA SERVICE AREA (TSA)-T**

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT NO. 3 AND INCORPORATED
INTO AND MADE PART OF THE CONTRACT:**

ATTACHMENT A-3	THIRD REVISED STATEMENT OF WORK
ATTACHMENT C-2	HHS CONTRACT AFFIRMATIONS – v.2.5 – NOVEMBER 2024
ATTACHMENT D-2	HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.5, EFFECTIVE SEPTEMBER 2024
ATTACHMENT F-2	REVISED FY25 DELIVERABLES REPORTING CALENDAR

ATTACHMENT A-3 THIRD REVISED STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES & REQUIREMENTS

A. EMS/COUNTY FUNDING REQUIREMENTS

The Department of State Health Services (DSHS) shall contract with each eligible grantee to distribute the county shares of the Emergency Medical Service allocation to eligible EMS providers providing EMS emergency response within counties which are aligned with the Regional Advisory Council jurisdiction.

Grantee will:

1. Distribute funds directly to eligible EMS providers. DSHS will provide allocations by county, however actual eligibility will be based upon active involvement in regional system development. If an EMS provider is no longer considered eligible or is no longer operational, these funds may be redirected to provide additional allocations to eligible EMS providers within the same county to which funds were allocated. If there are no additional eligible EMS providers within the same county, the funds will be returned to DSHS. Grantee should contact the DSHS Contract Management Section (“CMS”) for instructions if funds will be returned to DSHS. Funds distributed to EMS providers as an advance may not be reduced by the Grantee for the cost of dues, fees, or services provided by the Grantee and that are billed to the EMS providers.
2. Evaluate its distribution plan based on the following:
 - a. Fair distribution process to all eligible EMS providers, taking into account all eligible providers participating in contiguous Trauma Service Areas (“TSAs”);
 - b. Needs of the EMS providers; and
 - c. Evidence of EMS providers’ consensus and their written approval for any separate distribution plan funding proposed by the Grantee for shared county projects or costs that impact the eligible county entities listed on **ATTACHMENT B-1, FY25 EMS TRAUMA CARE SYSTEM ACCOUNT (COUNTY DETAIL)**.
3. Ensure the county portion of the EMS allocation is distributed directly to eligible recipients without any reduction in the total amount allocated by DSHS and that these funds are used to supplement the current county EMS funding of eligible recipients. Grantee will prioritize EMS provider reimbursements to ensure the continuation of EMS services by the EMS provider, including reimbursement for:
 - a. EMS operational expenses used to maintain the EMS services provided by the EMS provider;
 - b. EMS supplies;
 - c. EMS education and training:
 - i. Cost of meals during overnight travel may be reimbursed only if EMS personnel are attending meetings or conferences that relate to the EMS/COUNTY Grant Program and technical information is being disseminated; and

- ii. EMS providers must have travel policies that specify maximum reimbursement limits for meals, lodging, and the mileage rate. Otherwise, the State of Texas travel policies and reimbursement rates will apply;
 - d. EMS equipment;
 - e. EMS ambulances (other vehicles may be considered upon request and prior approval by DSHS); and
 - f. EMS communication systems.
4. Ensure Contract funds **are not** used for the following:
 - a. Buildings or real property unless Grantee obtains 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;
 - b. Purchase and improvement of land;
 - c. Food (other than as specified under **SECTION I(A)(3)(C)(I)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**;
 - d. Investments (such as stocks, bonds, or mutual funds); and
 - e. Expenses associated with a person or entity that has been hired to affect the outcome of legislation.
 5. If necessary, utilize EMS/RAC or RAC SYSTEMS DEVELOPMENT funds to administer the EMS/COUNTY deliverables.
 6. Submit an EMS Provider Expenditure Report that records funds distributed to EMS providers as an advance or reimbursement. The EMS Provider Expenditure Report records how the EMS providers spent their allocated funds. Grantee should ensure the report is complete, reconciled, and verified to be accurate. The EMS Provider Expenditure Report will be submitted using the template located under the “Regional Advisory Councils (RAC)” heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. Grantee will submit the EMS Provider Expenditure Report annually. Supporting documentation may be required as requested by DSHS.
 7. Submit an EMS Provider Distribution Report that outlines the final list of eligible EMS providers that were awarded funds using the template located under the “Regional Advisory Councils (RAC)” heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The EMS Provider Distribution Report will be submitted annually and will serve to delineate how the Grantee distributed funds to eligible EMS providers in the Grantee’s TSA counties. This report should include any prior year EMS/COUNTY carryforward funds. All disbursements should be outlined on the EMS Provider Distribution Report. Funds not distributed and reported in the EMS Provider Distribution Report may result in disallowed costs.
 8. Submit an EMS/COUNTY Eligibility List annually by November 30th of every State Fiscal Year which will contain a list of the eligible EMS providers that met the RAC’s eligibility requirements, participated in performance improvement activities as requested, and utilized the RAC’s regional protocols regarding patient destination and transport. DSHS must approve the EMS/COUNTY Eligibility List prior to its distribution.

9. Comply with the reporting requirements and due dates identified under **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR**. The Deliverables Reporting Calendar (see **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR**) includes due dates and where to submit all identified deliverables. Any changes to **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR**, will be documented through a formal Contract amendment and will be provided to Grantee by the assigned DSHS Contract Representative.
10. In accordance with Texas Health and Safety Code Sections 773.122(c) and 780.004(d), funds that are not able to be disbursed by a RAC to eligible recipients for approved functions by the end of the State Fiscal Year in which the funds were disbursed may be retained by the RAC for use in the following State Fiscal Year for approved functions. Funds that are not disbursed by the RAC in the following State Fiscal Year shall be returned to DSHS.
11. 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 an increased number of trauma facilities due to Texas' increasing population. Funds that are not able to be disbursed by a RAC for approved functions by the end of the State Fiscal Year in which the funds were awarded, may be retained by the RAC for use in the following State Fiscal Year for approved functions. Funds that are not disbursed by the RAC in the following State Fiscal Year, shall be returned to DSHS.

B. 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 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;
 - d. Communication systems; and
 - e. Food and staff travel costs that are allowed in the Grantee's travel policy and approved by DSHS. A travel expense must be incurred before it is eligible for reimbursement.

For lodging and transportation expenses, proof of payment must be documented to validate that the expenses were actually incurred.

Grantee may be reimbursed for meal and/or lodging expenses that are incurred on a day that the meeting or conference occurs. The reimbursement is limited to the rates set forth in the General Appropriations Act. The reimbursement limit applies without a carry-over from one day to another.

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; and
 - f. Salaries of Grantee's executive board members or executive officers, as applicable.
5. Submit a Quarterly Support Form for both RAC Systems Development and EMS/RAC. The Quarterly Support Form template is located under the "Regional Advisory Councils (RAC)" heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The Quarterly Support Form will capture monthly expenditures incurred as well as programmatic and administrative costs. Income earned from funds directly associated with the EMS/CO-RAC 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. This is the same form that is identified under the RAC Systems Development Funding Requirements at **SECTION (I)(C)(8)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. Grantee will submit a single Quarterly Support Form for each state fiscal quarter.
6. Submit the EMS/RAC & EMS/RAC Systems Development Narrative Report biannually. A template for the EMS/RAC & EMS/RAC Systems Development Narrative Report is located under the "Regional Advisory Councils (RAC)" heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The EMS/RAC & EMS/RAC Systems Development Narrative Report must describe how Grantee's funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care, as outlined within this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. This is the same report that is identified under the RAC Systems Development Funding Requirements at **SECTION (I)(C)(9)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. Grantee will submit a single EMS/RAC & EMS/RAC Systems Development Narrative Report on a biannual basis.

7. Schedule general membership meetings for RAC members and stakeholders. At the general membership meetings, Grantee will provide RAC members and stakeholders a financial report, which must include, but shall not be limited to, the following information: Contract funds expended, planned Contract expenditures, and the remaining balance of funds available under the Contract. The general membership meeting(s) must be held once each state fiscal quarter during the Contract term. Note: These are the general membership meetings also identified at **SECTION (I)(C)(10) of this ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK.**
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 Quarterly Support Forms.
9. Comply with the reporting requirements on the Deliverables Reporting Calendar located at **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR.** The Deliverables Reporting Calendar includes due dates and reporting submission requirements for all deliverables. Any changes to the Deliverables Reporting Calendar will be documented through a formal Contract amendment and will be provided to Grantee by the assigned DSHS Contract Representative.
10. 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 the following State Fiscal Year shall be returned to DSHS.
11. 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 an increased number of trauma facilities due to Texas' increasing population. Funds that are not able to be disbursed by a RAC for approved functions by the end of the State Fiscal Year in which the funds were awarded, may be retained by the RAC for use in the following State Fiscal Year for approved functions. Funds that are not disbursed by the RAC in the following State Fiscal Year shall be returned to DSHS.

C. RAC SYSTEMS DEVELOPMENT FUNDING REQUIREMENTS

Grantee will:

1. Perform activities to develop, implement, and monitor a regional EMS and trauma system plan by facilitating trauma and emergency health care system networking within the Grantee's own TSA or among a group of TSAs throughout Texas.
2. Comply with all applicable laws and regulations established at federal and state levels, as these regulations now appear or may be amended during the period of this

Contract Standards and guidelines referenced are those in effect upon the effective date of this Contract and include:

- a. Texas Health and Safety Code Sections 780.003-.006;
 - b. Texas Health and Safety Code Chapter 773;
 - c. 25 Texas Administrative Code Sections 157.123, 157.130, and 157.131;
 - d. Texas Health and Safety Code Sections 241.182-.185;
 - e. 25 Texas Administrative Code Chapter 133, Subchapter J; and
 - f. 25 Texas Administrative Code Chapter 133, Subchapter K.
3. Ensure that the RAC Chair, or a RAC Executive Board member, and the person completing the Supporting Documentation Reports submitted to DSHS, attend any scheduled meetings with the DSHS Program and CMS staff regarding the review of regional systems development activities and contractual requirements. DSHS may require Grantee to participate in and attend a virtual meeting.
 4. Support the Perinatal Care Region (“PCR”) within the Grantee’s TSA for descriptive and regional planning purposes and ensure patient referral is not restricted by:
 - a. Supporting the PCR; and
 - b. Having the PCR consider and facilitate transfer agreements through regional coordination.
 5. Adhere to the following eligible programmatic costs:
 - a. Supplies/equipment and costs of personnel for EMS and injury prevention and education programs;
 - b. Costs of personnel, supplies, and equipment to conduct trauma-related courses (Trauma Nursing Core Course, Advanced Trauma Life Support, Basic Trauma Life Support, etc.);
 - c. Updating and sharing the regional Trauma and Emergency Healthcare System Plan with the RAC general membership;
 - d. Educating the public or trauma care providers about the regional Trauma and Emergency Healthcare System Plan;
 - e. Expenditures or grants to entities related to the delivery of trauma patient care and/or expediting the implementation of the Texas EMS/Trauma System;
 - f. System performance improvement meetings, newsletters, regional registry, and regional communication systems; and
 - g. Associated travel and registration fees for RAC staff to attend meetings/conferences related to EMS/Trauma Systems.
 6. Comply with the following funding restrictions:
 - a. Costs related to improvements to buildings or real property are not allowable without prior written approval from DSHS. Any costs related to the initial acquisition of the buildings or real property are not allowable without prior written approval; and
 - b. Expenses associated with membership in business, technical, and professional organizations involved in lobbying are not allowable expenses under this Contract. However, if an organization is not involved in lobbying and the Grantee can demonstrate how membership in a professional/technical

organization benefits the DSHS program(s), cost of membership may be allowed with prior approval from DSHS.

7. Comply with the following non-allowable costs:
 - a. Food, except that the cost of meals for RAC staff and RAC board members attending meetings or conferences that pertain to carrying out activities under the Contract where there is dissemination of technical information is allowable. In addition, same-day meal expenses may be reimbursable if the RAC staff person or RAC board member is outside of his or her designated headquarters for at least six (6) consecutive hours;
 - b. Purchase and improvement of land;
 - c. Investments (stocks, bonds, mutual funds, etc.); and
 - d. No more than thirty-five percent (35%) of the RAC Systems Development funds to be utilized for administrative costs, which are defined as costs related to the business of the RAC. These costs include, but may not be limited to:
 - i. Personnel, rent, utilities, office expenses (postage, copying, phone), leased office equipment and supplies, and mailboxes;
 - ii. Travel to and from required statewide meetings, including lodging for the Executive Director (or equivalent) and RAC executive board members;
 - iii. Training related to the business functions of the RAC (financial and grant writing, etc.);
 - iv. Professional services (accountant, attorney, auditor);
 - v. Internet access, furniture, and travel for above-mentioned costs; and
 - vi. Costs associated with the administration of the EMS/CO program are allowable expenses under this Contract.
8. Submit a Quarterly Support Form for both RAC Systems Development and EMS/RAC. The Quarterly Support Form template is located under the “Regional Advisory Councils (RAC)” heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The Quarterly Support Form will capture monthly expenditures as well as programmatic and administrative costs. Income earned from funds directly associated with the EMS/CO-RAC 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/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. This is the same form that is identified under the EMS/RAC Funding Requirements at **SECTION (I)(B)(5)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. Grantee will submit a single Quarterly Support Form for each state fiscal quarter.
9. Submit the EMS/RAC & EMS/RAC Systems Development Narrative Report biannually. A template for the EMS/RAC & EMS/RAC Systems Development Narrative Report is located under the “Regional Advisory Councils (RAC)” heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The EMS/RAC & EMS/RAC Systems Development Narrative Report must describe how Grantee’s funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care, as outlined within this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. This is the same

report that is identified under the EMS/RAC Funding Requirements at **SECTION (I)(B)(6)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**. Grantee will submit a single EMS/RAC & EMS/RAC Systems Development Narrative Report on a biannual basis.

10. Schedule general membership meetings for RAC members and stakeholders. At the general membership meetings, Grantee will provide RAC members and stakeholders a financial report, which must include, but shall not be limited to, the following information: Contract funds expended, planned Contract expenditures, and the remaining balance of funds available under the Contract. The general membership meeting(s) must be held once each state fiscal quarter during the Contract term. Note: These are the general membership meetings also identified at **SECTION (I)(B)(7)** of this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**.
11. Submit the RAC Annual Report to DSHS, Office of EMS/Trauma Systems, by October 15, 2025. The RAC Annual Report will cover FY25 (September 1, 2024, through August 31, 2025). Submission requirements are detailed within the RAC Annual Report template. The form is located under the “Regional Advisory Councils (RAC)” heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>.
12. Grantee shall 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 Quarterly Support Forms.
13. Comply with the reporting requirements on the Deliverables Reporting Calendar (see **ATTACHMENT F-2, REVISED FY25 DELIVERABLES REPORTING CALENDAR**). The Deliverables Reporting Calendar includes due dates for all deliverables and the DSHS email address(es) where to submit each deliverable. Any changes to the Deliverables Reporting Calendar will be documented through a formal Contract amendment and will be provided to Grantee by the assigned DSHS Contract Representative.

II. GENERAL RESPONSIBILITIES

Grantee will:

- A. Provide DSHS with current 24/7 contact information for the RAC Chair, Vice-Chair, Executive Director or comparable staff member, and executive board members within five (5) business days of any change to the roster.
- B. Serve as a point of contact for disseminating communications from DSHS to all of Grantee’s RAC members.
- C. Ensure Grantee’s RAC Chair, executive board member, or Executive Director attend all EMS/Trauma Systems Coordination RAC Chair meetings. The RAC Chair or an executive board member is required to attend mandatory meetings scheduled by DSHS. If the Grantee is unable to provide appropriate representation at the required meetings, a waiver request with justification for not meeting this contractual requirement must be submitted in writing to DSHS at least two (2) calendar days prior to the meeting for approval. Grantee’s waiver requests will be reviewed by DSHS on a case-by-case basis. Approval or denial of the waiver request will be provided to Grantee by DSHS. If denied,

Grantee must ensure appropriate RAC representative attends the mandatory meeting. Failure to comply with this requirement could result in additional Contract remedies. DSHS will work with Grantee to ensure compliance with this requirement.

- D.** Submit a list of all board members and executive officers, including each individual's term in office, if applicable.
- E.** Submit a Board Responsibilities Attestation Form signed by all new board members that have not previously signed and submitted a form. The form is located under the Regional Advisory Councils (RAC) heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>. The form acknowledges the board member's personal accountability for Contract funds and affirms that they viewed the DSHS online training prior to signing. Members added after the signed Board Responsibilities Attestation Form is submitted must complete the online training and submit a completed attestation form within sixty (60) calendar days of assuming office.
- F.** On odd years, the Grantee must complete and submit the RAC Self-Assessment with Scoring Tool. The form is located under the Regional Advisory Councils (RAC) heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>.
- G.** On even years, the Grantee must submit a revised Trauma and Emergency Healthcare System Plan to DSHS. The form is located under the Regional Advisory Councils (RAC) heading at the following URL: <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms#RAC>.
- H.** Respond to all surveys requested by DSHS in the specified time frame and, if applicable, on the template provided.
- I.** Initiate the purchase of all EMS/RAC and RAC Systems Development equipment and supplies defined as "Controlled Assets," pre-approved in writing by DSHS, on or before July 1, 2025. Failure to timely initiate the purchase of equipment and Controlled Assets may result in disallowed costs.
- J.** Maintain and submit annually the cumulative DSHS Contractor's Property Inventory Report (GC-11), which contains an inventory of equipment, supplies defined as "Controlled Assets," and real property. The report should be submitted no later than October 15 each State Fiscal Year to the following email addresses: FSOequip@dshs.texas.gov; and CMUReg.svcs@dshs.texas.gov. This DSHS Contractor's Property Inventory Report (GC-11) must be submitted annually regardless of whether equipment and/or assets were purchased. "Controlled Assets" are defined as follows:
 - 1. Firearms, regardless of the acquisition cost, and assets with an acquisition cost of \$500 or more, but less than \$5,000; and
 - 2. Desktop and laptop computers (including notebooks, tablets, and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets are considered supplies.
- K.** Ensure that at the expiration or termination of this Contract for any reason, ownership of any remaining equipment and supplies purchased with funds under this Contract reverts

to DSHS. Title may be transferred to any other party designated by DSHS. DSHS may, at its option and to the extent allowed by law, transfer the reversionary interest in such property to Grantee.

- L. Assist in the collection and reporting of data to DSHS to prepare for and respond to a public health disaster, or other outbreak of communicable disease, in the manner prescribed by DSHS, consistent with Texas Health and Safety Code Sections 81.027, 81.0443, 81.0444 and 81.0445.

III. PERFORMANCE MEASURES

- A. DSHS will monitor Grantee's performance of the requirements in this **ATTACHMENT A-3, THIRD REVISED STATEMENT OF WORK**, and its compliance with the Contract's terms and conditions.
- B. Grantee shall submit additional reports, as requested by DSHS.
- C. DSHS will inform the Grantee, in writing, of any changes to applicable federal and state laws, rules, regulations, standards, or guidelines. If Grantee is unable to continue its performance due to a change under this section, then Grantee shall inform DSHS, in writing, within thirty (30) calendar days of receipt. DSHS may terminate the Contract immediately or within a reasonable period after receiving such notice from Grantee.

IV. FUNDING INFORMATION

- A. Grantee must establish and maintain a separate cost center or general ledger to capture costs incurred for carrying out the FY25 activities for each allocation within this Contract as provided below. Copies of monthly statements from the cost center or general ledger must be available to submit to DSHS upon request and as needed to review invoices submitted to DSHS for payment.
- B. For FY25, Grantee will receive a single lump sum payment in the amount of \$320,270.00. Grantee's lump sum payment will be allocated in the following manner:
 - 1. EMS/CO
 - a. \$92,417.00
 - 2. EMS/RAC
 - a. \$31,832.00
 - b. \$150,000.00 – Exceptional item ("EI") payment in accordance with the legislative appropriations awarded under House Bill 1 for FY 2025-26.
 - 3. RAC SYSTEMS DEVELOPMENT
 - a. \$46,021.00
- C. Grantee's lump sum payment will occur approximately thirty (30) calendar days after September 1, 2024, and in accordance with Chapter 225I of the Texas Government Code, also known as the Texas Prompt Payment Act.

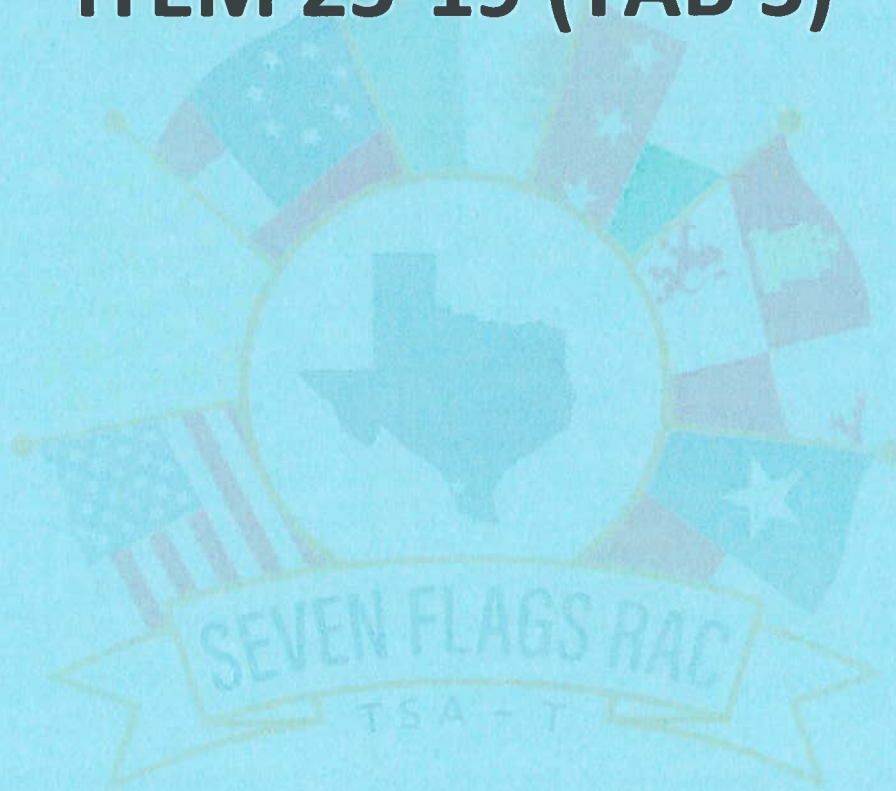
V. INVOICE AND PAYMENT

- A.** Grantee will request payment using the State of Texas Purchase Voucher (Form B-13) which may be found at the following URL: <https://www.dshs.texas.gov/contractor-forms>. Grantee shall submit a completed Form B-13 to the Claims Processing Unit via email to the following email addresses: invoices@dshs.texas.gov; CMSInvoices@dshs.texas.gov; and CMUReg.svcs@dshs.texas.gov.
- B.** Grantee shall return any RAC Systems Development funds not expended to DSHS no later than thirty (30) calendar days after the end of each State Fiscal Year. Contact the DSHS Contract Representative for instructions.
- C.** Grantee shall not receive a total not-to-exceed amount greater than what is identified in **SECTION V, BUDGET**, of this Contract without the execution of a written amendment executed by both Parties.

1. Amending the first paragraph of Section I(A) of Attachment A.
2. EI funds may be retained by the RAC for use in the following fiscal year (FY). If they are not disbursed by the RAC in the following FY, they will need to be returned to DSHS.
3. Update the new UTCs for grants.
4. EMS County Eligibility List Deliverable - Extend the due date deliverable to Nov 30, 2024.
5. Trauma Health Plan - This is a new deliverable added to the SOW and the Deliverables Calendar.



ITEM 25-19 (TAB 5)



In Support of Reimbursement Requests for

RAC NAME	Seven Flags Regional Advisory Council
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2025

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

1st Quarter				2nd Quarter			
September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
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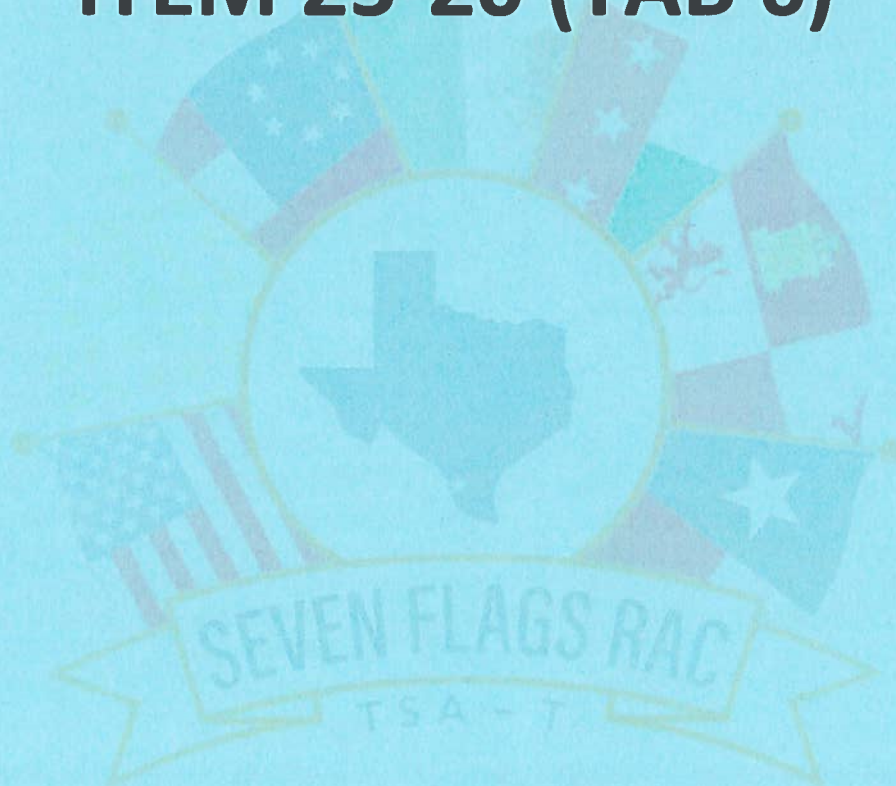
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EMS-RAC FUNDS	All Non-Personnel Indirect Costs
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TOTAL COSTS



ITEM 25-20 (TAB 6)



PREFACE: JOB DESCRIPTION

POSITION: HEALTH SYSTEMS SPECIALIST (HSS)

The Seven Flags Regional Advisory Council (SFRAC), a non-profit trauma systems improvement organization, is seeking to contract with a highly capable Health System Specialist (HSS) to conduct the implementation of the SFRAC Trauma and Systems of Care Self-Assessment. The HSS will assess and evaluate the SFRAC's regional trauma and systems of care structure with the use of the Texas Department of State Health Service (DSHS) standardized assessment tool.

The objective is to develop qualitative and as well as quantitative initiatives to improve system performance and measures to a scoring level of three (3), which is deemed by DSHS to be the minimum acceptable baseline score. The HSS will utilize performance indicators found on the self-assessment tool to perform the task of assessing and evaluating and incorporating results of these initiatives into a newly developed SFRAC Regional System Performance Improvement Plan and incorporate the outcomes into an annual report available to all SFRAC members. The performance indicators as found on the self-assessment tool consist of the following:

1. EPIDEMIOLOGY
2. EPIDEMIOLOGY (Surveillance)
3. SYSTEM PLAN
4. SYSTEM INTEGRATION
5. EMS/PREHOSPITAL
6. DEFINITIVE CARE FACILITIES
7. SYSTEM COORDINATION and PATIENT FLOW
8. PREVENTION and OUTREACH
9. REHABILITATION
10. EMERGENCY RESPONSE
11. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT
12. DATA MANAGEMENT
13. REGIONAL RESEARCH & PUBLICATIONS

To ensure success, the Health Systems Specialist should possess a high-level understanding of the health care and clinical field with at least two years' working experience in coordinating healthcare programs with the ability to promote health planning and implementation. The goal is to optimized health services, patient care, and develop and implement an integrated system within the region.

JOB TITLE: Health Systems Specialist (HSS)

AGENCY/DIVISION: Seven Flags Regional Advisory Council (SFRAC)

PROGRAM: RAC Systems Assessment and Improvement Program

JOB TYPE: Independent Contractor position funded through a Texas Department of State Health Services (DSHS) grant program assigned under contract to the Seven Flags Regional Advisory Council. This position is for a 12-month period based on a fiscal year from September 1st through August 31st of the following year. This position is renewable, solely contingent on the availability of funds as made possible through DSHS and SFRAC Board approval. Full-time, workdays/time as required for the completion of given tasks. This position has no benefits, but a twenty percent (20%) independent contractor fringe benefit allowance is inclusive in the base compensation. Contractor is responsible for all incurred expenses in meeting their contractual obligations.

PAY RATE: \$72,000/Annual Compensation. An issuance of \$6,000 is made monthly, which equals a total that includes a 20% Independent Contractor Fringe Benefit Allowance applied to the base compensation. ($\$5,000.00/\text{base} + \$1,000/\text{fringe allowance} = \$6,000.00 \text{ total monthly payment} \times 12 \text{ months} = \$72,000.00 \text{ annual compensation}$).

JOB DESCRIPTION:

The Health Systems Specialist fulfills an essential function and is dedicated to the Trauma Program and Systems Improvement with the Seven Flags Regional Advisory Council (SFRAC). In accordance with DSHS requirements under Texas Administrative Code (TAC), Title 25 Health Services, Part 1 Department of State Health Services, Chapter 157 Emergency Medical Care, Subchapter G, Emergency Medical Services Trauma Systems, Section 157.123, selected contractor will work in collaboration with the SFRAC leadership, committees and stakeholders and be responsible for the coordination and facilitation of the trauma systems performance improvement process within the SFRAC three-county region (i.e., Jim Hogg, Webb, Zapata). The HSS's primary role and responsibility will be to assist the Seven Flags Regional Advisory Council attain a minimal score of three or higher on select self-assessment indicators which will be delineated in the scope of work of the contract. The Self-Assessment Tool may be viewed and downloaded from the DSHS website at: [RAC-Self-Assessment-with-Scoring-Tool.pdf](#). The self-assessment must be completed with SFRAC stakeholder participation. The self-assessment tool is designed to standardize the annual assessment for the regional advisory councils in Texas, inclusive of the SFRAC organization. The regional EMS, trauma, and emergency health care system must continually work to improve the delivery of care and outcomes through partnerships with public, private, and voluntary sectors. The SFRAC's Regional Trauma Systems Plan should ensure all populations across the region receive the benefits of a coordinated system of care. The regional system should strive for an inclusive system (all health care facilities and all prehospital provider participation), including the integration of rural and remote health care providers.

The HSS collects and analyzes benchmarking data, with a focus on epidemiological and clinical indicators (metrics) to implement performance improvement initiatives to be identified in the Regional System Performance Improvement Plan. The HSS employs advanced skills in quality assessment to perform comprehensive quality of care and services reviews to facilitate the integration of event outcomes and results into the SFRAC Regional Systems Performance Improvement Plan. The HSS ensures loop closure, prepares reports, presents outcomes, coordinates and participates in the SFRAC's organizational region-wide projects as it relates to the improvement of the overall trauma systems program for the SFRAC. Contractor must be self-motivated with a strong initiative for task completion. Contractor in this position must be able to conduct quantitative data analysis in reporting (metrics) as well as the qualitative (clinical case review and analysis) for benchmarking. The HSS is expected to work with SFRAC Committee Teams and stakeholders to review data; drawing them to metrics that measure care and outcomes and driving to results on quality improvement initiatives/projects.

ROLES AND RESPONSIBILITIES:

Committee Workgroup/Community Engagement and Support

- Support SFRAC Committee workgroups to move their strategic plan goals forward in each county and ultimately the region as a whole.
- Assist SFRAC Committee workgroup members to understand the strategic regional plan goals and activities; support SFRAC Committee workgroup members to implement initiatives from the strategic regional plan.
- Serves as a liaison and knowledgeable resource between regional network member organizations in the community and the SFRAC.
- Together with the SFRAC Committee workgroup chairs, design and facilitate participative processes and methodology for each committee workgroup meeting to facilitate participative discussion and move goals forward for each committee workgroup; draft and send out agendas and materials for SFRAC Committee workgroup meetings.
- Work with SFRAC Committee workgroup chairs to convene, facilitate and continually improve committee workgroup meetings.
- Ensure that SFRAC Committee workgroup members are supported to engage in decision making activities.
- In absence of the committee chairs or co-chairs, lead meetings; assist in recruiting committee chairs and co-chairs for each SFRAC Committee and hold/facilitate elections within each committee to be approved by the SFRAC Board of Directors.
- Report on elements of the program's successes, barriers, needs, achievements, next steps, etc., at each SFRAC Board of Directors meeting.
- Coordinate closely with and regularly communicate relevant information/highlights with the SFRAC Administrator.
- Develop strategies and plans with SFRAC Committees on how to recruit and onboard community members not connected with organizations to participate in the network.
- Help identify and/or provide resources to SFRAC members and stakeholder organizations that address the goals of the strategic plan.
- Make formal and informal presentations to individuals, organizations, community groups, committee workgroups and Board of Directors about the program and/or activities, initiatives, and projects, as needed.

System Planning, Development, Monitoring and Evaluation

- Collaborate and work closely with SFRAC members, stakeholders, relevant organizations and community leaders to promote the trauma and health system network's mission and goals.
- Ensure that the SFRAC Regional Trauma System Plan development and revisions integrate EMS, trauma, stroke, maternal, neonatal, cardiac, and as needed other time-sensitive systems of care processes.

- Develop and maintain a SFRAC Regional System Performance Improvement Plan which defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution.
- Carry out regularly scheduled collaborative efforts with RAC leadership and committee teams to review and monitors the systems of care outcomes to identify opportunities for improvement.
- Ensure that the provision and opportunity for multidisciplinary stakeholder participation in the various systems of care activities for all ages and geographic areas of the region exists and is made available.
- Develop a process for involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, and mental health in regional system planning.
- Ensure that the SFRAC Regional Trauma System Plan is revised on the even years of the department contract with SFRAC Board members, committees and stakeholder collaboration.
- Coordinate and/or conduct presentations; communicate and document processes and procedures for committee workgroup members, or SFRAC Board members and other relevant stakeholder organizations, as needed.
- Maintain appropriate contacts, records, information, documentation, and reports.

Organizational Self-Assessment and Data

- Conduct annual self-assessment and evaluation, including monitoring effectiveness, tracking progress towards meeting a minimum score of three (3) or higher for each applicable performance measure using the DSHS developed Self-Assessment Tool, (V2024.2).
- Develop and implement a process to monitor and evaluate the SFRAC Regional Trauma System plan and systems of care quality improvement projects (i.e., Regional System Performance Improvement Plan).
- Use the Texas State EMS Trauma Registry (EMSTR), or when needed, the National Emergency Medical Services Information System (NEMIS), to gather and track epidemiological/demographic data for SFRAC Regional Trauma Systems Plan development and revisions, quantitative data analysis metrics, quality improvement analysis benchmarks, and self-assessment compliance measures.

Maintain and Build Positive Support System

- Understand all aspects of the Regional Advisory Council program and organizational framework and mission.
- Support the SFRAC Administrator Board of Directors and Committee members in program development as needed, including researching, training, technical assistance, and developing information packages.
- Develop and/or utilize existing web, newsletter, and social media content to communicate and disseminate trauma informed material, reports, activities, meetings, etc.

Event/Workshops/Meeting Planning

- Set up meetings as needed by sending out calendar invites, drafting email communication and polling participants to identify times for events/workshops/meetings that work for everyone.

- Attend meetings of the GETAC Committees and GETAC Council held every quarter during the months of November, March, June, and August.

EDUCATION/EXPERIENCE AND PROFESSIONAL DEVELOPMENT/TRAITS:

Required

- Master's degree in public health, social work, counseling, nursing, or related field.
- Minimum 2 years' experience in clinical care, healthcare, social services and PI settings.
- Direct service experience implementing Trauma and Systems of Care principles.
- Strong working knowledge of medical terminology and procedures.
- Strong analytical/problem-solving and investigative skills.
- Ability to work with minimal supervision.
- Excellent communication, organizational, and interpersonal skills.
- Valid driver's license.

Preferred

- Minimum 2 years' experience in program or project coordination.
- Maintain current membership and actively participate in regional or national trauma associations, such as, but not limited to, Society of Trauma Nurses (STN), American Trauma Society (ATS), Emergency Nurses Association (ENA), American Association of Critical Care Nurses (AACN), and EAST (associate member).
- Strong computer skills including word processing, spreadsheet, database, presentation and statistical software.
- Evidence of advanced trauma training/certification.

KNOWLEDGE/SKILLS/ABILITIES:

- Knowledge of quality improvement practices.
- Ability to establish and maintain cooperative and effective working relationships with a broad range of clinical staff and community partners.
- Ability to communicate clearly and concisely, both orally and in writing, to a broad range of audiences.
- Ability to communicate clearly and concisely, both orally and in writing, to a broad range of audiences.
- Strong critical thinking and creative problem-solving skills.
- Attention to detail.
- Ability to make sound judgments.
- Ability to be consistently proactive, results-oriented, and service-oriented.

- Ability to research and integrate the data/information to internal project planning efforts.
- Ability to build and maintain professional relationships with health plan members, community partners, and internal departments.
- Ability to identify and work within metrics and benchmarks to effectively formulate PI processes.
- Ability to provide group presentations.
- Ability to lead and guide peers, cross-functional partners, and stakeholders toward shared goal attainment.
- Ability to work effectively independently and as part of a team.
- Ability to network and build internal and external resources.
- Ability to research, identify and implement best practices.
- Appreciation of the sensitive nature of issues being dealt with by program stakeholders; high degree of confidentiality and professionalism.
- Ability to work irregular hours as needed (e.g., evening and weekend activities and meetings).
- Ability to work effectively with diverse individuals and groups

Job Types: Full-time, Contract.

Base Pay: \$5,000.00 monthly (base compensation).

Benefits: A fringe benefit package is not available, however, a 20% fringe benefit allowance equaling \$1,000/monthly is added to the base compensation totaling \$12,000 for any given twelve-month period.

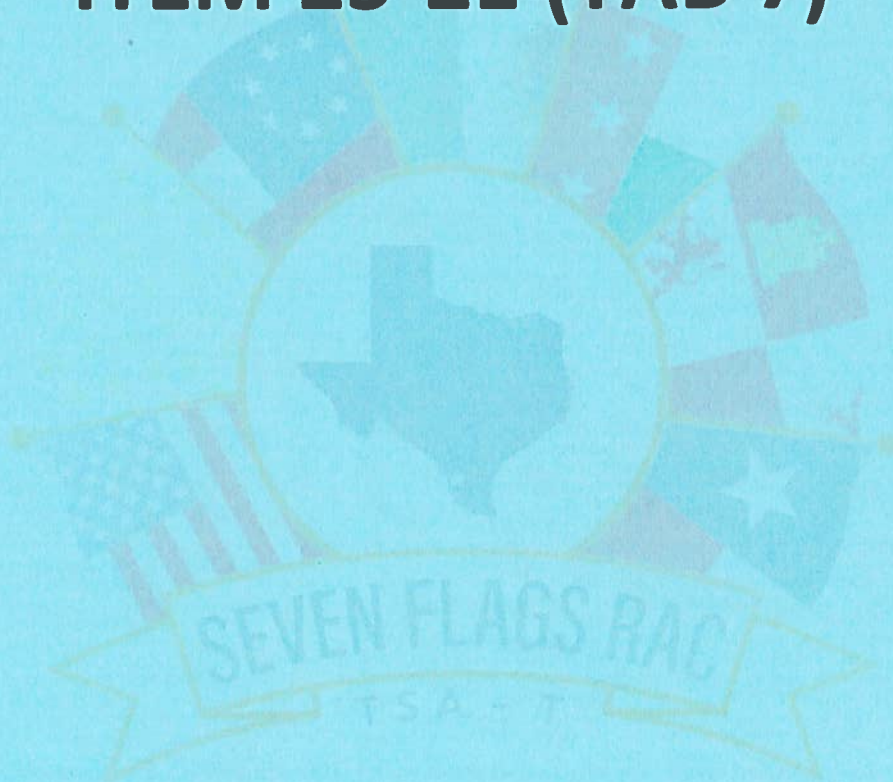
Pay Schedule: Monthly payments of \$6,000.00 (\$5,000 base compensation + \$1,000 fringe allowance = \$6,000 monthly). Monthly compensation may be prorated to accommodate any given time period (i.e., number of months) remaining within the 12-month fiscal year (i.e., September 1st to August 31st of the following year); contract based on twelve-month fiscal year.

Work Schedule/Location: Fully Remote but will need to be physically accessible during the work week, Monday through Friday, 8:00 a.m. to 5:00 p.m., and travel to provide technical assistance, capacity building assistance, training, and attend other in-person meetings, as necessary.

SUBMIT RÉSUMÉS TO: Seven Flags Regional Advisory Council, P.O. Box 450094, Laredo, TX. 78045, C/O: John R. Keiser, jrkeiser@stdc.cog.tx.us

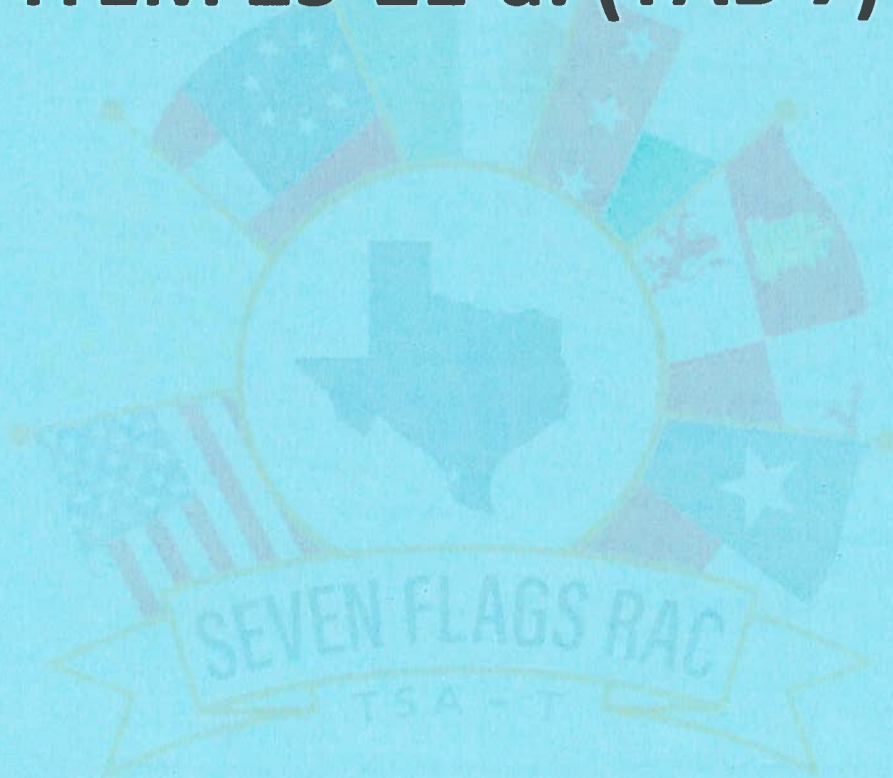


ITEM 25-21 (TAB 7)





ITEM 25-21-a. (TAB 7)



FY25 SFRAC Membership Summary

[illegible]

FY25 SFRAC Membership Summary

[illegible]



ITEM 25-21-b. (TAB 7)



Requirement:

The December 1, 2024, implementation of the revised Texas Administrative Code 157.123, states in part: "(1) Unless otherwise directed by the department, at least once each calendar quarter, a RAC must collect and report to the department the following data from each hospital in their TSA:

- (A) general beds available and occupied**
- (B) intensive care unit (ICU) beds available and occupied**
- (C) emergency department visits**
- (D) hospital admissions**
- (E) ventilators available and in use; and**
- (F) hospital deaths**

John R. Keiser

From: Bell,Michael (DSHS) <Michael.Bell@dshs.texas.gov>
Sent: Tuesday, January 21, 2025 3:41 PM
To: John R. Keiser
Cc: Lee,Deidra (DSHS)
Subject: RE: Hospital Quarterly Data Report

Good afternoon. That is correct the HPPs will run the Quarterly Reporting Drills.

Respectfully,

MICHAEL J. BELL, MPH, PMP, CTCM
Hospital Preparedness Program Manager
Center for Health Emergency Preparedness and Response
Division for Regional and Local Health Operations
P.O. Box 149347, Austin, TX 78714-9347

Schedule: Office (G411.1) | Wednesday | 8:00am-4:30pm
Schedule: Telework | MTTF | 8:00am-4:30pm

Mobile: 512-739-2403
michael.bell@dshs.texas.gov

From: John R. Keiser <jrkeiser@stdc.cog.tx.us>
Sent: Tuesday, January 21, 2025 2:51 PM
To: Bell,Michael (DSHS) <Michael.Bell@dshs.texas.gov>
Cc: Lee,Deidra (DSHS) <Deidra.Lee@dshs.texas.gov>
Subject: FW: Hospital Quarterly Data Report

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Deidra, forgot to copy you on the first message sent.

From: John R. Keiser
Sent: Tuesday, January 21, 2025 2:15 PM
To: michael.bell@dshs.texas.gov
Subject: Hospital Quarterly Data Report

Good afternoon, Michael, with regard to the Quarterly Hospital Report would it be correct to say that this quarterly report will be generated via the HPP coordinators or each HPP region? For example, in our region (TSA-T) we are represented by Coastal Bend as the lead agency for the HPP program and have a designated coordinator (i.e., Nathan Rubio) for

this region. Will it be his and the hospital's responsibility to collect the information and generate a report to be submitted to you (DSHS). And, furthermore, that the information (data) is provided to the RAC. Is all this, correct?

John R. Keiser

STDC Regional Programs Director / SFRAC Trauma Council Administrator (TSA-T)

South Texas Development Council (STDC)/Seven Flags Regional Advisory Council (SFRAC)

Phone: 956-722-3995 / Mobile: 956-693-0536

1216 Santa Maria St., Laredo, Texas 78040

Web: <http://stdc.cog.tx.us>

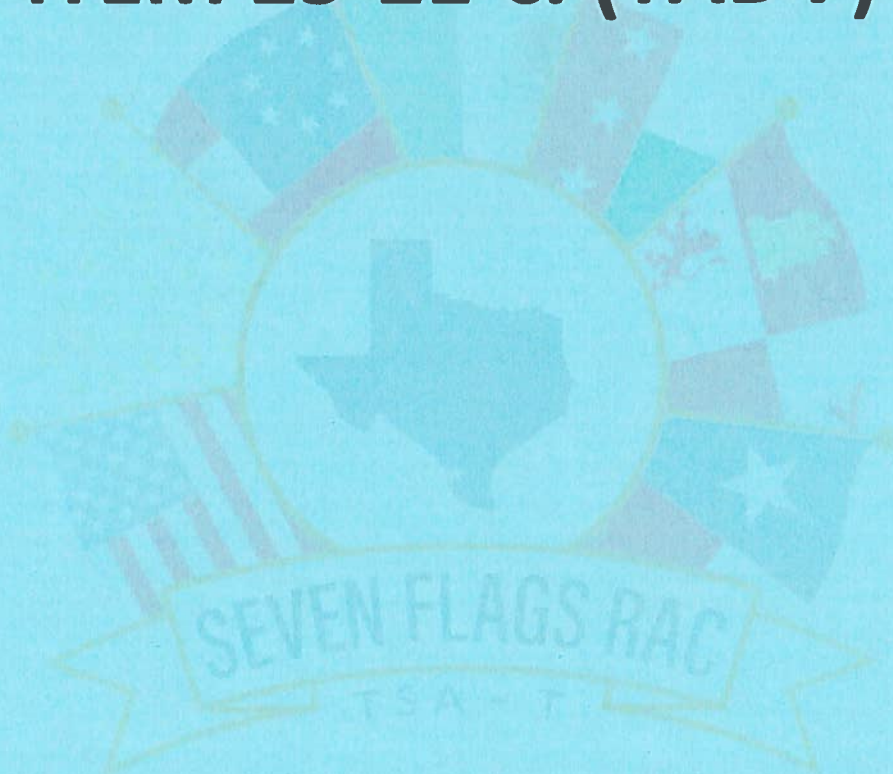
Web: www.sevenflagsrac.org

Email: jrkeiser@stdc.cog.tx.us





ITEM 25-21-c. (TAB 7)



W.H.A.L.E. – We Have A Little Emergency!

In 2021, 162,298 children were injured in automobile crashes. These crashes happen when children ride with parents, grandparents, or other caregivers. The stickers in the kit will help identify a child who has been in a crash. Especially if the adult in the vehicle is seriously injured and unable to talk, emergency personnel have no easy way of identifying the child or his/her special needs-vital information that can help rescue efforts go more smoothly. Sometimes, just knowing the child's name can help rescue workers comfort a frightened child, while knowing whom to contact in an emergency allows them to notify parents or the next closest relative right away. That's when W.H.A.L.E. – “We Have A Little Emergency” can make a difference. Updated ordering information coming soon.

The kits consist of 1-information sheet (one per order), a W.H.A.L.E. brochure, a child information card and adhesive pouch, 2-clear window decals and 2-regular stickers to be placed on sides of car seat.

How do we Recognize W.H.A.L.E.?

A W.H.A.L.E. Vehicle Window Decal. They are found in the lower rear corner of the back seat windows. Two decals are placed on either side of the car, letting rescuers know the occupants participate in the W.H.A.L.E. program and they can find information on the back of the car seat.

A W.H.A.L.E. Car Seat Sticker. They are attached to each side of the car seat. In the event the driver is unconscious or incapacitated, emergency first responders will find immediate life-saving information about that child via the information on the sticker on the back of the car seat.

The W.H.A.L.E. Information Label

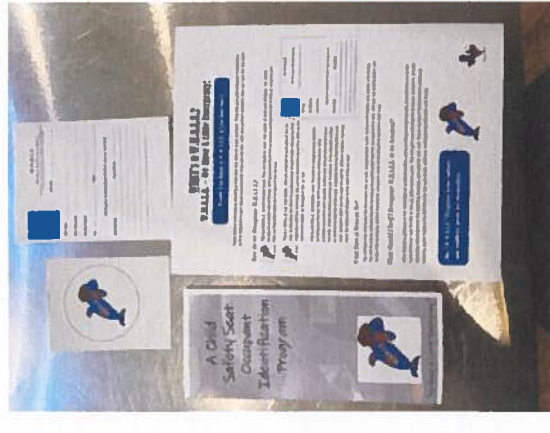
This is a W.H.A.L.E. Information Label The 4"x5" label is completed and attached to the back of the Car Seat, which protects the child's privacy while providing responders with valuable medical and contact information about the child. While attaching a photograph is optional, it is a valuable method to confirm the identity of the child, especially knowing that babysitters and other caregivers often use the same car seat for different children. Carefully check the photo and compare it to the child in the car seat.

What Does it Mean to Me?

You will have vital information for the child in the car seat, including their name, medical information, and contact information. You will be able to verify the identity by comparing a photograph with the occupant in the seat. AND you can provide better care for the child by helping comfort the child by using their name while contacting caregivers right away.

What Should I Do If I Recognize W.H.A.L.E. At An Accident?

After following protocol in the extraction of accident victims and providing emergency care, immediately check the back of the car seat for the W.H.A.L.E. Information Label. This will give you information to locate caregivers, provide necessary information to the receiving hospital, and provide safe care. Follow standard transportation protocols knowing you've made a big difference in the care of the child and facilitated reunification with family.





ITEM 25-21-d. (TAB 7)



Texas Administrative Code

TITLE 25

HEALTH SERVICES

PART 1

DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 157

EMERGENCY MEDICAL CARE

SUBCHAPTER G

EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS

RULE §157.126

Trauma Facility Designation Requirements Effective on September 1, 2025

[Historical](#)[Texas Register](#)

(a) The department designates hospital applicants as trauma facilities, which are part of the trauma and emergency health care system. Hospitals must meet the designation requirements specific to the level of designation requested by September 1, 2025. Trauma designation surveys conducted on or after September 1, 2025, are evaluated on the requirements in this section.

(b) The facility seeking trauma designation submits a completed designation application packet to the department. The department reviews the facility application documents for the appropriate level of designation. The complete designation application packet must include the following:

- (1) a trauma designation application for the requested level of trauma designation;
- (2) a completed department designation assessment questionnaire;
- (3) the documented trauma designation survey summary report that includes findings of requirements met and medical record reviews;
- (4) evidence of documented data validation and quarterly submission to the State Trauma Registry and National Trauma Data Bank (NTDB) (if applicable) for the past 12 months;
- (5) evidence of the facility's trauma program and Trauma Medical Director (TMD) or designee participation at Regional Advisory Council (RAC) meetings throughout the designation cycle; and
- (6) full payment of the non-refundable, non-transferrable designation fee.

(c) The department reviews the designation application packet to determine and approve the facility's level of trauma designation. The department defines the final trauma designation level awarded to the facility and this designation may be different than the level requested based on the designation site survey summary. If the department determines the facility meets the requirements for trauma designation the department provides the facility with a designation award letter and a designation certificate. The facility must display its trauma designation certificate in a public area of the licensed premises that is readily visible to patients, employees, and visitors.

(d) Eligibility requirements for trauma designation.

(1) Health care facilities eligible for trauma designation include:

- (A) a hospital in Texas, licensed or otherwise, in accordance with Texas Health and Safety Code Chapter 241;
- (B) a hospital owned and operated by the State of Texas; or
- (C) a hospital owned and operated by the federal government, in Texas.

(2) Each hospital must demonstrate the capability to stabilize and transfer or treat an acute trauma patient,

have written trauma management guidelines for the hospital, have a written operational plan, and have a written trauma performance improvement and patient safety (PIPS) plan.

(3) Each hospital operating on a single hospital license with multiple locations (multi-location license) may apply for trauma designation separately by physical location for each designation.

(A) Hospital departments or services within a hospital must not be designated separately.

(B) Hospital departments located in a separate building not contiguous with the designated facility must not be designated separately.

(C) Each non-contiguous emergency department of a hospital operating on a single hospital license must have trauma patient care and transfers monitored through the main hospital's trauma program.

(e) A facility is defined under subsection (d) of this section as a single location where inpatients receive hospital services and inpatient care.

(1) Each facility location must meet the requirements for designation. The department defines the designation level based on the facility's ability to demonstrate designation requirements are met.

(2) Each facility must submit a separate trauma designation application based on its resources and the level of designation the facility is seeking.

(3) If there are multiple hospitals covered under a single hospital license, each hospital or physical location where inpatients receive hospital services and care may seek designation.

(4) Trauma designation is issued for the physical location and to the legal owner of the operations of the designated facility and is non-transferable.

(f) Facilities seeking trauma designation must meet department-approved requirements and have them validated by a department-approved survey organization.

(g) The four levels of trauma designation are as follows.

(1) Comprehensive trauma facility designation (Level I). The facility, including a free-standing children's facility, must:

(A) meet the current American College of Surgeons (ACS) trauma verification standards for Level I and receive a letter of verification from the ACS;

(B) meet the state trauma designation requirements;

(C) meet the participation requirements for the local RAC;

(D) have appropriate services for dealing with stressful events available to emergency and trauma care providers; and

(E) submit quarterly trauma data to the State Trauma Registry, defined in Chapter 103 (relating to Injury Prevention and Control).

(2) Major trauma facility designation (Level II). The facility, including a free-standing children's facility, must:

(A) meet the current ACS trauma verification standards for Level II and receive a letter of verification from the ACS;

(B) meet the state trauma designation requirements;

(C) meet the participation requirements for the local RAC;

(D) have appropriate services for dealing with stressful events available to emergency and trauma care providers; and

(E) submit quarterly trauma data to the State Trauma Registry, defined in Chapter 103 of this title (relating to Injury Prevention and Control).

(3) Advanced trauma facility designation (Level III). The facility, including a free-standing children's facility, must:

(A) meet the current ACS trauma verification standards for Level III and receive a letter of verification from the ACS, or complete a designation survey conducted by a department-approved survey organization;

(B) meet the state trauma designation requirements;

(C) meet the participation requirements for the local RAC;

(D) have appropriate services for dealing with stressful events available to emergency and trauma care providers; and

(E) submit quarterly trauma data to the State Trauma Registry, defined in Chapter 103 of this title (relating to Injury Prevention and Control).

(4) Basic trauma facility designation (Level IV). The facility, including a free-standing children's facility:

(A) Level IV facilities managing 101 or more trauma patients meeting NTDB registry inclusion criteria annually must:

(i) meet the current ACS trauma verification standards for Level IV and complete a designation survey conducted by a department-approved survey organization;

(ii) meet the state trauma designation requirements;

(iii) meet the participation requirements for the local RAC;

(iv) have appropriate services for dealing with stressful events available to emergency and trauma care providers; and

(v) submit quarterly trauma data to the State Trauma Registry, defined in Chapter 103 of this title (relating to Injury Prevention and Control).

(B) Level IV facilities managing 100 or less trauma patients meeting NTDB registry inclusion criteria annually must:

(i) meet the defined state trauma designation requirements and complete a designation survey with the department or with a department-approved survey organization;

(ii) meet the participation requirements for the local RAC;

(iii) have appropriate services for dealing with stressful events available to emergency and trauma care providers; and

(iv) submit quarterly trauma data to the State Trauma Registry, defined in Chapter 103 of this title (relating to Injury Prevention and Control).

(h) All facilities seeking trauma designation must meet the following requirements.

(1) Facilities must have documented evidence of participation in the local RAC.

(2) Facilities must have evidence of quarterly trauma data submissions to the State Trauma Registry for patients that meet NTDB registry inclusion criteria, following the National Trauma Data Standards (NTDS) definitions and state definitions.

(3) Facilities must have emergency medical services (EMS) communication capabilities.

[Cont'd...](#)

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[TEXAS ADMINISTRATIVE CODE](#)

[OPEN MEETINGS](#)



ITEM 25-21-e. (TAB 7)



FY25 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Totals
Bronze Starr Ambulance	\$5,494.00		
Laredo Fire Department EMS/Fire	\$5,494.00		
Angel Care Ambulance	\$5,494.00		
Webb County Volunteer Fire/EMS	\$5,494.00		
Victorious Care Ambulance	\$5,494.00		
Priority EMS	\$5,494.00		
Zapata County Fire/EMS	\$15,175.00		
Texas Superior Ambulance	\$5,494.00		
Laredo Lifeline	\$5,494.00		
Medpoint Ambulance	\$5,494.00		
Primary Care Ambulance	\$5,494.00		
Villa Ambulance			
Lalitas Ambulance Care	\$5,494.00		
Skyline EMS	\$16,808.00		
Total	\$92,417.00	\$0.00	\$0.00

FY25 System Development Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
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			
Texas Superior Ambulance	\$3,068.06		
Zapata County Fire/EMS	\$3,068.06		
Laredo Medical Center	\$3,068.11		
Doctors Hospital of Laredo	\$3,068.11		
Lalitas Ambulance Care	\$3,068.06		
Medpoint Ambulance	\$3,068.06		
Primary Care Ambulance	\$3,068.06		
Skyline EMS	\$3,068.06		
Subtotal	\$46,021.00	\$0.00	\$0.00

Grand Total: \$46,021.00



ITEM 25-21-f. (TAB 7)



SB 8 Scholarship Reconciliation Report - FY24

TSA/RAC: T					Completed by: Jose Gonzalez				
Month	EMT	AEMT	Paramedic	Total	EMT	AEMT	Paramedic	Total	
CUMULATIVE TOTAL for 9/1/22 - 8/31/23	40	0	5	45	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	2	0	0	2	
23-Dec	0	0	0	0	1	0	0	1	
24-Jan	0	0	0	0	2	0	0	2	
24-Feb	0	0	0	0	6	0	0	6	
24-Mar	0	0	0	0	0	0	0	0	
24-Apr	0	0	0	0	0	0	0	0	
24-May	0	0	0	0	0	0	0	0	
24-Jun	0	0	0	0	0	0	2	2	
24-Jul	0	0	0	0	0	0	0	0	
24-Aug	0	0	0	0	0	0	0	0	
24-Sep	0	0	3	0	0	0	0	0	
24-Oct	0	0	7	7	0	0	0	0	
24-Nov	0	0	0	0	0	0	1	1	
24-Dec	0	0	1	1	0	0	0	0	
Total	40	0	16	56	30	0	5	35	



ITEM 25-22 (TAB 8)



John R. Keiser

From: Sherbel,Jared (DSHS) <Jared.Sherbel@dshs.texas.gov>
Sent: Friday, October 25, 2024 4:39 PM
To: John R. Keiser
Cc: Carter,Lauren (DSHS); Guy,Jim (DSHS)
Subject: DSHS Follow Up Review Closeout - The Seven Flags RAC

Good afternoon,

All documentation has been received from The Seven Flags Regional Advisory Council and evaluated by our technical assistance team. It has been determined implementation of the corrective action plans regarding the FY24 final report findings have been successful.

The Follow Up Review has been concluded. If you have any questions or concerns, please do not hesitate to reach out to us.

Thank you again,

Jared Sherbel

Financial Analyst, Fiscal Support & Oversight
Department of State Health Services
Office of Compliance and Accountability
Cell: 512-426-9267
Teleworker
www.dshs.texas.gov



TEXAS
Health and Human
Services

Texas Department of State
Health Services

This message may contain confidential information. If you received this message in error, please notify me immediately and then delete the message.

John R. Keiser

From: Sherbel,Jared (DSHS) <Jared.Sherbel@dshs.texas.gov>
Sent: Tuesday, September 24, 2024 12:30 PM
To: John R. Keiser
Cc: Carter,Lauren (DSHS); Guy,Jim (DSHS)
Subject: DSHS TA and Follow Up Review - The Seven Flags Regional Advisory Council
Attachments: DSHS Final Report - The Seven Flags RAC signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

We are reaching out in regards to the FY24 fiscal monitoring review for The Seven Flags Regional Advisory Council. Our Technical Assistance team will be initiating the start of the follow up review in October, which is a limited scope review process to test the stated corrective actions for the findings listed in the FY24 Final Report, attached for reference.

Before we begin the follow up review process, we would like to reach out to the responsible parties listed for the implementation of the corrective actions for the findings to discuss what actions have been completed and if there are any concerns for addressing the findings from the fiscal review:

Finding #1 – Financial Admin/Internal Controls - Deficient:

1. Have there been any concerns in correcting the finding from the fiscal review?
2. Has the Financial Policies and Procedures Manual been implemented that included the areas of identified written policies and procedures in the finding?
3. Was a new accounting software implemented and/or acquired as indicated in the management response? If so, what software was purchased and has it been beneficial in addressing the finding?

Finding #2 – Expenditures – Unallowable:

4. What actions have been taken to address the finding in regards to not including sales tax on charges to the grant?
5. Have any additional checks or reviews been added to ensure that these actions are effective?

Finding #3 – Equipment – Inaccurate/Incomplete Report:

6. Has any new equipment been purchased in the last fiscal year that will be reported for the first time on the upcoming GC-11?

Please let us know about the above questions by **Wednesday, October 2nd**. Afterwards, we will send a request for documents to start the follow up review process.

Thank you,

Jared Sherbel

Financial Analyst, Fiscal Support & Oversight
Department of State Health Services
Office of Compliance and Accountability
Cell: 512-426-9267
Teleworker
www.dshs.texas.gov



TEXAS
Health and Human
Services

Texas Department of State
Health Services

This message may contain confidential information. If you received this message in error, please notify me immediately and then delete the message.

John R. Keiser

From: Sherbel, Jared (DSHS) <Jared.Sherbel@dshs.texas.gov>
Sent: Friday, October 4, 2024 3:35 PM
To: John R. Keiser
Cc: Carter, Lauren (DSHS); Guy, Jim (DSHS)
Subject: DSHS Follow Up Review - The Seven Flags Regional Advisory Council

Good afternoon,

Thank for the responses in regards to the questions and clarification needed. Based on the information we received, we are prepared to focus on the remaining items needed to move forward on the follow up review.

We do need additional documents to complete testing for Finding #1 and Finding #2. For Finding #3, we recognize that this is not a concern in the current fiscal year's submission for the GC-11.

The following list of requested items/documents is due back at your earliest convenience, but **no later than Wednesday, October 9th, 2024:**

Finding #1 – Financial Admin/Internal Controls - Deficient:

1. Please provide the Chart of Accounts for your general ledgers
2. Please provide documentation of the monthly bank reconciliations for the current EMS/CO-RAC grant (HHS001336600020)

Finding #2 – Expenditures – Unallowable

3. Please provide the GL for the past 6 months for the EMS/CO-RAC grant (HHS001336600020). From the GL, we will review for a small sample of expenditures to request additional documents for expenditure testing.

Thank you and please let us know if you have any questions,

Jared Sherbel

Financial Analyst, Fiscal Support & Oversight
Department of State Health Services
Office of Compliance and Accountability
Cell: 512-426-9267
Teleworker
www.dshs.texas.gov



TEXAS
Health and Human
Services

Texas Department of State
Health Services

This message may contain confidential information. If you received this message in error, please notify me immediately and then delete the message.

From: John R. Keiser <jrkeiser@stdc.cog.tx.us>
Sent: Wednesday, October 2, 2024 2:42 PM
To: Sherbel,Jared (DSHS) <Jared.Sherbel@dshs.texas.gov>
Cc: Carter,Lauren (DSHS) <Lauren.Carter@dshs.texas.gov>; Guy,Jim (DSHS) <Jim.Guy@dshs.texas.gov>
Subject: RE: DSHS TA and Follow Up Review - The Seven Flags Regional Advisory Council

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

See responses below and attachments.

John R. Keiser

STDC Regional Programs Director / SFRAC Trauma Council Administrator (TSA-T)
South Texas Development Council (STDC)/Seven Flags Regional Advisory Council (SFRAC)
Phone: 956-722-3995 / Mobile: 956-693-0536
1216 Santa Maria St., Laredo, Texas 78040
Web: <http://stdc.cog.tx.us>
Web: www.sevenflagsrac.org
Email: jrkeiser@stdc.cog.tx.us



From: Sherbel,Jared (DSHS) <Jared.Sherbel@dshs.texas.gov>
Sent: Tuesday, September 24, 2024 12:30 PM
To: John R. Keiser <jrkeiser@stdc.cog.tx.us>
Cc: Carter,Lauren (DSHS) <Lauren.Carter@dshs.texas.gov>; Guy,Jim (DSHS) <Jim.Guy@dshs.texas.gov>
Subject: DSHS TA and Follow Up Review - The Seven Flags Regional Advisory Council

Good afternoon,

We are reaching out in regards to the FY24 fiscal monitoring review for The Seven Flags Regional Advisory Council. Our Technical Assistance team will be initiating the start of the follow up review in October, which is a limited scope review process to test the stated corrective actions for the findings listed in the FY24 Final Report, attached for reference.

Before we begin the follow up review process, we would like to reach out to the responsible parties listed for the implementation of the corrective actions for the findings to discuss what actions have been completed and if there are any concerns for addressing the findings from the fiscal review:

Finding #1 – Financial Admin/Internal Controls - Deficient:

1. Have there been any concerns in correcting the finding from the fiscal review?

No.

2. Has the Financial Policies and Procedures Manual been implemented that included the areas of identified written policies and procedures in the finding?

Yes. The newly developed Financial Policies and Procedures Manual is attached with this email.

3. Was a new accounting software implemented and/or acquired as indicated in the management response? If so, what software was purchased and has it been beneficial in addressing the finding?

Yes. The newly acquired accounting software agreement is attached with this email.

Finding #2 – Expenditures – Unallowable:

4. What actions have been taken to address the finding in regards to not including sales tax on charges to the grant?

A check for the disallowed costs has been remitted to DSHS.

5. Have any additional checks or reviews been added to ensure that these actions are effective?

As stated before Seven Flags Regional Council is now using a company debit card to make its purchases avoiding the need to use a personal card. Additionally, whenever necessary the tax-exempt form will be utilized when making a purchase which includes a sales tax.

Finding #3 – Equipment – Inaccurate/Incomplete Report:

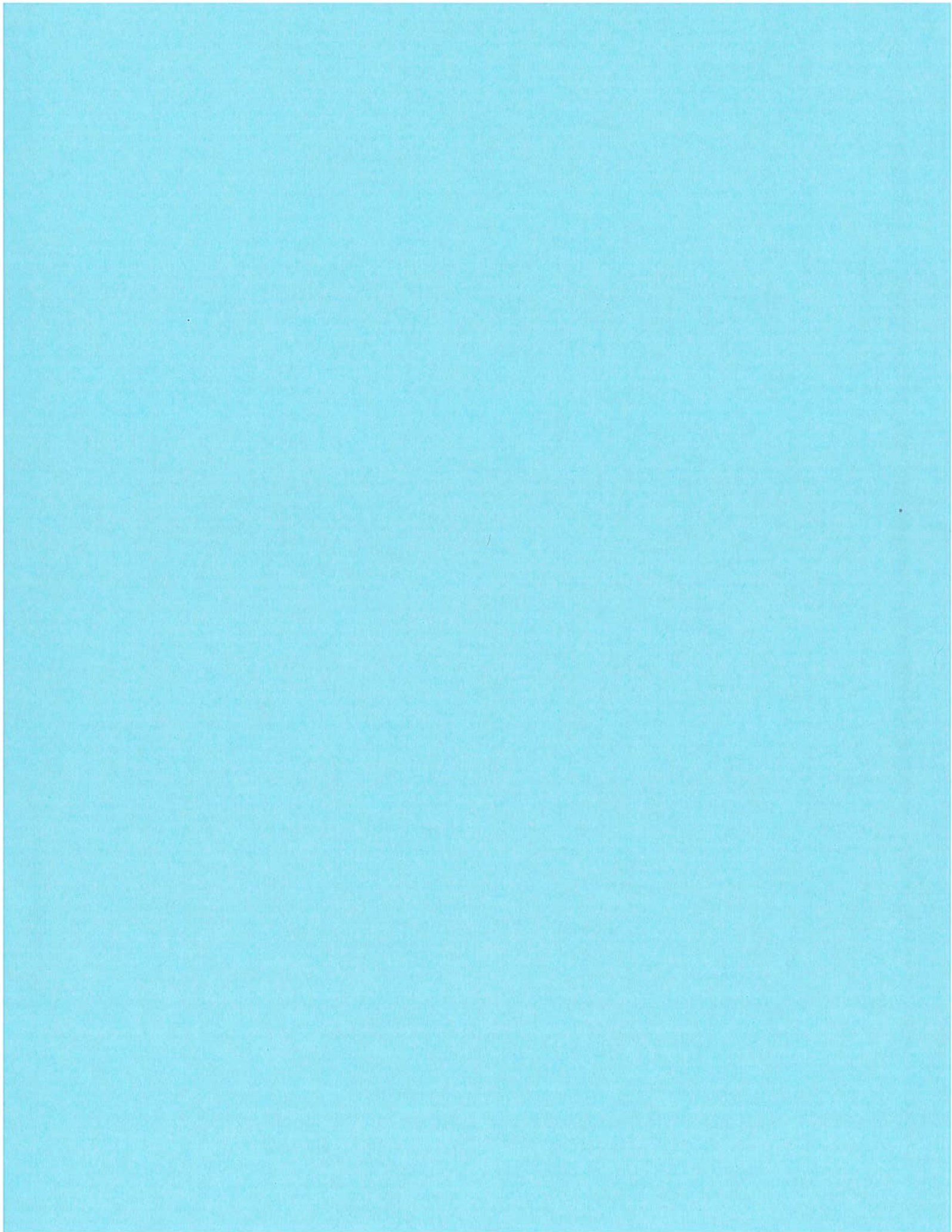
6. Has any new equipment been purchased in the last fiscal year that will be reported for the first time on the upcoming GC-11?

No.

Please let us know about the above questions by **Wednesday, October 2nd**. Afterwards, we will send a request for documents to start the follow up review process.

Thank you,

Jared Sherbel
Financial Analyst, Fiscal Support & Oversight
Department of State Health Services
Office of Compliance and Accountability
Cell: 512-426-9267
Teleworker
www.dshs.texas.gov





January 7, 2025

Mr. Andrew Wilson
Chief Executive Officer
Doctors Hospital of Laredo
10700 McPherson Road
Laredo, Texas 78045


Dear Mr. Wilson:

Your facility completed an application seeking Neonatal Level III designation. Your survey report and additional documents have been reviewed. The Texas Department of State Health Services re-designates Doctors Hospital of Laredo as a Level III (Neonatal Intensive Care) Neonatal Facility in Perinatal Care Region-T. This state designation is valid for a three-year period. Your expiration date is March 1, 2028.

Your hospital's continuation as a designated Level III (Neonatal Intensive Care) facility is contingent upon meeting identified requirements. Your facility will receive a letter from the EMS/Trauma Systems Section to inform you about the requirements that need additional actions.

For assistance regarding this matter, please contact Jorie Klein, MSN, MHA, BSN, RN, Director, EMS/Trauma Systems Section, via email at Jorie.Klein@dshs.texas.gov, or by phone at 512-535-8538.

Sincerely,


Timothy Stevenson, DVM, PhD
Deputy Commissioner
Consumer Protection Division

cc: Lisa Gonzalez, RN, Neonatal Program Manager
Roberto Villegas, MD, Neonatal Medical Director
Seven Flags Regional Advisory Council



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Certificate of Designation

hereby awarded to

Doctors Hospital of Laredo

as a

*Level III (Neonatal Intensive Care)
Neonatal Facility*

Doctors Hospital of Laredo meets the standards of care relating to the treatment of neonates in Texas, actively advocates for neonatal system development and works to improve the availability and quality of neonatal care as an active member of Seven Flags Regional Advisory Council and Perinatal Care Region.

DATE EXPIRES: March 1, 2028

Jorie Klein, MSN, MHA, BSN, RN

Jorie Klein, MSN, MHA, BSN, RN
DIRECTOR
EMS/TRAUMA SYSTEMS SECTION

Timothy Stevenson

Timothy Stevenson, DVM, PhD
DEPUTY COMMISSIONER
CONSUMER PROTECTION DIVISION



Family Education Scholarship



The Family Education Scholarship Fund was developed to provide financial assistance for higher education to children and spouses who have lost a loved one in an air medical or ground transport accident. Each year TAAMS will award up to \$5,000 to a deserving student entering into a college, university, or vocational-technical school with the goal of awarding 5 scholarships annually for a total of \$25,000.

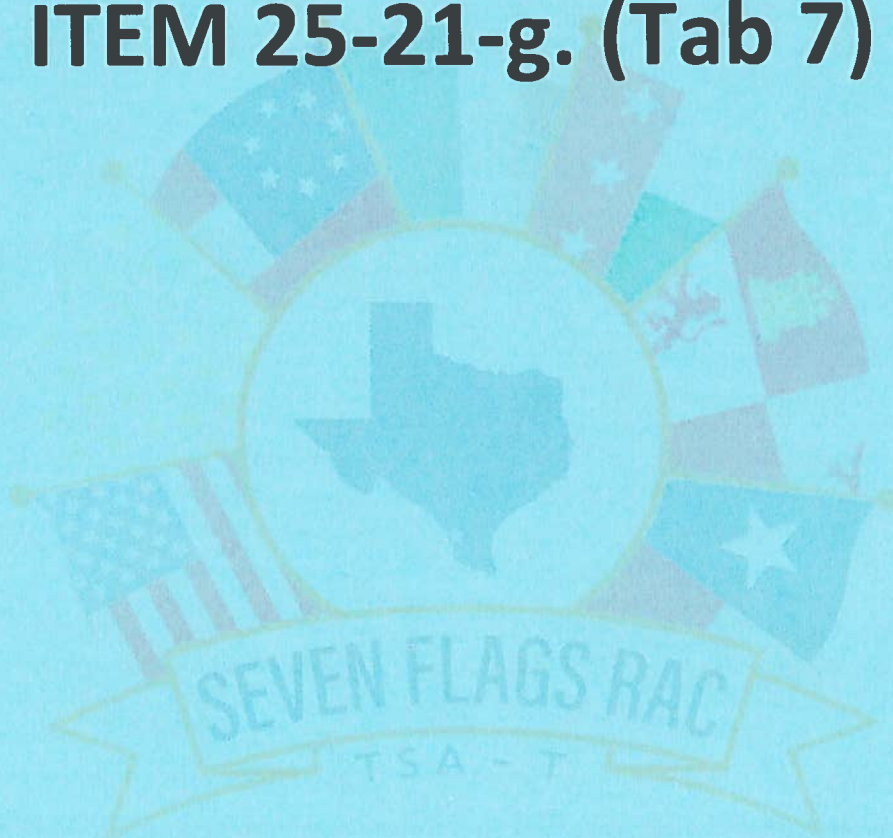
Applicants must:

- Be a dependent and/or an immediate relative of a medical transport crewmember based in Texas that lost their life due to an air medical or ground transport accident. This includes parents, step-parents, legal guardians, grandparents, and spouses.
- Be accepted into an accredited college, university, or vocational-technical school.
- Be a legal U.S. resident.
- Submit a complete application and all required documentation.

For more information visit www.taams.org



ITEM 25-21-g. (Tab 7)



All EMS Runs, RAC T, EMS 2023

RAC
T
Frequency
86,785

911 Response EMS Runs with Patient Contact, RAC T, EMS 2023

RAC
T
Frequency
35,409

Total Trauma EMS Runs, RAC T, EMS 2023 (N=9,289)

Chief Complaint to Dispatch	Frequency	Percent
Traffic/Transportation Incident	4,814	51.82
Falls	2,471	26.60
Assault	710	7.64
Traumatic Injury	486	5.23
Fire	296	3.19
Hemorrhage/Laceration	173	1.86
Animal Bite	144	1.55
Stab/Gunshot Wound/Penetrating Trauma	86	0.93
Burns/Explosion	39	0.42
Eye Problem/Injury	33	0.36
Drowning/Diving/SCUBA Accident	14	0.15
Industrial Accident/Inaccessible Incident/Other	10	0.11
Entrapments (Non-Vehicle)	8	0.09
Electrocution/Lightening	5	0.05
Automated Crash Notification		

Total Stroke EMS Runs, RAC T, EMS 2023

RAC
T
Frequency
231

Total Cardiac EMS Runs, RAC T, EMS 2023

RAC
T
Frequency
186

Total Trauma Registry Submissions, RAC T, Trauma 2023 (N=893)

ENTITY_RAC	Frequency
T	893

Total Trauma Registry Submissions by Age, RAC T, Trauma 2023 (N=893)

AGE	Frequency	Percent
0-14	79	8.85
15-64	505	56.55
65+	309	34.60

Total Trauma Registry Submission Average Length of Stay (LOS) in Days by Age,

AGE	N Obs	Mean
0-14	79	2.29
15-64	505	3.86
65+	309	5.66

Total Trauma Registry Submissions by Injury Severity Scores (ISS), RAC T, Traun

ISS	Frequency	Percent
1-8	565	63.27
9-15	266	29.79
16-24	40	4.48
>=25	22	2.46

ISS Scores for Age 0-14, RAC T, Trauma 2023 (N=79)

ISS	Frequency	Percent
1-8	58	73.42
9-15	16	20.25
16-24	*	*
>=25	*	*

ISS Scores for Age 15-64, RAC T, Trauma 2023 (N=505)

ISS	Frequency	Percent
1-8	361	71.49
9-15	110	21.78
16-24	24	4.75
>=25	10	1.98

ISS Scores for Age 65+, RAC T, Trauma 2023 (N=309)

ISS	Frequency	Percent
1-8	146	47.25
9-15	140	45.31
16-24	13	4.21
>=25	10	3.24

Top Five Mechanisms of Injury, RAC T, Trauma 2023 (N=893)

Mechanism	Frequency	Percent
Fall	439	49.27
MVT-Occupant	201	22.56
Struck by/Against	66	7.41
Cut/Pierce	32	3.59
	26	2.92

Top Five Mechanisms all Trauma Submissions for Age 0-14, RAC T, Trauma 2023

Mechanism	Frequency	Percent
Fall	28	35.44
MVT-Occupant	24	30.38
Struck by/Against	6	7.59
Hot Object/Substance	*	*
MVT-Pedestrian	*	*

Top Five Mechanisms all Trauma Submissions for Age 15-64, RAC I, Trauma 2023

Mechanism	Frequency	Percent
MVT-Occupant	165	32.80
Fall	139	27.63
Struck by/Against	56	11.13
Cut/Pierce	29	5.77
Firearm	23	4.57

Top Five Mechanisms all Trauma Submissions for Age 65+, RAC T, Trauma 2023 (

Mechanism	Frequency	Percent
Fall	272	88.03
MVT-Occupant	12	3.88
Pedestrian, Other	7	2.27
MVT-Pedestrian	*	*
Struck by/Against	*	*

Fatal Records by Age, RAC T, Trauma 2023 (N=21)

AGE	Frequency	Percent
0-14	*	*
15-64	13	61.90
65+	7	33.33

Fatal Records by ISS, RAC T, Trauma 2023 (N=21)

ISS	Frequency	Percent
1-8	10	47.62
9-15	*	*
16-24	*	*
>=25	*	*

Top Five Mechanisms of Fatal Records, RAC T, Trauma 2023 (N=21)

Mechanism	Frequency	Percent
Fall	9	42.86
MVT-Occupant	*	*
Firearm	*	*
Cut/Pierce	*	*
MVT-Motorcyclist	*	*

Top Five Mechanisms of Fatal Records for Age 0-14, RAC T, Trauma 2023 (N=1)

Mechanism	Frequency	Percent
MVT-Occupant	*	*

Top Five Mechanisms of Fatal Records for Age 15-64, RAC T, Trauma 2023 (N=13)

Mechanism	Frequency	Percent
Firearm	*	*
MVT-Occupant	*	*
Cut/Pierce	*	*
Fall	*	*
MVT-Motorcyclist	*	*

Top Five Mechanisms of Fatal Records for age 65+, RAC T, Trauma 2023 (N=7)

Mechanism	Frequency	Percent
Fall	7	100.00

Trauma Patients with Shock [BP ≤ 90 (0-64) and ≤ 110 (65+)]- All Ages, RAC T,

AGE	Frequency	Percent
0-14	7	14.58
15-64	15	31.25
65+	26	54.17

Double Transfers by Age, RAC T, Trauma 2023 (N=1)

AGE	Frequency	Percent
15-64	*	*

Trauma Patients with Spinal Cord Injury (SCI), by Age - RAC T, Trauma 2023 (N=)

AGE	Frequency	Percent
15-64	*	*
65+	*	*

Trauma Patients with Traumatic Brain Injuries (TBI), by Age - RAC T - Trauma 20

AGE	Frequency	Percent
0-14	14	17.50
15-64	47	58.75
65+	19	23.75

RAC T, Trauma 2023 (N=893)

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