

Virginia Office of EMS Subcontractor Deliverables Review Form

Subcontractor Agency: Western Virginia EMS Council

Contract Quarter: First Quarter FY 2012 Contract

Contract Deliverable	Meets Deliverable	Comments
Section III A – Regional Infrastructure		
Regional EMS Council Office Hours	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Continuity of Operations Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	EXTENSION GRANTED
Employee Qualifications & Performance (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Position Vacancy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Organizational Information (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Documentation & Reporting		
Quarterly Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Minutes of Board Meeting	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Minutes of Subcommittee Meetings	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Roster of Board and Subcommittees	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Quarterly Financial Statements	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Fees For Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
State Committee Responsibilities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Section III B – Regional Medical Direction		
Regional Medical Director Contract	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Section III C – Regional Planning		
Regional EMS MCI Plan (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Posted to LN
Pandemic & Continuity of Operations Planning		
Proof of assistance to agencies related to pandemic planning, conduit of information related to pandemic event.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Section III D – Regional Coordination		
Regional Information & Referral		
Proof of assistance regarding EMS issues.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Maintain an interactive website	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Regional PI Program		
Agenda/Mins/Rosters of PI Mtgs.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Technical Asst. Provided	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Regional Trauma Committee		
Agenda/Mins/Rosters of TPI Mtgs.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
Technical Asst. Provided	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
RSAF Grant Program (All Items)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
CISM Program		
CISM Statistical Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
CISM Team Operating Policy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
CISM Team Meeting Minutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Regional EMS Awards Program		
Regional nominations CD to OEMS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Section III E – BLS CTS Administration		
No contract requirements for 1st quarter.		
Section III F – Regional Category 1 CE Program		
CE Schedule Posted to Web by 8/1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report