

**Virginia Office of EMS Subcontractor Deliverables Review Form**

**Subcontractor Agency:** Western Virginia EMS Council

**Contract Quarter:** Third Quarter FY 2012 Contract

Contract Deliverable	Meets Deliverable	Comments
<b>Section III A – Regional Infrastructure</b>		
<b>Position Vacancy</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	No vacancies reported
<b>Documentation &amp; Reporting</b>		
Quarterly Report	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/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
Quarterly Financial Statements	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Fees For Service</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>State Committee Responsibilities</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>Section III B – Regional Medical Direction</b>		
<b>Regional Medication &amp; Supplies Exchange Program</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Regional Medication Kit Exchange Program</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Section III C – Regional Planning</b>		
<b>Regional EMS Plan</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Submitted in previous quarter.
<b>Regional EMS MCI Plan (All Items)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Regional Stroke Triage Plan (All Items)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Pandemic &amp; Continuity of Operations Planning</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>Section III D – Regional Coordination</b>		
<b>Regional Information &amp; Referral</b>		
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
<b>Regional PI Program</b>		
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
<b>Regional TPI Program</b>		
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
<b>RSAF Grant Program (All Items)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>CISM Statistical Report</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report/LN
<b>Regional EMS Instructor Network</b>		
Agenda/Mins/Rosters of Meetings	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>Section III E – BLS CTS Administration</b>		
Submit CTS Schedule to OEMS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Publish CTS Schedule to Web	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Distribute CTS Schedule to Instructors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
Current list of CTS Evaluators	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Reported in Quarterly Report
<b>Section III F – Regional Category 1 CE Program – no requirements for 3<sup>rd</sup> quarter</b>		