



04/03/14

San Antonio EMS & Fire
Attn: Yvette Granato
315 S. Santa Rosa Suite 200
San Antonio, TX 78207

Re: FY14 EMS Trauma Care System (a.k.a. County 911) Funds

Dear Chief Granato,

This year (FY14) all agencies had the option of deducting the STRAC membership dues and/or the Tablet PCR User license fee from their allotment. The enclosed amount reflects those deductions if you selected them or the entire amount allotted to your agency if you did not select the deduction.

Enclosed please find check number 15032 in the amount of \$ 28,908.46 and the expense report forms for your completion.

I will need the attached **Expenditure Report with ALL Receipts and Proof of Payment returned to STRAC IMMEDIATELY after the purchases are made and receipts are obtained, but NO LATER THAN, June 30, 2014**. Please keep in mind that the total of the receipts must be the same, or exceed, the total amount of your allotment (excluding tax).

The STRAC must report all expenditures to DSHS DEM by end of fiscal year and I need to compile this report along with all the other funding reports that are due at the same time. Your cooperation in helping us meet this deadline is greatly appreciated.

Eligible expenses

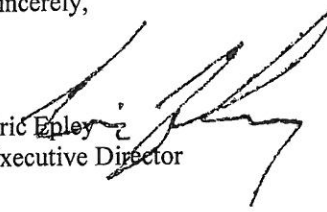
- Supplies
- Operational Expenses
- Education and training
- Equipment
- Vehicles; and/or
- Communications Equipment

Non-allowable expenses

- Buildings
- Land
- Investments (stocks, bonds, mutual funds, etc.)
- Tax

Please give Mary, our accounting manager, a call at 210-233-5834 or email at mary.roel@strac.org if you have any questions about this funding, eligible expenses or the reporting process.

Sincerely,


Eric Epley
Executive Director

Southwest Texas Regional Advisory Council (STRAC)
7500 Hwy 90 West, Suite 200, San Antonio, TX 78227
210.233.5850 www.strac.org



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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EMS PROVIDER REPORT OF EXPENDITURES FY 14 - (EMS/COUNTY -- 911/1131/3588 Funds) (A report is needed for each provider)

COUNTY of LICENSURE:

Counties of Operation: Bexar

Name of EMS Provider: San Antonio EMS & Fire

Name of EMS Administrator (Print): Yvette Granato

Re: Utilization of Funds Received from the Emergency Medical Services (EMS) Trauma Care System Account (911 Funds) and Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Fund (1131 Funds) and Designated Trauma Facilities and Emergency Medical Services Account (3588 Funds)

Total Amount of Allocation this Provider Received: \$28,908.46

Purchases/expenditures during period 8/1/13 - 8/31/14 :
Contract Start Date Contract End Date

“Contractor shall submit a list of each provider’s expenditures with proof of payment. Examples of acceptable proof of payment include receipts showing paid in full, cancelled checks, invoices with \$0 balance, or a handwritten receipt must be noted as to how it was paid.”

Supplies: Item: _____ Cost: \$ _____
Item: _____ Cost: \$ _____
Item: _____ Cost: \$ _____
Item: _____ Cost: \$ _____

Education & Training: Course: _____
Persons Trained: _____ Date: _____
Cost: \$ _____

Equipment: Type: _____ Cost: \$ _____
Type: _____ Cost: \$ _____
Type: _____ Cost: \$ _____

Vehicles: Type: _____ Cost: \$ _____
 Type: _____ Cost: \$ _____

Communications Equipment: Cost: \$ _____
 Type: _____ Cost: \$ _____
 Type: _____

Other Operational Expenditures _____

Anticipated Expenditures through August 31, _____, if any: _____

Total Cost: \$ _____

Anticipated Expenditures for any funds not expended by August 31. (Not required if entire contract amount is expended by August 31): _____

Total Cost: \$ _____

Name of person completing report (Print): _____

Title: _____ Phone: _____

RAC/County Authorized Signature: _____ Title: Exec Director

Name (Print): Eric Epley Date: _____

*Please attach additional page if necessary.