

Organization Information

EMS Agency: Yes
Organization Name: RINER VOLUNTEER RESCUE SQUAD INC.
Address Line1: 4171 Riner Rd
Address Line2:
City: RINER State: VA Zip: 24149
City/County: MONTGOMERY Phone Number: (540)381-6043
Regional Council: Western Virginia EMS Council FIN#: 275189555
Organization Structure: EMS - Volunteer Organization Type: Non-Governmental

Personnel Information**Number of Certified Personnel**

First Responder: 0 EMT: 17 Paramedic: 2 Advance EMT: 4 Enhanced: 0
Intermediate: 2 Advanced Life Support Coordinator: 0 Education Coordinator: 0

Certification

First Responder: 0 EMT: 23 Paramedic: 3 Advance EMT: 4 Enhanced: 0
Intermediate: 2 Advanced Life Support Coordinator: 0 Education Coordinator: 1
Driver Only: 0 Other: 8 **Total: 41**

Personnel

Career: 0 Volunteer: 41 **Total: 41**

Comments:

We are currently in the process of affiliating our members on the OEMS portal.

Call Activity and Demographics

BLS Calls: 390 ALS Calls: 260 Calls Unable To Respond: 80
Calls Outside Primary Service Area: 100 Avg Call Time(minutes): 59 Average Round Trip Mileage: 22
Avg Mileage To Nearest Hospital: 12
Square Miles of Service Area: 82 Population of Service Area: 15,000 Total Number of Stations: 1

Comments:

Our service area is the rural community of Riner, Virginia. We have recently seen an increase in urban and recreational developments and the area continues to grow. Our area is diverse, with everything from marked paved roads to barely recognizable dirt roads. Our run territory also has a significant amount of water, in the form of ponds, streams and rivers. We are proud of our recent achievement, of staffing an ALS (AEMT or above) ambulance or response vehicle each night of the week. Due to county-wide staffing shortages, our number of mutual calls has increased dramatically, especially with ALS requests.

Statement of Need:

Call Activity and Demographics

With grant approval our agency will be able to staff a response vehicle with a crucial and lifesaving automated external defibrillator. Obtaining an AED for the vehicle would be a significant milestone, as we have future plans to certify the vehicle as a quick-response vehicle. Grant approval will also provide us with an AED to place at our station, so we are always prepared for any situation. Riner Volunteer Rescue Squad strives to provide high-quality and efficient patient care to our community, a response vehicle equipped with an AED will assist us in achieving this.

Agency Vehicle Information

This Organization has additional ambulances not listed: No

Are any vehicles used by other jurisdictions? No

Unit#	VIN	Chassis Box Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage	Engine Hours
1100	1GNSKFECXLR305215	2020/2020	CHEVROLET	TAHOE	QUICK RESPONSE	Quick Response Vehicle (QRV)	Y	13500	
11-2	1FDUF4HT0EEA61649	2014/2014	FORD	E-450	TYPE I AMBULANCE	Ambulance	Y	43563	
11-1	1FDAF4HR3AEA57449	2010/2010	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	80634	
11-4	1FDSS34P17DA26830	2007/2007	FORD	S34	TYPE II AMBULANCE	Ambulance	N	20595	
11-3	1FDUF5HT1LDA05213	2020/2020	ROAD RESCUE	F-550	TYPE I AMBULANCE	Ambulance	Y	12865	

Financial Information**Assets**

Cash Balance: \$59,684.00

Real Estate: \$0.00

Investments (unrestricted): \$0.00

Equipments, Vehicles, etc: \$56,522.00

Restricted Funds: \$0.00

Restricted Funds Description:

No restricted funds.

Liabilities

Balance of Open Accounts: \$59,684.00

Notes or Mortgages Owed: \$0.00

Indebtedness / Obligations: \$0.00

Description of Indebtedness / Obligations:

No obligations.

Other Fees

Amount received from EMS Fee for Service for Last Fiscal Year: \$0.00

Service Fee Charged: N Service Fee per Call: \$0.00 Cost Recovery: 0.00%

Financial Information

Receipts/Revenue		Expenditures	
Local Government:	\$96,500.00	Operational Expenses:	\$72,362.00
26% Return to Locality:	\$12,459.00	Personnel Costs:	\$6,500.00
Donations:	\$5,000.00	Capital Expenditures:	\$8,000.00
EMS Fee for Service:	\$0.00	Other Expenses:	\$4,659.00
Fund Raising:	\$2,000.00	Non Operational:	\$7,000.00
Interest Dividends:	\$0.00		
Grants:	\$0.00		
Other Revenue:	\$0.00		
<u>Description of Receipts/ Revenue:</u>		<u>Definition of Capital Expenditures:</u>	
No grants have been received this fiscal year.		Other expenses: utilities, advertising/promotion, travel/ conferences.	

Finance Summary

Total Assets:	\$116,206.00	Net Worth:	\$56,522.00
Total Liabilities:	\$59,684.00	Beginning Balance:	\$59,684.00
Total Receipts:	\$115,959.00	Cash Difference:	\$17,438.00
Total Expenditures:	\$98,521.00	Ending Balance:	\$77,122.00

Budget Narrative:

The 2023 FY budget was created based on previous spending and income values. Riner Volunteer Rescue operates on a newly approved county income of \$100,000. The income is divided into 4 equal payments, which are distributed quarterly. We received 12,459 from 26% return to locality (four for life). Our budget, albeit very tight, allows us to operate normally throughout the year. Our budget does not allow for large purchases such as new equipment, to fund these purchases we often request a one-time budget increase or apply for grants.

Requested Items Information**Item Name: ZOLL AED Pro Semi-Auto/Manual**

Item Type:	Defibrillator - Automatic External Defibrillator		Requested Quantity: 2
Funding Level:	80 / 20	Action: Add	Current Quantity: 0
Total Price:	\$5,717.00	Matching Funds: \$1,143.40	State Funds: \$4,573.60
Comments:	For either funding, 80/20 or 50/50, the agency will pay through accounts supported by community donations/fundraisers and county allotment.		

Requested Items Information**Item Name: ZOLL AED Pro Semi-Auto/Manual**

Hardship Justification: Riner Volunteer Rescue Squad operates on a very tight yearly budget. Due to an increase in mutual aid calls, our units are requiring more regular upkeep, leading to increased maintenance costs, leading to a decrease in budgeted funds available for equipment. If awarded, one of the AEDs will be placed on a response vehicle, which is often used by our ALS providers for on-call ALS. The addition of an AED will increase the capabilities of the vehicle and provider. The other AED will be placed in the public area of our station. This area was designed as a fundraising opportunity for the agency as rentable space for community members. Due to the Covid-19 pandemic, we have been unable to rent our public space, however with decreased cases and new CDC recommendations, we plan on making the space available soon. While many of the preparations for the space are finished, the room lacks a public access AED. The attainment of an AED would complete our list of preparations for the space. Once completed, the rentable space will become a major asset for the agency and will help offset our recent increase in expenses due to increased mutual aid calls.

Supporting Documents

Name	Type	Description	Size
f519265168/riner-volunteer-rescue-s...	Quote	Quote from Zoll for two AED Pro Semi-Auto/Manual models	41 KB

Affirmation**Brief Project Description:**

With grant approval we plan on equipping a response vehicle and our station with their own dedicated automated external defibrillator.

Project /Equipment Sustainability:

We are extremely thankful for any awarded grant equipment and treat it with care and respect. Regular equipment checks will ensure that equipment is functional and allows for early detection of problems.

Supporting Documents

Name	Type	Description	Size
f1293104272/riner-vol-rescue-squad-...	Budget	FY 2023 Budget	366.91 KB
f6924115/riner-vol-rescue-squad-w9....	IRS Letter / 990 / W9	W9 Form	555.2 KB

Authorized Agent

First Name: CONNOR

Last Name: MORAN

Phone#: (540)267-5128

Email: CMMORAN00@GMAIL.COM

Signature: Connor Moran

Financial Officer

First Name: CONNOR

Last Name: MORAN

Phone#: (540)267-5128

Email: CMMORAN00@GMAIL.COM

Signature: Connor Moran

Operational Medical Director

First Name: SUSAN

Last Name: OSBORNE



Phone#: (540)745-6034

Email: BARTRDOC@SWVA.NET

Signature: Susan P. Osborne, DO

<u>Riner Volunteer Rescue Squad FY 2023 Budget</u>		
<u>Line Item</u>	<u>Previous FY Budget</u>	<u>2023 Projected Budget</u>
Fuel	\$10,000	\$11,000
Medical Supplies	\$50,000	\$51,000
Training	\$3,500	\$3,500
Uniforms	\$2,000	\$3,000
Website/Advertising	\$1,299	\$1,299
Travel/Meetings/Conferences	\$2,800	\$2,800
Auto Expenses/Repairs	\$5,000	\$5,000
Insurance	\$362	\$362
Other Supplies (Non-Medical)	\$8,000	\$8,000
Office Expenses	\$3,000	\$3,000
Dues	\$560	\$560
Utilities	\$5,000	\$7,000
<u>Totals</u>	\$91,521	\$96,521

Previous FY Expense	\$95,000
Total One-Time Fund Requested*	\$5,000
Total Reoccurring Increase Requested**	\$5,000
FY 2023 Total Requested	\$100,000
*One-time fund requested for updated/additional radios to increase interoperability and communications while on critical incidents	
**Total increase in reoccurring budget due to underestimated increase in expenses for larger building/heating/cooling on the new station as requested in FY2022. Additionally, fuel cost increased due to longer and more frequent mutual aid responses.	

Form W-9 Commonwealth of Virginia Substitute W-9 Form Revised December 2017		Request for Taxpayer Identification Number and Certification			
<input type="checkbox"/> Social Security Number (SSN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <div style="text-align: center;">2 7 5 1 8 9 5 5</div>		Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.			
Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____		Legal Name: Riner Volunteer Rescue Squad Inc.			
_____		Business Name: Riner Volunteer Rescue Squad Inc.			
Section 1 - Taxpayer Identification		Section 2 - Certification			
Entity Type <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input checked="" type="checkbox"/> Non-Profit		Entity Classification <input type="checkbox"/> Professional Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> VA Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Joint Venture <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> OTH Government <input type="checkbox"/> Other			
		Exemptions (see instructions) Exempt payee code (if any): (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____			
Contact Information					
Legal Address: P.O. Box 858		Name: Logan Underwood			
		Email Address: chief@rinerrescue.org			
City: Riner State : VA Zip Code: 24149		Business Phone: 540-392-0008			
Remittance Address: P.O. Box 858		Fax Number:			
		Mobile Phone:			
City: Riner State : VA Zip Code: 24149		Alternate Phone:			
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.					
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification					
Printed Name: Logan Underwood					
Authorized U.S. Signature: 		Date: 5/28/2020			

**ZOLL Medical Corporation**

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011

Fax: (978) 421-0015

Email: esales@zoll.com

Quote No: Q-27834 Version: 1

Riner Volunteer Rescue Squad
1610 Auburn School Road
Riner, VA 24149

ZOLL Customer No: 200851

Logan Underwood
(540) 392-0008
deputychiefvr@s@gmail.com

Quote No: Q-27834

Version: 1

Issued Date: March 14, 2022

Expiration Date: May 13, 2022

Terms: NET 30 DAYS

FOB: Destination

Freight: Free Freight

Prepared by: Suzanne Hopkins
EMS Senior Account Executive
shopkins@zoll.com
+1 8046151195

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1	715126	90110200499991010	AED Pro® Semi-Auto/Manual Includes: Backlit LCD screen, soft carry case, rugged over-molded outer housing, multi-patient internal memory, IrDA port, operator guide, five year factory warranty, limited lifetime outer housing warranty.	2	\$3,795.00	\$2,586.50	\$5,173.00
2	715126	8000-0860-01	AED Pro non-rechargeable lithium battery pack	2	\$168.00	\$136.00	\$272.00
3	715126	8000-0838	AED Pro ECG Cable AAMI	2	\$168.00	\$136.00	\$272.00

Subtotal: \$5,717.00

Total: \$5,717.00

Contract Reference	Description
715126	Reflects NASPO 2017 - Contract No. Ok-Sw-300 contract pricing. Notwithstanding anything to the contrary herein, the terms and conditions set forth in NASPO 2017 - Contract No. OK-SW-300 shall apply to the customer's purchase of the products set forth on this quote.

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. This Quote expires on May 13, 2022. Pricing is subject to change after this date.

**ZOLL Medical Corporation**

269 Mill Road
Chelmsford, MA 01824-4105
Federal ID# 04-2711626

Phone: (800) 348-9011

Fax: (978) 421-0015

Email: esales@zoll.com

Riner Volunteer Rescue Squad
Quote No: Q-27834 Version: 1

2. Applicable tax, shipping & handling will be added at the time of invoicing.
3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to esales@zoll.com or via fax to 978-421-0015.
5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting www.zollwebstore.com.

Order Information (to be completed by the customer)

☐ Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

☐ Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

☐ Yes PO Number: _____ PO Amount: _____
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

☐ No (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

Riner Volunteer Rescue Squad

Authorized Signature:

Name: _____

Title: _____

Date: _____