

GREENE COUNTY EMS OPERATIONS



**Break Down of Operational needs and requirements for
all EMS Services and GCEMS**

Who am I?

Presentation Prepared by:
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GCEMS Operations Manager / HIPAA Compliance Officer

12 Total Years of Public Service
Licensed as a EMSP (AL, TN, MS)
Certified Structure & ARFF Fire Rescue
Sworn Law Enforcement (TN)
Emergency Management & Operations Specialist (FEMA)

In Areas:
Sumter County AL (Livingston)
Perry County AL
Metro-Nashville TN
Wilson County TN
Rutherford County TN

The County and People We Serve

GCEMS is the Sole Prehospital Provider for Greene County that averages approximately 647 square miles.

- Eutaw: 12.01 square miles
- Boligee: 3.97 square miles
- Forkland: 3.51 square miles
- Union: 0.82 square miles

And approximately 13.0 square miles of the county is bodies of water.



The County and People We Serve

It is estimated from the most recent available census 2024-2025, the Greene County is home to approximately 7,067 residents.

With municipalities account for a fraction of the population such as:

- **Eutaw:** 2,655 residents: 37.65% of the population
- **Forkland:** 419 residents: 5.93% of the population
- **Boligee:** 270 residents: 3.82% of the population
- **Union:** 163 residents: 2.30% of the population
- **Other Non-Incorporated Areas:** 3,307 residents: 49.62% of the population



The County and People We Serve

- From January 1, 2026-April 25, 2026 GCEMS has been dispatched to
359 Calls Total

Jan 1 2026- March 4 2026: Using Paper Reports

- 122 Calls Dispatched
- Only Data able to be readily pulled from this Time Frame due to Reporting System



The County and People We Serve

- From January 1, 2026-April 25, 2026 GCEMS has been dispatched to
359 Calls Total

March 4, 2026- April 25, 2026: Angel Track ECPR (Required by State)

- **237 Dispatches**
 - **Eutaw (69): 29.11%** -**Knoxville (13):5.49%**
(Bingo Hall 38.7% of calls in Area)
 - **Boligee (28): 11.81%**
 - **Forkland (8): 3.39%** -**Other Non-Incorp. Areas (82): 34.59%**
 - **Union (4): 1.69%**



The County and People We Serve

- From January 1, 2026-April 25, 2026 GCEMS has been dispatched to 359 Calls Total

Using 2026 Data

Avg 89.75 Calls Per Month

Avg 3.99 Calls Per Day (24 Hours)

Estimated Annual Avg: 1,077

Estimated Response & Transport Mileage: 53,040 Miles



The County and People We Serve

Based on industry standards (NFPA) and the specific geography of Greene County, here is the breakdown of recommendations and why these recommendations are vital for the county and the residents based on the totality of the circumstances.

Also, why the “One-Ambulance” Benchmark has been statistically proven to be inadequate.



NFPA Standards

Response Time Goal (NFPA 1720): For rural zones (< 500 people per sq. mile), the standard is a response time of **14 minutes** for at least 80% of calls.

Given Greene County's population of 7,067 one ambulance might seem sufficient on paper, but this does not account for "out-of-county" transport times, and long response times due to distance and other factors.



The Transport Gap

The Following Numbers & Stats are based off of the ONE staffed Truck GCEMS has only been able to staff to State & Service License Standards.



The Transport Gap

The biggest challenge for Greene County is not just the number of people, but the **time a unit is out of service** during a call.

- **Local Hospital Status:** Greene County Hospital in Eutaw according to ADPH is not a rated Trauma Center, Stroke Center, Behavioral Health, or Cardiac Center.

Therefore, the Emergency Response and transport criteria for EMS, trauma, cardiac, or stroke patients often require transport to specific hospitals such as DCH Regional, Northport, or Whitfield Regional based on EMS Protocols.



The Transport Gap

Therefore, In Alabama EMS, the term "**Closest Appropriate Facility**" is not just a suggestion, it is a legal and clinical determination made by combining state law, specific medical protocols, and real-time data from the Alabama Trauma Communications Center (ATCC).

Which in turn requires the bypass of GCH to other facilities creating the "Transport Gap".



The Transport Gap

<u>Condition</u>	<u>Appropriate Destination</u>
Trauma (Physiologic)	The nearest Level I Trauma Center if within 30 minutes; otherwise, the closest Level II or III as directed by ATCC.
STEMI (Heart Attack)	The closest facility with a 24/7 PCI (Cardiac Cath Lab) . Ground transport is bypassed for air if the drive is >40 mins.
Acute Stroke	The closest Stroke Center (Ready, Primary, or Comprehensive).
Pediatric Trauma	A designated Pediatric Trauma Center (e.g., Children's of Alabama) if transport time allows.



The Transport Gap & Its Effects

Turnaround Time: A single transport to Tuscaloosa or Birmingham can take a unit out of the county for **2 to 6 hours** (drive time + hospital transfer + return trip).

The Danger: If Greene County only operates one ambulance and it is transporting a patient to Tuscaloosa, the county has **zero coverage** for any other emergency that occurs during those 3 hours.

****THIS IS ALSO WHY WE'RE ARE DICTATED BY THE STATE FOR THE EMSP TO CONDUCT AN ASSESSMENT ON TRANSFERS OUT OF HOSPITALS WHEN NON-CRITICAL AND 911 RESPONSE TAKES PRIORITY****



The Transport Gap & Its Effects

Transport Stats: March 4, 2026 - April 25, 2026

- Required Out of County Transport by Protocol: 44.83%
- Out of County Destination was closest Facility: 8.04%

52.87% required OOC Transport by State Mandated Protocol

**Average 3.9 Hours the County is Uncovered by any EMS
Per Emergency Call with OOC Transport**



The Transport Gap & Its Effects

Past 30 Days

GCEMS has requested mutual aid from surrounding services 13 times & only received help twice.

15.38% Mutual Aid Acceptance



THE CURRENT STATE OF GCEMS

HOW ALL OF THIS RELATES TO THE CURRENT

ISSUES



GCEMS Providers

GCEMS Currently employees only 7 personnel

- 3 ALS Providers who are serving in Management Roles in addition to Primary Providers on the Ambulance (Two demanding jobs simultaneously).
- 1 Additional ALS Provider (In Training)
- 2 BLS Providers
- 1 EMR / Driver

This personnel is enough to keep only one 24/7 ambulance with ALS crews having to work almost 72 hours at a time, and one floating truck for additional cover every 4 days (When the service has two operating trucks).

GCEMS Status

GCEMS is currently licensed by ADPH & OEMS as an ALS II Level Service:

Key components of Alabama ALS 2 standards include:

- **Staffing:** Licensed AEMT or Paramedic and an approved operator.
- **Equipment:** Required equipment includes but is not limited to: IV catheters (14-24 gauge), advanced airway equipment, cardiac monitoring (pulse oximetry), and medication administration tools.
- **Personnel Requirements:** Personnel must hold a valid Alabama AEMT or Paramedic license and be current on all board-approved protocol updates.
- **Medication/Fluids:** AEMTs or Medics may administer approved medications and fluids as defined within their state-approved scope of practice.
- **Medical Direction:** ALS providers must have an assigned resource or associate hospital for online medical direction.

GCEMS Status

As of April 25, 2026 GCEMS has the following vehicles in its fleet:

- EMS 1: Ford F-150 PickUp (Director's Vehicle)- In Service
- EMS 3: Ford F-450 Type I Ambulance -Out of Service in Repair Shop
- EMS 4: Ford E-450 Type III Ambulance - In Service (Repair Balance Owed)
- EMS 5: International Type III Ambulance- Out of Service in North Alabama with Unpaid Bills (Operational)
- EMS 7: Chevy Express Type III Ambulance- Out of Service, Non-Operational, at repair shop with unpaid balances
- Sprint 1: GMC Yukon: In Service Intermittently, Not Suitable for Emergency Use
- Sprint 2: GMC Yukon: Out of Service, Non-Operational

GCEMS Status

As of April 25, 2026 GCEMS has these current Outstanding Bills

- EMS 3: \$2,992 Balance (In Shop Still \$2,100+Parts)
- EMS 4: \$3,412 Balance
- EMS 5: \$3,100 Balance
- EMS 7: \$249 Balance (Ambulance will still be Non-Operational After Balance Pay)

TOTAL: \$11, 853 + Parts for EMS 3

GCEMS Status

Very Rough Estimates Other Debts Left from Previous Administration

- Federal IRS: \$825,000
- Alabama IRS: \$150,000
- RSA Employee Retirement Reimbursements: \$150,000

GCEMS Status

Federal IRS Corporate Tax Laws

5.17.7.2 (08-01-2010)

Trust Fund Recovery Penalty: Overview

- (1) IRC 7501, provides that whenever any person is required to collect or withhold any internal revenue taxes from any other person and to pay over such tax to the United States, the amount of the tax shall be held in a special trust fund for the United States. Trust fund taxes include employment taxes and certain types of excise taxes.



GCEMS Status

Federal IRS Corporate Tax Laws

5.17.7.2 (08-01-2010)

Trust Fund Recovery Penalty: Overview

(2) The Trust Fund Recovery Penalty (TFRP) is authorized by IRC 6672(a), which states:

"Any person required to collect, truthfully account for, and pay over any tax imposed by this title who willfully fails to collect such tax, or truthfully account for and pay over such tax, or willfully attempts in any manner to evade or defeat any such tax on the payment thereof, shall, in addition to other penalties provided by law, be liable to a penalty equal to the total amount of the tax evaded, or not collected, or not accounted for and paid over. No penalty shall be imposed under section 6653 or part II of subchapter A of chapter 68 for any offense to which this section is applicable."

GCEMS Status

Federal IRS Corporate Tax Laws

5.17.7.2.2 (08-01-2010)

Responsibility

A responsible person may be held liable for the TFRP if such person willfully fails to perform any one of the three duties listed in the statute: collecting, truthfully accounting for, and paying over the taxes. *Slodov v. United States*, 436 U.S. 238 (1978).

The statute does not impose upon the responsible person an absolute duty to pay over amounts that should have been collected and withheld by prior responsible persons. *Slodov v. United States*, 436 U.S. 238 (1978).

GCEMS Status

From the scarce records available, it is clear that since Director Abrams' tenure, GCEMS has lacked:

- A structured Operational budget
- Fiscal reporting for accountability
- Transparency for elected officials, EMS Board Members, and the people of Greene County

THAT MUST CHANGE.

Service Recommendations

Greene County & its Emergency Medical Service Profile Recommendations:

Sourced and researched based from the following National Governing Bodies

- NFPA
- NAEMT
- NHTSA
- NAEMSE

Recommended Service Profile by Standards

<u>Needed Recommendation</u>	<u>Quantity / Type</u>	<u>Reasoning</u>
Active ALS II (I) Units	2 Units	To ensure that if one unit is transporting a patient out of the county, a second unit is available for local emergencies.
Active BLS Units	1 Unit	A "back-up" ambulance to be used when all ALS Trucks are in transport & for Hospital Facility Transport Availability
Staffing Level 2 ALS & 1 BLS	2 ALS & 1 BLS	Because transport times to specialist hospitals are long, patients need ALS who can provide advanced cardiac life support and airway management during the 45–60 minute drive.

Recommended Service Profile by Standards

<u>Needed Recommendation</u>	<u>Quantity / Type</u>	<u>Reasoning</u>
<u>Ambulance Type</u>	<u>Type I</u>	Type I (Truck chassis) is often preferred for rural counties due to durability on rougher backroads and ease of maintenance.
<u>Reserve Unit</u>	<u>1 Unit</u>	A "back-up" ambulance to be used when one of the primary units is down for mechanical maintenance.

For Greene County to safely meet national rural standards and account for hospital transport times, the recommendation is **two (2) on-duty ALS ambulances, (1) on-duty BLS, one (1) reserve unit, & 3 QRV**

Recommended Service Profile by Standards

<u>Needed Recommendation</u>	<u>Quantity / Type</u>	<u>Reasoning</u>
<u>Quick Response Vehicle</u>	<u>3</u>	

QRV acts as a flexible safety net and a bridge to the Transport Gap. First Response to the scene and begin life-saving care (like CPR or AED use) while the nearest ambulance is still minutes away. Response when additional crews need to be called in to cover or facilitate transport for Hospitals. Typically manned by Management personal & ALS Providers.

For Greene County to safely meet national rural standards and account for hospital transport times, the recommendation is **two (2) on-duty ALS ambulances, (1) on-duty BLS, one (1) reserve unit, & 3 QRV**

Recommended Service Profile by Standards

**Based on Greene County Rescue Research
Recommendations:**

**National Standards would also suggest Minimum of 15
personnel to operate all the ambulance and positions of
appropriate oversight of the service.**

-6 ALS EMSP

-4 BLS EMSP

-2 EMR (MAX)

**-3 Management (Director/Chief), (Assistant
Chief/Operations), (EMSP Medical Director/Clinical QA/
Captain)**

Recommended Service Profile by Standards

We are aware of the financial situation at hand, the National Standard will have to be a future Goal.

HOWEVER,

The way the financial operations are currently being handled and how GCEMS is being forced to operate, it is statistically based on employees, finances, and state mandated needs and resources unable to be funded, that GCEMS will not be able to sustain proper operations past June 2026.

Recommended Service Profile by Standards

Since February 2026

Management Members of GCEMS has documented to have spent over \$3,400 of their own finances just to purchase equipment and needs for GCEMS to remain in compliance.

Recommended Service Profile by Standards

The current operations that we have no other means of changing at this time is putting Citizens at risk of death and seriously bodily harm.

- **GCH unable to properly transport patients to specialized destinations.**
- **Children in pediatric emergencies, AHSAA Sporting Events.**
- **Everyday motorist**
- **The 26.6% of Geriatric Population (65+)**

Recommended Service Profile by Standards

In addition to Greene County is currently classified as a **Health Professional Shortage Area (HPSA)**. This means that while roughly **25-30%** of the population (combining seniors with disabilities and those with MCC) requires specialized care, they often have to travel to **Tuscaloosa** or **Birmingham** to receive it.

The People loose local EMS they loose Emergency access to Specialized Care. People with suffer from that tremendously.

Recommended Service Profile by Standards

**JUST BECAUSE GREENE COUNTY
IS RURAL**

**DOES NOT MEAN THE RESIDENTS
DESERVE**

**LESS THAN THE ABSOLUTE BEST
THAT IS POSSIBLE
COMPARED TO ANY OTHER COUNTY**

Alabama Laws & EMS

Key Legislative Developments

1. Formal Declaration of Essential Status (Act 2022-106)

The Alabama Legislature previously laid the groundwork by formally declaring that emergency medical services delivered by both the public and private sectors are "essential services" for public welfare and safety.

Alabama Laws & EMS

The "Wantonness" Exception:

In Alabama, while government entities often have "sovereign immunity," this immunity can be stripped if a failure to provide an essential service is deemed wanton (intentional or reckless). If a county knowingly leaves a gap in service that results in a death, they can face massive civil judgments in court.

Alabama Laws & EMS

In the eyes of Alabama law, wantonness is a distinct legal concept that sits somewhere between simple negligence and intentional harm. While negligence is "forgetting to look," wantonness is "knowing the danger and not caring."

1. Legal Definition

Under Alabama Code § 6-11-20, wantonness is defined as:

Conduct which is carried on with a reckless or conscious disregard of the rights or safety of others."

To prove wantonness, a plaintiff doesn't have to prove the defendant intended to cause an injury. Instead, they must prove the defendant knew that their actions (or failure to act) would likely result in injury, but they proceeded anyway with a "what does it matter" attitude.

Alabama Laws & EMS

Normally, Alabama counties and cities enjoy State-Agent Immunity or Sovereign Immunity for "discretionary acts" (like deciding how to spend a budget). ***However, this immunity is not absolute.***

- The Exception: Under Alabama law (specifically the Ex parte Cranman standards), government officials lose their immunity if they act willfully, maliciously, or in bad faith.
- The Argument: Since the law declares EMS "essential," a county commission that refuses to fund or provide for it is not merely making a "budget choice"—they are knowingly abandoning a mandated public safety duty.

Alabama Laws & EMS

Identifying the "Knowledge" Evidence

A wantonness claim, you must prove the government had actual knowledge that their inaction would cause harm. Providers usually build this "paper trail" by:

- **Formal Notice:** Sending certified letters to the Commission documenting "red wall" events (zero ambulances available), average response times exceeding safe limits, or equipment failures.
- **Public Record:** Using transcripts from Commission meetings where EMS directors warned of "imminent loss of life" due to lack of funding, which the Commission then ignored.

OPERATIONAL PROPOSAL TO
BRING GCEMS TO
OPTIMAL OPERATIONAL STANDARDS



What are the Numbers

Employees & Payroll:

Current Average Cost of each Employee Per Pay Period (based on a High-Low Model):

- Gross Wages: \$4,032
- Liability Insurance: 10% of Net Pay= \$262 Avg
- Employer Paid IRS Federal Payroll Tax: 15% of Gross Pay= \$605 Avg
- Employer Paid AL IRS Taxes: 3% of Gross Pay= \$121
- Employee Paid Portion Retirement: 3% of Gross Pay= \$121
- Employer Paid BCBS Insurance: \$1,140

TOTAL AVERAGE: \$6,281 Per Employee Per Pay Period

What are the Numbers

Fleet Operations & Maintenance:

GCEMS averages 4,420 response at Transport Mileage each month between whatever operational Ambulance is available.

- EMS 3-Diesel-37.5 Gallon Fuel Tank-Avg 8 MPG
- EMS 4-Gasoline-40 Gallon Fuel Tank-Avg 10 MPG

AS OF 4/25/26 Diesel= \$4.78 gallon / Gasoline= \$3.75 gallon

- EMS 3 Avg Fuel Cost Monthly: \$1,321
- EMS 4 Avg Fuel Cost Monthly: \$829
- EMS 1 & Sprint 1 Avg Fuel Cost: \$480 Monthly

TOTAL AVERAGE: \$2,630

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- EMS 3 Avg Fuel Cost Monthly: \$1,321
- EMS 4 Avg Fuel Cost Monthly: \$829
- EMS 1 & Sprint 1 Avg Fuel Cost: \$480 Monthly

TOTAL AVERAGE: \$2,630 for The Vehicles Listed ONLY

What are the Numbers

Fleet Operations & Maintenance:

NHTSA & NFPA Maintenance Budget Model:

- \$1.15 per mile for High Mileage Transport Units
- \$0.70 per mile for New Transport Units & QRV

Based of that Model and the True need for Minimum 3 operational Transport Units and 3 ORV:

- Monthly Maintenance Budget Allocation: \$8, 267.

Remains in budget for small repairs and accumulates funds for large repairs to refrain large repairs being surprise cost and unbudgeted.

What are the Numbers

Fleet Operations & Maintenance:

- Fleet Insurance with Current Provider: \$843 Monthly
- EST. Market Increases & Additional Vehicle routinely used in fleet of new Operational Proposal: \$1,265

Total Fleet Operations & Maintenance Budget: \$12, 162 Monthly

What are the Numbers

General Operational Budget:

Includes Expenses Such as:

- Rent
- Utilities
- Communications
- EPCR System (REQUIRED BY STATE)
- Medical Supplies
- Medication
- Operating Systems
- Employee Uniforms
- Electronic Device Maintenance
- Loan Payments (Loans obtained by previous Administration)
- Station Supplies

What are the Numbers

General Operational Budget:

Includes Expenses Such as:

- Rent:

Currently in GCH Property However, this property is far from OSHA Compliant for work space, and the agreement entered into by previous administrations have not been followed.

EST. Market Rent Cost for Suitable Operational Space: \$1,200

- Utilities:

Alabama Power: \$330 Avg Monthly

Spire Gas: \$276 Avg Monthly

What are the Numbers

General Operational Budget:

Includes Expenses Such as:

- **Communications**

AT&T: \$514 Avg. Monthly

Southern Link: \$1,300 Avg. Monthly

(Have researched alternatives that could reduce Annual cost by 130% but have no funds for upfront cost)

- **EPCR System (REQUIRED BY STATE)**

Angel Track EPCR: \$789

What are the Numbers

General Operational Budget:

Includes Expenses Such as:

- **Medical Supplies:**

Medline Medical Supplies: \$2,700 Avg. Monthly

Electronic Medical Device Maint. & Supplies: \$1,300 Avg. Monthly

- **Medication:**

DCH Pharmacy: \$700 Avg. Monthly

Airgas (Oxygen): \$410 Avg. Monthly

What are the Numbers

General Operational Budget:

Includes Expenses Such as:

- Operating Systems:

ADP Employee Payroll & Time Card System: \$234

Quickbooks (Mandated to keep): \$455

Google Workspace & Security System (Required for HIPAA Compliance):
\$450

- Employee Uniforms

What are the Numbers

General Operational Budget:

- Employee Uniforms:

After research and company bids, with Condor Uniforms @ Wholesale prices locked in at 5 years: Avg Uniform Cost \$175 Per Uniform, which includes:

- Service Polo
- EMS Pants
- Ball Cap
- Belt

Each Employee would need 3 sets of uniforms to maintain safe and clean environment.

What are the Numbers

General Operational Budget:

- Electronic Device Maintenance:

Includes items such as Printer Ink, Toner, Batteries: \$400 EST. Avg Monthly

- Loan Payments (Loans obtained by previous Administration):

Stryker Flex: \$184 Monthly

Lease Direct: \$1,622 Monthly

What are the Numbers

General Operational Budget:

- Station Supplies

Items Such as:

- Cleaning Supplies
- Truck Washing Supplies
- Toilet Paper
- Paper Towels
- Light Bulbs
- Printer Paper
- ETC...

EST AVG MONTHLY COST: \$350

What are the Numbers

General Operational Budget:

EST AVG. MONTHLY OPERATIONAL BUDGET:

\$13,214 AVG Monthly Budget

The Proposed Operational Plan

First Requested Flat One-Time Finances:

- \$11, 853 + Parts for EMS 3: To Return Vehicles and the Equipment on the Trucks back to GCEMS and Return 3 Transport Ambulance back to Usable Fleet.
- \$6,000 Upfront Cost for Communications Swap: The Swap will allow Communication Cost to reduce from \$15,600 Annually to \$1,000 Annually, and reduce Internet Cost from \$6,168, reducing it to \$2,700 Annually
- \$5,250 To Equip 10 employees with 3 new uniforms: To bring the service to uniform professional presence.

The Proposed Operational Plan

- *Operational Management Of Finances*

Change Finance Management from one Single Account To 5 Separate Accounts for each area of Budgeting:

- Payroll & Taxes
- Fleet Operations & Maintenance
- Operational Cost
- Flex Spending or Donations Account
- Insurance Reimbursement Account

This allows for proper management of resources and allocations as well as formal budgeting as each account would only be used for its intended expenses. Any movement of funds would require EMS Board approval. As well as operational checks and balance & transparency.

The Proposed Operational Plan

Financial Support & Payment Plan

County Commission & Townships (Using Percentages Above) Supply following Monthly Funding until January 2027:

- Payroll & Taxes for 10 Employees: \$125,620 Monthly Avg.
- Fleet Operations & Maintenance: \$12, 162
- Operational Cost: \$13,214

TOTAL: \$150,996 Monthly Allotment

The Proposed Operational Plan

Financial Support & Payment Plan

With Receiving this allotment for Operational Cost Monthly as a non-profit organization GCEMS can then:

- Deposit ALL Insurance Reimbursements and or Collected Payments from Calls for Service be placed into the specified account.
- Those funds created from the Calls are earmarked for County Commission and/or Townships (HOWEVER DECIDED BY ELECTED OFFICIALS) to start combat Federal IRS, State IRS, and Employee Retirement Account Reimbursements, and other uses.

Alabama Laws & EMS for Repayment

2. The 2026 EMS Reform Act (SB269) Signed by Governor Kay Ivey in April 2026, this is the most critical update regarding the sustainability of EMS. It treats EMS as an essential infrastructure component by fixing the "broken" reimbursement model.

- "Treat-in-Place" Reimbursement: For the first time, EMS providers can be paid for providing life-saving care even if the patient is not transported to a hospital. Previously, they were often unpaid for on-scene care, which strained their budgets.
- Mandated Higher Rates: Starting October 1, 2026, health insurers are required to pay at least 200% of the Medicare rate for in-network emergency transports.

The Proposed Operational Plan

Financial Support & Payment Plan

Then, any donations received from the public or outside entities are placed into the designated account to be used by the service for other purchases or petty expense account.

This returns transparency to the people and ensuring donated funds are used for its intended purpose from the public.

The Proposed Operational Plan

Financial Support & Payment Plan

Lastly, additional Large Purchases funding & EMS Education Funds will continue to be sought out by GCEMS Operations working with FROGC in writing and applying for state and federal grants.

GCEMS Operations Currently has 3 in progress for:

- Cardiac Monitors
- AEDs for the service & Public Buildings
- Community Paramedicine Program Funding

The Proposed Operational Plan

Financial Support & Payment Plan

For the remainder of 2026 GCEMS will provide detailed reports of used budget money, account balances, and status of the Service in written format to the EMS Board Monthly, County Commission & Townships or upon request and will have a member of EMS Management in attendance at each Commission Meeting and any Town Council Meeting Requested to attend to deliver the same report.

In January 2027, Elected Officials, EMS Board, and GCEMS Management shall meet and re-evaluate Financial Status based of this created Budget and status of Service Debts.

The Proposed Operational Plan

Financial Support & Payment Plan

Again, after extreme research, operational overhaul, outside consultations by accounting experts, and Emergency Management Operational Experiences, this financial and operational plan of action was the only way to maintain the EMS Service that each citizen deserves, gain employee as the “uncertainty” of employment resolves for an extended time, and funds are generated for budget replacement or debt repayments. Without a plan of action now, people will suffer from EMS insufficiencies and/or disbandment.

Q & A

SEGMENT