



## **APPLICATION PERIOD NOW OPEN FOR CODE BLUE FY 2027**

To: Ambulance, First Responder Services and Rural Clinics

From: Michael M. Forcier  
Chief Executive Officer

Date: November 21, 2025

Subject: Code Blue (FY27) Equipment Requests

**DEADLINE TO APPLY: February 27, 2026**

### **Can We Help?**

Does your department have unmet EMS equipment needs? Is there an essential EMS equipment item that needs to be replaced? Do you need updated training equipment? Is your patient transportation vehicle in need of replacement or non-existent? Maybe Southern Region EMS Council (SREMSC) and the Code Blue project can help. It's time again for us to do the annual assessment of capital equipment needs of the services in the region and open the application period for the Code Blue grant project. If your service has equipment needs that fit the program criteria, we would like to help.

### **About Code Blue**

Code Blue was developed in 1999 to help rural Alaskan communities fund some of their essential EMS equipment needs. State, federal, local government and private foundation funding has come together in a powerful partnership to help emergency medical services. The Code Blue project has helped many communities, by helping to replace worn out or aging equipment. Struggling volunteer services have gotten new equipment they might never have been able to afford. EMS providers are energized by the show of support. We have had good success with a variety of funding sources. The USDA-Rural Development project, the State of Alaska, the Rasmuson Foundation, the Denali Commission, local communities, borough governments, regional offices, and other agencies have come together to fund several million dollars in EMS equipment for rural Alaska since the program began. Contact Southern Region for information on current additional funding sources.

Southern Region is a strong advocate for you and your emergency medical service. We work very hard to get approved projects funded, but first you have to do your part.

### **Let's Get Started....**

You can apply for one, or several items. ***Requested equipment must cost over \$300 per item (shipping and handling NOT included) and is expected to last more than three years.***

***Expendables and supplies will not be considered.*** Code Blue funds a variety of items from immobilization kits, pediatric kits, to vacuum mattresses, CPR manikins and radios to ambulances and patient transport vehicles. The important thing is that it is something **essential** that you REALLY need to provide quality patient care or training.

Thorough and complete applications, with the appropriate letters and signatures, are vital. You can help us help you by explaining your need and telling your story.

First though, you'll need to put your request together in the format requested.

- If you prefer an Adobe Acrobat fillable form that you can complete and print it is available on our website, <https://www.sremsc.org/programs/#code-blue>.
- Use the form we provide and complete ***all*** the information requested.
- Follow the Application instructions.
- Please type (***OR PRINT CLEARLY***) on all forms.
- Attach the quote or catalog page with item circled, for the requested equipment.
- Attach letters of support from your agency and local businesses and government.
- If requesting communications equipment, attach the ***Communications Questionnaire***.
- All requests must be reviewed and signed by your service Medical Director, if applicable.
- All requests **must** be reviewed and signed by your Subregion EMS Coordinator for your area. The Subregion EMS Coordinators are listed in this packet.

### **Agency Match Requirement**

Code Blue projects are funded through a variety of grant sources. They all have one thing in common - they look for a community commitment to, and support of, the project being requested. By signing the "Code Blue EMS Equipment Request Form" you are committing to your agency match. A letter committing your cash match also needs to be submitted with the application. Ten percent (10%) is the minimum acceptable match on equipment. Five percent (5%) is the minimum acceptable match on vehicles.

### **Eligibility**

Municipal or non-profit state certified ground ambulance services or first response groups that provide service to the general public and are recognized by the regional offices.

### **The Application**

The application is now available on our website, <https://www.sremsc.org/programs/#code-blue>. You may also use the enclosed Code Blue Equipment Request Form on which you present your request. Make copies if you need to, ***as each item must be on a separate page.*** Be sure and get the signature of your EMS Medical Director (if this applies to your agency), then send the entire packet to your subregion EMS coordinator if applicable for review and signature. The ***completed*** applications must be received by Southern Region EMS Council **no later than February 27, 2026.**

If you provide service within an organized city, borough or municipality and you have submitted your request to them for inclusion on their capital list; please note that in your justification. These will be shared with your legislators and will add credibility to your local government's requests, and vice versa.

### **Definition of "Essential Equipment"**

"Essential Equipment" means equipment that for the purposes of the Code Blue Project:

- is a durable item with a long life expectancy under normal use and has a cost of \$300 or more before shipping. Expendable items will not be funded.
- is required to ensure the safety of emergency medical services personnel;
- replaces frequently used equipment that is no longer serviceable or medically appropriate;
- is required to provide care in accordance with the appropriate core scope of practice/care delineated in 7 AAC 26.040, or other applicable regulation, and as supported by the appropriate physician medical director;
- is required to conform to the EMS Goals document; or
- is required to train emergency medical personnel at the Emergency Trauma Technician/ETT, Emergency Medical Technician – EMT-1, EMT-2 or EMT-3 level to the appropriate core scope of practice/care delineated in 7 AAC 26.040 and as supported by the appropriate physician medical director.

### **Items Not Eligible**

Code Blue does not fund buildings, aircraft (fixed or rotor wing), extrication equipment, fire suppression equipment, turnouts-helmets-boots, office equipment, office computers or furniture, public access AEDs, equipment beyond the scope of practice, transitional ALMR equipment and/or equipment that has not been proven to be medically efficacious. We are happy to talk with you about other potential sources to which you can apply directly. If you have questions about what may or may not be eligible (or any other question), give Southern Region EMS Council a call at (907) 562-6449.

### **Vehicle Requests**

If you request a patient transport vehicle/boat or ambulance, please be aware of the following requirements:

1. The vehicle will be titled to the service or community, and SREMSC will be a lienholder on the title. The title will be held by SREMSC.
2. Full insurance coverage to include liability, comprehensive and collision is required to be maintained. If the vehicle has USDA funding, full coverage insurance is required until the vehicle is valued at less than \$5,000. SREMSC and the USDA must be listed as additional loss payees on the policy. The insurance will also hold harmless SREMSC, USDA (if applicable) and the State of Alaska.
3. Proof of insurance must be provided to SREMSC annually or as the policy is renewed.
4. The vehicle must be stored in a heated garage space.
5. An organized EMS service must be maintained and ensure that providers are trained in the use of the vehicle.
6. A control system to prevent loss, damage, and theft must be maintained.
7. The vehicle must be properly maintained and maintenance records must be kept up to date.
8. Vehicle requests must be accompanied by a letter from the governing entity stating they will be responsible for heated inside storage, insurance, vehicle registration and on-going maintenance of the vehicle.

9. SREMSC reserves the right to recover the vehicle in the case of non-monetary default, such as failure to operate, inadequate staffing, inadequate insurance and/or inadequate maintenance.
10. The vehicle may not be sold or transferred, without prior written approval from SREMSC.

### **The Review Process**

Once the applications are submitted we go right to work on our part of this project so make sure that your application is thorough and complete when you send it in. Incomplete applications will not be considered.

The SREMSC Code Blue Review Committee considers each request in detail and makes recommendations to the full Board. Approved items will become part of the Southern Region proposal to the Code Blue Steering Committee. Projects from across the state are discussed during the Spring Code Blue meeting and the statewide Code Blue project list is then finalized. Not all items will be approved for that final statewide list.

Your requests are considered by (in order of review):

- |  |   |
|--|---|
| 1. Local Medical Director                                  | 5. SREMSC Board of Directors              |
| 2. Subregion EMS Coordinators (if applicable)              | 6. Code Blue State Steering Committee     |
| 3. SREMSC Staff  | 7. State EMS Office Staff                 |
| 4. SREMSC Board of Directors Code Blue Equipment Committee | 8. Other Funding Agencies (if applicable) |

Next page: Application Checklist

<b>DEADLINE TO SUBMIT IS February 27, 2026</b>
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## **Application Checklist – Code Blue Fiscal Year 2027**

Remember, to have the best chance of success at getting your capital projects funded, use the following checklist:

- ☐ Submit a separate “Code Blue EMS Equipment Request Form” for each item requested.  
If you are asking for more than one of an item, (i.e. 2 suction units) only use one form.
- ☐ Follow the application instructions that accompany the Code Blue Request form.
- ☐ Include quote, catalogue page with item circled, or other documentation for the item cost. If your project is approved funding will not be available for at least one year later so let your vendors know to give you a quote that may include increased rates.
- ☐ Supply all documentation requested in this packet, complete with all signatures.
- ☐ If you’re asking for communications equipment, be sure to include the Communications Questionnaire with your application.
- ☐ Communications infrastructure projects will be considered only if they are accompanied by design, planning, and/or formal preliminary work-up to define the problem, propose the solution, and outline the costs.
- ☐ Include a letter committing to the largest cash match contribution you can gather. The higher the match, the more favorably the funding agencies view the individual projects. Minimum local match is 5% for vehicles and 10% for all other requests.
- ☐ Include letter(s) of support from your agency, local businesses, and local government, etc.
- ☐ Obtain ***ALL REQUIRED SIGNATURES***, EMS Agency Representative, Local EMS Medical Director, if applicable the Subregion EMS Coordinator ***BEFORE*** the request is submitted to SREMSC. Requests received without proper signatures will be considered incomplete and **will not** be considered.
- ☐ Include W-9 with application packet even if you have submitted one in the past.
- ☐ Call Southern Region EMS Council at (907) 562-6449 if you have questions or contact your Subregion EMS Coordinator for assistance. We are happy to look over the application ahead of time, if you ask us, and give you feedback.
- ☐ Services submit the completed application and required documentation to your Subregion EMS Coordinator in time to be submitted to SREMSC by **February 27, 2026**

**CONTACT INFORMATION FOR  
SUBREGION COORDINATOR REVIEW AND  
SIGNATURE:**

**Anchorage**

Erich Scheunemann, District Chief/EMS  
Chief Municipality of Anchorage Fire  
Department 100 E. 4th Avenue Anchorage,  
AK 99501-2506  
Phone: 267-5090 Fax: 268-4977  
Email: [scheunemane@ci.anchorage.ak.us](mailto:scheunemane@ci.anchorage.ak.us)

**Copper River, Kodiak, MatSu, Kenai  
Peninsula, Prince William Sound**

Michael Forcier  
Southern Region EMS Council  
1010 W Northern Lights Blvd. Anchorage,  
AK 99503  
Phone: 562-6449 Fax: 907-562-9893 Email:  
[mforcier@gmail.com](mailto:mforcier@gmail.com)

**Aleutians/Pribilof Islands, Eastern  
Aleutian Tribes, Bristol Bay**

Don Smith  
Southern Region EMS Council  
1010 W Northern Lights Blvd Anchorage,  
AK 99503  
Phone: 907-562-6449  
Email: [dsmith@sremsc.org](mailto:dsmith@sremsc.org)

## Additional Information

### **Please don't forget**

- include how you want the item shipped and shipping costs.
- Send PHOTOS of equipment upon receipt



Thank you for your help & time with this matter.

Your input is appreciated!

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**Please read this pamphlet before completing your Capital Equipment/ Code Blue forms.**

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1010 W Northern Lights Blvd.  
Anchorage, AK 99507

Phone: 907-562-6449 Fax: 907-562-9893

Email: [nparfireva@sremsc.org](mailto:nparfireva@sremsc.org)  
or [mforcier@sremsc.org](mailto:mforcier@sremsc.org)

## *Capital Equipment/ Code Blue Guidelines*

**SOUTHERN REGION  
EMS COUNCIL INC.**



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**Please read this pamphlet before completing your Capital Equipment/ Code Blue forms.**

**You are responsible for knowing all information in this pamphlet.**

***Please Note: completing this application is not a guarantee that you will receive the items requested. There is a rigorous approval process at both the regional and state level before funding is allocated.***

## Capital Equipment/ Code Blue Guidelines

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Please use these guidelines to help you through the steps needed to complete the capital equipment request form properly.

If you have any questions regarding this procedure or process please do not hesitate to call : Michael M. Forcier, Chief Executive Officer or Nataliia Parfireva, Accounting Manager at 907-562-6449

### Important points to remember.

#### Equipment Only

Code Blue Funding is for equipment ONLY. Training or expendible items such as supplies are not eligible.

#### List items that are \$300.00 or over.

Each item individually must be \$300.00  
for example: 4 backboards \$100.00 each for a total of \$400.00 **does not qualify**.

#### Matching funds are required.

Please note that your squad or community will be required to provide **at least a 5% match for vehicles and a 10% match** for all other items requested. There is a possibility that your squad may have to provide additional funds if necessary.

#### Letters of support from your community.

Please include letters of support from your local community (i.e. Health clinic, Tribal Council, City or municipality.) ***This letter MUST also include a statement of support for the Alaska Code Blue program.***

#### Be sure to include your justification.

In your own words describe why your squad needs the item and how it would help with your service. Please be specific and use as much detail as possible. If you do not include a justification with your request then that item will be disqualified from your request.

All Code Blue requests will be reviewed and prioritized by SREMSC. Statewide priorities for funding will also be set. Your justification and need are very important.

#### Include any item that your squad needs (items over \$300).

This includes anything from oxygen systems to ambulances, boats, etc. There is no maximum price limit; so include any important item your squad needs but can't afford.

#### Radio Requests

The FCC has mandated that all radios and radio licenses must be updated to "narrow banding" as of January 1, 2013. All radio equipment must meet this requirement.

### **Don't forget shipping & handling!**

Don't forget to add shipping and handling to your items. You will be responsible for shipping charges if they are not included in your request.

#### Be as specific as possible:

List the name brand, model number, quantity, whether you will accept a substitute and specifications (size, type, style, etc.). Please include the item quote, catalog, website page etc.. Make a copy of the page and send it with your request.

#### You must prioritize your items:

This ensures that we know what is most needed by your squad and this is taken into consideration when critical decisions are made. **Only one item can be prioritized 1, 2, 3 etc.**

**If you have a physician sponsor, he/she MUST sign your form**, otherwise your request may be disqualified. (Particularly if the item is for ALS care.)

#### Make sure your form is COMPLETE:

Be sure to include prices for the item and shipping and handling, if it applies. If the form is not filled out completely your request may not be considered. **REQUEST AN INFLATED QUOTE AS FUNDING CAN TAKE UP TO 12 MONTHS OR MORE.**

### **Code Blue Funding Limits:**

Although these limits may change, current State Code Blue Funding limits are:

Ambulance / Patient Transport Vehicle- \$50,000  
Monitor/Defibrillator: \$15,000  
Patient Transport Boat: \$15,000  
Gurney : \$7,000

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**YOU MUST SEND IN YOUR REQUEST BY THE DEADLINE!**

## WE DO APPRECIATE YOUR EFFORT.

This is an important process--by following this procedure, you help strengthen the Code Blue Program. It also helps us maintain credibility, therefore increasing our chances of obtaining funding in the future.

We have received over 4 million dollars for Southern Region Code Blue projects. There is no guarantee of future funding, but we are optimistic that support will continue.

Please continue your support of our efforts to get you new equipment by following these guidelines, replying by the deadlines, and making a statement of support for Code Blue in your application.

Thank you for your time and I hope this pamphlet has been helpful.

**Please read this pamphlet before completing your Capital Equipment/ Code Blue forms. You are responsible for knowing all information in this**

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1010 W Northern Lights Blvd  
Anchorage, AK 99503  
Phone: 907-562-6449 Fax: 907-562-9893

Email: [nparfireva@sremsc.org](mailto:nparfireva@sremsc.org) or [mforcier@sremsc.org](mailto:mforcier@sremsc.org)





# Southern Region EMS Council, Inc Code Blue EMS Equipment Request Form



Page \_\_\_\_ of \_\_\_\_

EMS Agency Name:	Contact Person:	Email Address:	
Mailing Address:	Physical Shipping Address:	Phone Number:	Fax Number:

PLEASE TYPE OR PRINT CLEARLY - **ONE ITEM PER FORM** - INCOMPLETE FORMS WILL NOT BE ACCEPTED

Model	Equipment Description	Unit Cost	Quantity	Shipping	Total	*Priority	Quotes Attached? Y/N

Local Match Amount	Guaranteed By Whom	Match Letter Included
		A letter guaranteeing the required local match <b>MUST</b> be submitted with this request form.

Justification (Patient Transport Vehicle requests must include complete shipping plan and estimate. Attach additional sheets as needed)	New or Replaced Equipment?
	<div style="display: flex; justify-content: space-around;"> <span>New</span> <span>Replacement</span> </div>

Maintenance Plan / Training Plan (Attach additional sheet if needed)

From the “Notice of [grant] Award”, I have up to 24 months to secure funding for this project.

NOTE: Code Blue Steering Committee will consider granting an extension under special circumstances. Letter of request for extension must include:

- Official letter of request
- Addressed to Code Blue Steering Committee
- Justification for extension
- Plan for completion
- Signed by the agency representative
- Must receive letter prior to funding deadline

*Signature & Printed Name of EMS Agency Medical Director	*Date
*Signature & Printed Name of Subregion Coordinator	*Date

*Signature & Printed Name of EMS Agency Representative	Date
Signature & Printed Name of Regional EMS Director	Date

\* Complete this Section if Applicable

Revised OCT 2024



# Southern Region EMS Council, Inc Code Blue EMS Equipment Request Form



Page \_\_\_\_ of \_\_\_\_

EMS Agency Name:	Contact Person:	Email Address:	
Mailing Address:	Physical Shipping Address:	Phone Number:	Fax Number:

PLEASE TYPE OR PRINT CLEARLY - **ONE ITEM PER FORM** - INCOMPLETE FORMS WILL NOT BE ACCEPTED

Model	Equipment Description	Unit Cost	Quantity	Shipping	Total	*Priority	Quotes Attached? Y/N

Local Match Amount	Guaranteed By Whom	Match Letter Included
		A letter guaranteeing the required local match <b>MUST</b> be submitted with this request form.

Justification (Patient Transport Vehicle requests must include complete shipping plan and estimate. Attach additional sheets as needed)	New or Replaced Equipment?
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*Signature & Printed Name of EMS Agency Medical Director	*Date
*Signature & Printed Name of Subregion Coordinator	*Date

*Signature & Printed Name of EMS Agency Representative	Date
Signature & Printed Name of Regional EMS Director	Date

\* Complete this Section if Applicable

Revised OCT 2024

# Code Blue Communications Questionnaire FY 27

(Note: Complete this form **ONLY** if you are requesting communications equipment)

Name of Service \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Satellite Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Email: \_\_\_\_\_

Name of person completing this questionnaire \_\_\_\_\_

## COMMUNITY PROFILE

1. Emergency number: 911 \_\_\_\_ Other (please list) \_\_\_\_\_

2. Population of your response area: \_\_\_\_\_

3. Operational area in square miles: \_\_\_\_\_

4. Road Coverage miles: \_\_\_\_\_

5. Number of miles to nearest clinic: \_\_\_\_\_

Is there access to clinic by (circle each transport method): road      water      air

6. Number of miles to nearest hospital: \_\_\_\_\_

Is there access to hospital by (circle each transport method): road      water      air

7. Describe problems you may be having with your current communication system. What, if any, geographic barriers limit your radio communication? Attach additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SYSTEMS PROFILE

1. What type of radio(s) is your **service** currently using?

UHF \_\_\_\_ CB \_\_\_\_ VHF \_\_\_\_ Marine \_\_\_\_ Walkie-Talkie \_\_\_\_ Ham \_\_\_\_ Other \_\_\_\_

2. Is your current system ALMR compatible? YES \_\_\_\_ NO \_\_\_\_ Don't Know \_\_\_\_

3. Are you using ALMR? YES \_\_\_\_ NO \_\_\_\_

4. Who maintains your current system? \_\_\_\_\_

\_\_\_\_\_

5. What other type of radios are used in your **community**?

UHF \_\_\_\_ CB \_\_\_\_ VHF \_\_\_\_ Marine \_\_\_\_ Walkie-Talkie \_\_\_\_ HAM \_\_\_\_ Other \_\_\_\_

Is the system ALMR compatible? YES \_\_\_\_ NO \_\_\_\_ Don't Know \_\_\_\_

6. Is your service responsible for local search and rescue? YES \_\_\_\_ NO \_\_\_\_

If no, what agency is? \_\_\_\_\_

7. Does your service assist with local search and rescue? YES \_\_\_\_ NO \_\_\_\_

8. Who is the contact for information about your service's communication system?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_