

BLS FUNDING

BLS BASIC ALLOCATION

The **BLS Basic Allocation** was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system.

- The allocation is used to help offset costs of providing EMS services. Agencies use the allocation to pay for a variety of EMS-specific (per RCW 84.52.069) items including personnel, equipment and supplies.
- The funding is a reimbursement, meaning the agency invoices the EMS Division for repayment up to the amount available/spent that year.
- Agency funding levels are determined using a formula based 50% on Assessed Valuation (AV) and 50% on call volumes.
- Agencies can invoice the full amount after costs are incurred. For example, an agency that expends an amount equivalent to their total allocation on BLS activities in the first quarter could invoice the full amount in a Q1 invoice.

If you have any questions about the BLS Basic Allocation, please contact Helen Chatalas at 206-263-8560 or Helen.Chatalas@kingcountygov.

2020 BLS Invoice - Basic Allocation

Contract Number:

Exhibit: B1 - 2020 BLS Basic Allocation Invoice

Contract Period of Performance: 2020

Agency Name:

Address: _____

Contact Person: _____

Phone: _____

email: _____

Submit signed hardcopy invoice or PDF to:

Emergency Medical Services Division

Attn: Mary Won

401 5th Ave., Suite 1200

Seattle, WA 98104

mary.won@kingcounty.gov

Invoice for services rendered under this contract for the period

of:

Start Date	End Date

MM/DD/YY

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	
Supplier Name	
Supplier #	
Supplier Pay Site	
Remit to Address	
Req # and Receipt #	
Invoice Date	
Invoice #	
Amount to be Paid	
Note to AP	
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	
PH Program name & phone	

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1045572	830000	53180	002	101752				

Attach sheet for multiple POETAs

OPERATIONAL FUNDS	2020 Budget	Invoice Amount	Previous Total	Expense To Date	Budget Remaining
Salaries & Benefits					
EMT Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Other Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Overtime	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Employee Benefits:	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Employee Salaries & Benefits:	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs:					
Medical Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Office & Computer Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Uniforms, Fire & Safety Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Dispatch	\$ -	\$ -	\$ -	\$ -	\$ -
Communications	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -
Misc.	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Other Costs:	\$ -	\$ -	\$ -	\$ -	\$ -
2020 BLS Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty or perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed _____ Date _____

PH Program Manager Approval _____ Date _____

Print Name _____

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					