



Criteria, Guidelines and Application for EHS MFR Sponsorship

Purpose:

To provide the criteria used to evaluate applications for EHS sponsorship of an MFR agency.

The following process will be used in sponsorship applications:

A more detailed application process, supported by data from the EHS Medical Communications Centre, the Manager, EHS MFR Services, and other sources, will assist in more effective and consistent MFR sponsorship criteria.

EHS MFR sponsorship must meet the following criteria and agreed to by all parties involved.

1. File an application for sponsorship. The application form will include the following information:
 - The number of certified MFR members. There is an expectation that an MFR agency is available to respond to calls 24 hours per day/7days per week in their coverage area.
 - Confirmation that the application is approved by the area Municipal Government (i.e. signature from Warden, Mayor or CAO).
 - Type of agency sponsorship:
 - ✓ Fire Department MFR agency
 - ✓ Community-based MFR agency
 - Estimated population
 - Areas of risk
 - Service level (level of response) requested
 - Signature of Fire Chief (or MFR Coordinator for a community-based agency)
2. Applications being presented must be legible and accurate. Upon receipt, the application will be evaluated and presented to the EHS MFR Stakeholders Committee. The applicant agency will be advised of the decision both verbally and in writing. All evaluations, reports and noted findings will be filed for future reference.
3. Department or agency applying for sponsorship must be, or eligible to be, listed within the EHS Medical Communications Centre Computer Aided Dispatch (CAD) system as a response agency.
4. The Evaluation Committee will review/confirm:
 - MFR agency Application for Sponsorship
 - The agency applying for sponsorship is a community-based volunteer organization and is listed as a response agency in the EHS Medical Communications Centre Computer Aided Dispatch (CAD) system
 - Documentation of location, population, hazards, risks

- Availability and location of other responding agencies to a call in the applicant's jurisdiction (coverage area)
 - ✓ Ambulance
 - ✓ Police
 - ✓ Mutual Aid Agencies
- Strategic location, i.e. remote area

General Information

1. Any questions pertaining to the EHS MFR Program should be directed to:

Manager, EHS MFR Services
239 Brownlow Avenue, Suite 300
Dartmouth, NS B3B 2B2
Tel: (902) 832-8620
Fax: (902) 832-8602

2. The Manager, EHS MFR Services shall use all available data and resources to review all applications. The Manager will then present the application to the EHS MFR Evaluation Committee and the EHS MFR Stakeholders Committee.
3. Any application which has not been approved may be appealed within thirty (30) days of written notification. Appeals should be addressed to:

EHS MFR Stakeholders Committee
c/o Director of Provincial Programs
EHS Emergency Health Services
Brownlow Avenue, Suite 160
Dartmouth, NS B3B 2C5

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or faxed to (902) 424-1781.



**Application for EHS MFR Sponsorship
Agency Profile**

Agency Name: _____

Civic Address: _____

Mailing Address: _____

Telephone: _____

Agency Chief/ MFR Coordinator	Name
	Telephone
	Cellular
	Fax
	Email
	Signature
Alternate Contact #1	Name
	Telephone
	Cellular
	Fax
	Email
	Signature
Alternate Contact #2	Name
	Telephone
	Cellular
	Fax
	Email
	Signature

Estimated Population

- < 1,000 sched
- 1,000-2,000 Total
- 2,000-3,000
- 3,000-4,000
- 4,000-5,000
- > 5,000

Membership

Total # of MFRs trained and/or
 uted to be trained within 12 months _____

of active members _____

Response Level Requested 2 3 4 5 6

Specify availability of MFRs to respond _____
(e.g. 24 hours/day, 7 days/week)

Service Area (please list all communities to which you respond)

Areas of Risk	Please identify areas of risk from the list provided and other potential risks that you may deem important.
Heavy Industry, Pulp/Logging, Fishing, Light Industry, Manufacturing, Highway (100 series), High-volume/High-seasonal Occupancy, Remote Wilderness, Natural Gas Pipeline, Tourism, Other	

Type of sponsorship your agency is applying for (check one only):

- EHS MFR Funded
- Equipment with replenishments
 - Subsidized training in the 1st year up to \$150 per person, to a maximum of \$1,500 per agency (receipts required)
 - Consecutive years - \$150 per person for MFR training of 2 persons (receipts required)
- EHS MFR Non-funded
- No equipment or training subsidies

Name of Fire Chief/Non-traditional Agency MFR Coordinator

Signature of Fire Chief/Non-traditional Agency MFR Coordinator

Date of application

FOR COMPLETION BY MUNICIPAL REPRESENTATIVE

This application for EHS MFR Sponsorship has been reviewed by:
(please print clearly)

Signature _____ **Date** _____

Name _____

Title _____

Mailing Address _____

Email Address _____

Telephone _____ **Fax** _____

Please direct inquiries to:
Coordinator, EHS MFR Services
239 Brownlow Avenue, Suite 300
Dartmouth, NS B3B 2B2
mfrservices@emci.ca

Telephone (902) 832-8620 • Fax (902) 832-8602

EHS MFR SERVICES USE ONLY:

Approved *Denied* *Date:* _____