Thank you for interest in special event coverage by Durham County EMS. This form must be completed in full and emailed to dcemsevents@dconc.govfor consideration. After receiving your request for Special Event Coverage form Durham County EMS will determine if coverage will be offered. ***If coverage is offered,******Durham County EMS will decide which EMS resources(s) will be used.***

If coverage is offered, you will be provided a confirmation and upon request an estimated cost. ***All requests must be made at least four weeks prior to the event***. Factors used to determine whether/how coverage will be offered may include: event crowd size (2,500+), risk factors for participating population, EMS access to venue (area traffic impedance), EMS availability and event impact on 9-1-1 operations.

**SUBMITTER INFORMATION**

**Event Coordinator:** Click here to enter text. **Title/Position:** Click here to enter text.

**Telephone Number/Type:** Click here to enter text. [ ]  Cell [ ]  Office [ ]  Home

**Email address:** Click here to enter text.

**EVENT INFORMATION**

**Type of Event:**  [ ]  Sporting event (Type) Click here to enter text. [ ] Assembly [ ]  Concert

[ ]  Festival [ ]  Race (Bike) [ ]  Race (Foot) [ ]  Rally [ ]  Parade [ ]  Walk-a-Thon

[ ]  other: Click here to enter text.

**Event Name:** Click here to enter text. **Date:** Click here to enter text.

**Event Location (address or venue):** Click here to enter text.

**City:** Click here to enter text. **Zip Code:** Click here to enter text.

**Crowd Size** (Including staff/volunteers/attendees): Click here to enter text.

**EMS On-Site Time:** Click here to enter text.

**Event Start Time:** Click here to enter text. **End Time:** Click here to enter text.

**Specific location on property for EMS vehicle(s) to stage, if applicable:** Click here to enter text.

***Maps of the course or venue are required and must be returned with this form unless the venue is a permanent***

***sports or entertainment facility.***

**ON-SITE INFORMATION**

**On-site Contact:** Click here to enter text. **Telephone Number:** Click here to enter text.

**Food and Drink Sales:** [ ]  Yes [ ]  No **Will you sell alcohol at the event:** [ ]  Yes [ ]  No

**BILLING INFORMATION**

**Company/Group/Individual:** Click here to enter text.

**Tax ID/SS# (if applicable):** Click here to enter text.

**Billing Address:** Click here to enter text. **City:** Click here to enter text.

**State:** Click here to enter text. **Zip Code:** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event Type** | **AnticipatedCrowd Size** | **Knowledge of 911 Access and CPR** | **Advance Life Support (ALS) Ambulance(s)** | **Mobile Bike or FootTeam(s) or QRV Unit** | **EMS Supervisor** |
| **Concert / Music Festival; Block Party / Street Fair;** | **< 2,500** | • |  |  |  |
| **2,500 - 15,000** | • | ‡ |  |  |
| **15,000 - 50,000** | • | • | • | • |
| **> 50,000** | • | • | • | • |
| **Athletic / Sporting Event** | **< 2,500** | • |   |   |   |
| **2,500 - 15,000** | • | ‡ |   |   |
| **15,000 - 50,000** | • | • | • | • |
| **> 50,000** | • | • | • | • |
| **Parade** | **< 2,500** | • |  | • |  |
| **2,500 - 15,000** | • |  | • |  |
| **15,000 - 50,000** | • |  | • |  |
| **> 50,000** | • |  | • |  |
|  *Due to the dynamic nature and variable size of parades, it is recommended by Durham County EMS the 9-1-1 system should be accessed by the organizer or individual participants when deemed appropriate. Durham County EMS will need notification of street closures and entry points along the parade route.* |
| **Conference / Convention** | **< 2,500** | • |   |   |   |
| **2,500 - 15,000** | • |   |   |   |
| **15,000 - 50,000** | • | ‡ |  | • |
| **> 50,000** | • | • | • | • |
| ‡ = Recommended resource intended to ensure safety of participants |
| • = Required resource. Multiple resources should be considered depending on boundaries of event, event elements, and/or size of crowd. |

|  |
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| **2017 – 2018 Durham County EMS Special Event / Standby Fee Schedule** |
| **Ambulance Standby** | **QRV Standby** | **Bicycle Response Team**  | **Foot Patrol****(Medics walking at event)** | **Medical Operations/ Command** | **On-Scene Treatment During Standby** *(No Transport)* |
| $250.00 /per hour | $150.00 / per hour | $150.00 /per hour | $150.00 / per hour | $150.00 /per hour | $250.00 |
| **Or, any fraction thereof, with a 3-hour minimum.** | This is charged to the patient when ALS treatment is provided, but the **patient** refuses transport. |

*Hourly fees are set by the Durham County Commissioners (subject to change).*