

**Emergency Medical Services Event Request Form- Effective 1 July 2022**

**Department of Emergency Management**

2221 University Avenue SE · Suite 140 · Minneapolis, MN 55414

Telephone 612-626-1518 / Fax 612-625-6660 · email: umems@umn.edu

This is a request for University of Minnesota Emergency Medical Services to provide an emergency medical care team at the following event(s). Please request your coverage as soon as you are able to in order to avoid late fees. \****Rates subject to change if event is scheduled in the next fiscal year*. \*Email BOTH pages of this completed form to** **umems@umn.edu****.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Internal Events***(Funded solely by U of M*) |  | **External Events**(*All or part of funding provided by an**organization outside of the U of M)* |  |
| **Event Attendance** | **Small < 7,500** | **Medium 7,500-15,000** | **Large > 15,000** | **Micro****(Ballroom)****<500** | **Micro Plus****(incl. Ambulance)** | **Small < 7,500** | **Medium 7,500-15,000** | **Large > 15,000** |
| **Each Request is 4 Hours Minimum; Billed Hourly Afterwards**  | **$750** | **$1050** | **$1700** | **$100/2hr** | **$675/3hr** | **$1,400** | **$1800** | **$2200** |

**Late Fee:** If the event is less than **10 business days** away a 10% late fee will be charged. (Example: An internal small event; dated 06/30 submitted 06/27 would be charged $825 for a 4 hour block).

**Time Change Fee:** If the original EMS Report Time for the event changes by more than 2 hours and UMEMS is not notified at least **5 business days** prior to the event, the late fee will be assessed. (Example: Original start time for small event on 06/30 is changed from 1 pm to 4 pm on 06/30 would be charged $715 for a 4 hour block).

**Required Event Information:** Complete page 2 with event times.

|  |  |
| --- | --- |
| Event Title  |  |
| Event Location (complete one form for each location) |  |
| Date of Event (list start and end dates if multiple days) |  |
| Anticipated Attendance (ticket sales will be used for billing) |  |
| Nature of Event (hockey, concert, parade, etc.) |  |

**Required Billing Information:**

|  |  |  |
| --- | --- | --- |
| Is this event funded **solely** by a U of M department?If outside organization is billed, then check NO. | Yes [ ]  | No [ ]  |
| Contact Name |  |
| Contact Phone Number |  |
| Contact Fax Number |  |
| Contact Email Address |  |
| Contact Mailing Address |  |
|  |
| Fund/Dept ID/Program (Non-Sponsored) |  |
| Fund/Dept ID/PCBU/Project/Activity (Sponsored) |  |
| ChartField 1- CF1/ChartField 2 – CF2 (Conditional/Optional) |  |

**For DEM Office Use Only:**

|  |  |
| --- | --- |
| Date DEM Received: | Additional Charge Notes: |
| Emailed On: |  |
| Estimated Charge: |
| Billing Received: |

Page 2

**Emergency Medical Services Event Request Form**

Please list each event/game on a single line. If you have multiple events/games back to back on the same day, please *list the events/games separately*. Feel free to duplicate this page and add it below if there are more than 20 events/games.

You can look at our EMS calendar at any time to make sure your events have been entered and are correct. Go to

<https://secure3.aladtec.com/umnems/index.php> . Please contact umems@umn.edu for access.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Event/Athletic Opponent Name | Location | Date | REPORT TIME:EVENT START-END TIME: | Total time(rounded to the nearest hour for billing) |
| I.E | i.e.: Minnesota vs Alberta | 3M Arena at Mariucci | 10/1/17 | REPORT:3:30pm START-END:5pm-8:30pm | 5 hours |
| 1 |       |       |       | REPORT:      START-END:       |       |
| 2 |       |       |       | REPORT:      START-END:      |       |
| 3 |       |       |       | REPORT:      START-END:       |       |
| 4 |       |       |       | REPORT:      START-END:       |       |
| 5 |       |       |       | REPORT:      START-END:       |       |
| 6 |       |       |       | REPORT:      START-END:       |       |
| 7 |       |       |       | REPORT:      START-END:       |       |
| 8 |       |       |       | REPORT:      START-END:       |       |
| 9 |       |       |       | REPORT:      START-END:       |       |
| 10 |       |       |       | REPORT:      START-END:       |       |
| 11 |       |       |       | REPORT:      START-END:       |       |
| 12 |       |       |       | REPORT:      START-END:       |       |
| 13 |       |       |       | REPORT:      START-END:       |       |
| 14 |       |       |       | REPORT:      START-END:       |       |
| 15 |       |       |       | REPORT:      START-END:       |       |
| 16 |       |       |       | REPORT:      START-END:       |       |
| 17 |       |       |       | REPORT:      START-END:       |       |
| 18 |       |       |       | REPORT:      START-END:       |       |
| 19 |       |       |       | REPORT:      START-END:       |       |