



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

September 19, 2011

Senator Mary Anne Salmon, Chair
Representative Tommy Lee Baker, Chair
Arkansas Legislative Council

RE: Contract and Grant Disclosure and Certification Form for the Non Discretionary Trauma EMS Sustaining Sub Grant Agreement with Crittenden EMS LLC

Dear Senator Lavery and Representative Cowling:

The Arkansas Department of Health, Center for Health Protection, Trauma Section plans to do a Non Discretionary Trauma EMS Sustaining Sub Grant with Crittenden EMS LLC in the amount of \$25, 569.00 as part of the Trauma System Act 393 of 2009. Hudson Hallum, Patient Care Director, who has 33 1/3% Ownership Interest in Crittenden EMS LLC has disclosed that he is a current General Assembly Representative from July 2011 to December 2012. Therefore I am submitting a copy of the Contract and Grant Disclosure and Certification Form along with the Non Discretionary Trauma EMS Sustaining Sub Grant Agreement in accordance with the provisions of ACA §19-11-264.

Also attached is a copy of the email from Robin Rogers, Deputy Director of the Office of State Procurement, stating "In accordance with 19-11-264 (Act 567 of 2007) contracts with members of the General Assembly are to be submitted to the Arkansas Legislative Council for legislative review. We do not consider sub-grants actual contracts however we do strongly suggest you submit this one to the ALC."

If we should receive favorable review by the Legislative Council the Arkansas Department of Health will process the sub grant agreement with a beginning date that is after the approval date by the AR Legislative Council (ALC).

Respectfully,

Ann Purvis
Deputy Director for Administration
Arkansas Department of Health

cc: Center for Health Protection
Injury Prevention and Control Branch
Trauma Section
Contract Support Section

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Crittenden EMS LLC

☐ Goods? ☒ Services?

☐ Both?

YOUR LAST NAME: Hallum

FIRST NAME: Hudson

M.I.:

ADDRESS: 205 South Second

CITY: West Memphis

STATE: AR

ZIP CODE: 72301-

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

For Individuals *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☒ None of the above applies

For a Vendor (Business) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership interest (%)	Position of Control
General Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Representative	07/11	12/12	Hudson Hallum	33 1/3%	Representative
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

☐ None of the above applies

8-24-11

8-24-11

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature

[Signature]

Title Owner

Date 06/05/2011

Vendor Contact Person Hudson Holsum

Title Owner

Phone No. 901.301.5650

Agency Use only

Agency

Agency

Arkansas Department

Agency

Contact

501-

Contract

Number 0645

Name

of Health

Contact Person

Sherry Gibson

Phone No. 661-2569

Contract or Grant No. _____

[Handwritten initials]

Sherry Gibson

From: Robin Rogers [Robin.Rogers@dfa.arkansas.gov]
Sent: Wednesday, August 24, 2011 3:34 PM
To: Sherry Gibson
Attachments: Disclosure form.pdf

In accordance with 19-11-264 (Act 567 of 2007) contracts with members of the General Assembly are to be submitted to the Arkansas Legislative Council for review. We do not consider sub-grants actual contracts however we do strongly suggest you submit this one to the ALC.

Thanks,

Robin

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Crittenden EMS LLC

☐ Goods? ☒ Services?

☐ Both?

YOUR LAST NAME: Hallum

FIRST NAME: Hudson

M.I.:

ADDRESS: 205 South Second

CITY: West Memphis

STATE: AR

ZIP CODE:

72301--

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

For Individuals *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☒ None of the above applies

For a Vendor (Business) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Representative	07/11	12/12	Hudson Hallum	33 1/3% Patient Care Director
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☐ None of the above applies

Handwritten signature and date: 05/16/2012

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature [Signature] Title Owner Date 08/05/2011
Vendor Contact Person Hudson Holm Title Owner Phone No. 901-301-5650

Agency Use only

Agency Number 0645 Agency Name Arkansas Department of Health Agency Contact Person Sherry Gibson Contact Phone No. 501-661-2569 Contract or Grant No. _____

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08/11/2011

Agreement # _____

ARKANSAS DEPARTMENT OF HEALTH SUB-GRANT AGREEMENT

This Agreement is entered into between the State of Arkansas, Arkansas Department of Health, Health Protection, Trauma Section, hereinafter referred to as the Department and the Recipient, as indicated below, hereinafter referred to as the Recipient. This Agreement will begin on **8/15/2011** and will end on **6/30/2012**. In no event shall the initial term of the agreement extend beyond the end of the current biennial period unless the General Assembly, prior to the expiration of the biennial period, makes an appropriation for such purpose.

I. Recipient Information							
AASIS Vendor Number		100167555		Taxpayer/Employer Identification Number		25-1915451	
Name		Crittenden EMS LLC					
Address		205 South Second					
City		West Memphis		State	AR	Zip Code	72301
Recipient Contact Name & Title		Hudson Hallum, Owner		e-mail address		crittcoems@yahoo.com	
				Area Code + Phone		870-733-1166	
II. Purpose and Scope							
Sub-Grant Type		Non-Discretionary					
Purpose of Sub-Grant							
Provide sustaining funding to allow interested Arkansas licensed ambulance services to continue pre-hospital trauma readiness within the trauma system.							
Total Funding amount of this sub-grant is \$ 25,569.00.							
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.							
Crittenden County							
ADH Contact Name		Joe Martin		Area Code + Phone		501-671-1452	
Sub-Grant Developer Name		Brian Nation		Area Code + Phone		501-671-1449	

All parties agree the following attachments contain the objective and scope and are hereby made a part of this sub-grant. These attachments may not be altered or modified without a written amendment signed by all parties.

Attachment #	Description
1	Purpose and Scope
2	Budget and Budget Narrative
3	Certification Regarding Lobbying & LLL Form (if LLL is applicable)
4	Business Associate Agreement
5	Recipient's Response to Solicited Proposal
6	Special Language
7	Act 393 of 2009
Other documentation to be included if applicable	
<input checked="" type="checkbox"/> Contract and Grant Disclosure and Certification Form	
<input checked="" type="checkbox"/> Illegal Immigrant Certification	

III. Checklist for Debarred Vendors - To be completed by Contract Support Section					
AR OSP & FEDERAL EPLS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initials	<i>BT</i>	Date of Verification
					108-01-11

08/16/11
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Agreement #

ARKANSAS DEPARTMENT OF HEALTH SUB-GRANT AGREEMENT

IV. Procurement Method, Funding Information, Agreement Liability, and Source of Funds

Procurement Method	Solicited Proposal
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Solicited Proposal

Funding Information
Active Date: From
Active Date: To
AASIS Material #
General Ledger
Cost Center
Internal Order #
Fund
Fund Center
Commitment Item
CFDA #
Source of Funding
% of Funding
Payment Method
Payment Schedule
Proposed Amount

Funding Source 1
8/15/2011
6/30/2012
10090134
5100001000
610076
AATR00XX
BAA0300
59TE
510:00:04
N/A
State
100
Fixed Rate
Annual
\$ 25,569.00

[illegible]

Funding Source - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
\$

Funding Information
Active Date: From
Active Date: To
AASIS Material #
General Ledger
Cost Center
Internal Order #
Fund
Fund Center
Commitment Item
CFDA #
Source of Funding
% of Funding
Payment Method
Payment Schedule
Proposed Amount

Funding Source -----
- - - - -
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- - - - -
- - - - -
- - - - -
- - - - -
\$

[illegible][illegible]

Agreement Liability - Grand Total	\$ 25,569.00
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Source of Funds: Complete the appropriate box or boxes below to total 100% of the funding in this agreement.

% Federal Funds	% State Funds	% Cash Funds	% Trust Funds	% Other Funds
	100			

Fund Title Source 1	Trauma EMS Sustaining Grant
Fund Title Source - - - - -	
Fund Title Source - - - - -	
Fund Title Source - - - - -	
Fund Title Source - - - - -	
Fund Title Source - - - - -	

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**ARKANSAS DEPARTMENT OF HEALTH
SUB-GRANT AGREEMENT**

V. Cancellation

- A. The Department and the Recipient agree that either party may cancel this agreement unilaterally at any time by giving the other party thirty (30) calendar days written notice, and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. Cancellation notices to the Arkansas Department of Health must be sent to the ADH Director or the authorized representative designated herein.

VI. Program Compliance

- A. **State and Federal Laws:** Performance of this sub-grant by the Recipient and the Department must comply with state and federal laws and regulations. If any statute or regulation is enacted which requires changes in this sub-grant, the Recipient will receive notification of the required changes. This sub-grant shall then be amended according to the procedures outlined in Section X.

- B. **Force Majeure:** Neither party will be held responsible for any delay or failure to perform any part of this sub-grant when such delay or failure results from fire, flood, epidemic, war or insurrection, unusually severe weather, or the legal acts of public authorities.

- C. **Compliance with Nondiscrimination Laws:** The Recipient will comply with all applicable provisions of the following federal regulations related to nondiscrimination, both in service delivery to clients and in employment, including, but not limited to, the following:

- Title 45 Code of Federal Regulations:
 - Part 80 (Nondiscrimination on the Basis of Race or Sex)
 - Part 84 (Nondiscrimination on the Basis of Handicap)
 - Part 90 (Nondiscrimination on the Basis of Age)
- Americans with Disabilities Act of 1990, U.S.C. Section 12101 et. seq.
- Title 28 Code of Federal Regulations:
 - Part 35 (Nondiscrimination on the Basis of Disability in State and Local Government Services)
- Title 41 Code of Federal Regulations:
 - Part 60-741 (OFCCP: Affirmative Action Regulations on Handicapped Workers)

The Department will furnish a copy of these regulations to the Recipient upon request.

- D. **Certification Regarding Lobbying:** The Recipient will comply with Public Law 101-121, Section 319 (Section 1352 of Title 31 U.S.C.) by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with the awarding of any federal contract, sub-grant, loan or cooperative agreement for an award in excess of \$100,000.00.

This certification is included as **Attachment 3** to this sub-grant.

If the Recipient has paid or will pay for lobbying using funds other than appropriated federal funds, Standard Form-LLL (Disclosure of Lobbying Activities) shall be completed and included with **Attachment 3** to this sub-grant.

- E. **Certification Regarding Debarment and Suspension:** The Recipient, as a lower tier recipient of federal funds, will comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions). By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

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ARKANSAS DEPARTMENT OF HEALTH SUB-GRANT AGREEMENT

1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

(Reference Section III. Checklist for Debarred Vendors)

- F. Legislative Review:** Act 1032 of 1999 specifies that no state agency shall award any discretionary sub-grant that exceeds \$10,000.00 prior to review by the Arkansas Legislative Council or the Joint Budget Committee. If the state agency determines that an emergency exists the state agency may award the sub-grant prior to review, and shall immediately notify the Legislative Council or Joint Budget Committee as to the facts constituting the emergency.

All non-discretionary sub-grants are exempt from review.

Certain discretionary sub-grants are exempt from review. These include:

- sub-grants to another governmental entity such as a state agency, public educational institution, federal governmental entity or body of a local government
- disaster relief sub-grants
- sub-grants identified by the Arkansas Legislative Council to be exempt
- sub-grants deemed to contain confidential information that would be in violation of disclosure laws
- sub-grants for scholarship or financial assistance award to or for a post-secondary student

VII. Program Operation

- A. Purpose and Scope:** The Recipient shall furnish a description of the purpose and scope of this sub-grant as specified in Attachment 1.
- B. Statistical and Financial Information:** The Recipient shall certify and compile statistical and financial information. Financial information shall be maintained in accordance with generally accepted accounting principles.
- C. Subcontracting:** The Recipient shall be responsible for the performance of all obligations under this sub-grant, including subcontracted services. The Recipient shall notify all subcontractors that the Department is not responsible for payments to the subcontractor and that all reimbursement for subcontracted services will be made by the Recipient.

VIII. Information and Records

- A. Access to Records:** The Recipient will grant access to its records upon request by duly authorized representatives of state or federal government entities. Access will be given to any books, documents, papers or records of the Recipient which are related to any services performed under the sub-grant. The Recipient additionally consents that all sub-grants will contain adequate language to allow the same guaranteed access to the records of sub-grantees.
- B. Record Retention:** The Recipient will retain all books, records, and other documents relating to expenditures and services rendered under this sub-grant for a period of five (5) years from the date this sub-grant expires, or if an audit is pending at the end of the five-year period, until resolution of the audit. Department access to all books, records, and other documents will be according to the procedures outlined in Section VIII, A, of this sub-grant. HIPAA-related records will be retained for a minimum of six (6) years from the date of sub-grant expiration.

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ARKANSAS DEPARTMENT OF HEALTH SUB GRANT-AGREEMENT

- C. Confidentiality of Client Records:** The Recipient will maintain the confidentiality of all client records. This restriction does not apply to disclosures made with the informed, written consent of the client, or if the client is not a competent adult or is a minor, with such consent of the client's parent, guardian or legal representative.

IX. Fiscal Practices

- A. Claims:** Only those claims for costs and services specifically authorized under this sub-grant will be allowed by the Department. Any work performed, material furnished, or costs incurred not covered by this sub-grant shall be solely the responsibility of the Recipient.
- B. Non-Duplication of Payment:** Services provided or costs incurred under this sub-grant shall not be allocated to or included as a cost of any other State or Federally financed program.
- C. Billing:** Billing under this agreement will be in accordance with established Department procedures. Payment method will be as stated in Section IV of this agreement. Final invoices must be submitted to Arkansas Department of Health within thirty (30) calendar days of contract expiration. Failure to comply may result in non-payment.

Pursuant to Arkansas Code Annotated 19-4-1206, the agency shall certify that the services have been performed or the goods received prior to payment being authorized and processed.

- D. Limitation of the Department's Obligation To Pay:** The Department is not obligated to make payment under this sub-grant if the Department does not receive sufficient monies from the funding source(s) designated in this sub-grant to fund said obligations and other obligations of the Department, or is not given legal authority from the Arkansas Legislature to expend these funds. The Department is not obligated to make payment if sufficient state or local matching money is not available at the time the bill is presented for payment.
- E. Payment From Department Considered Payment In Full:** Payment received from the Department under this sub-grant shall be payment in full for all services and/or costs covered by the payment. No fee or other charge shall be made against a client or a third party for these services and/or costs. This paragraph does not preclude allocation of costs among two or more funding sources, or payment of portions of a service and/or cost under different funding sources, so long as there is no duplication of payment.
- F. Audit Requirement:** For awards in excess of \$300,000.00 a current audit report is due. Recipient shall comply with the ADH audit requirements as outlined in Arkansas Department of Health "Audit Guidelines." Copies may be obtained from:

Arkansas Department of Health
Internal Audit Section
4815 West Markham Street, Slot 54
Little Rock, Arkansas 72205-3867

- G. Departmental Recovery Of Funds:** The Department shall seek to recover funds not utilized in accordance with the terms and conditions of this sub-grant.

X. Amendment

Any amendment to this sub-grant shall be valid only when in writing and when duly signed by the authorized representative(s) of the Recipient and the Arkansas Department of Health. Recipient and Department acknowledge that no verbal or written representations, other than those contained herein, have been made as an inducement to enter into this agreement and that this writing constitutes the entire agreement.

Handwritten: 08/16/2011
CT

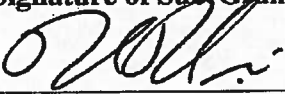

Agreement # _____


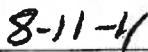
**ARKANSAS DEPARTMENT OF HEALTH
SUB-GRANT AGREEMENT**

XI. Certification and Signature

- A. Recipient Certification of Documentation:** The Recipient certifies that all documentation presented to obtain this sub-grant is true and complete. The Recipient agrees to notify the Department of any changes in this documentation except when the Department has given specific written permission to waive such notification.

B. SIGNATURES:

Signature of Sub-Grant Recipient Authorized Representative	
	
Signature of Recipient Authorized Representative	Date
Hudson Hallum	Owner
Printed Name of Recipient Authorized Representative	Title
<p>In signing this document, I attest that I am authorized by the Board of Directors or other governing authority to sign this sub-grant on behalf of the Recipient. This sub-grant is effective on date specified on page 1, but no earlier than the date signed by the last signing party.</p>	

Signature of ADH Agency Authorized Representative	
	
Signature of ADH Agency Authorized Representative	Date
Robert S. Bennett	CFO
Printed Name of ADH Agency Authorized Representative	Title
<p>In signing this document, I attest that I am exercising appropriate fiduciary authority in the commitment of available resources to achieve program agency objectives.</p>	

08/16/2011
GT

DFA Illegal Immigrant Contractor Disclosure Certification

DFA Illegal Immigrant Contractor Disclosure Certification View Submission Details

Vendor:	Crittenden Emergency Medical Services, LLC
Contract Type:	Technical/General Services
Bid Number:	N/A
Disclosure Statement:	I, certify that we/I do not employ or contract with an illegal immigrant. Answer: yes
Contact E-mail:	crittcoems@yahoo.com
Agency Name:	Department of Health
Submitted At:	07-22-11

By
08/16/2011
CF

Agreement #			
Attachment #	1		
Action	New	#	
Page 1 of 3			

Purpose & Scope of Work Emergency Medical Service Providers Sub-grant

Each year, several thousand Arkansans are either incapacitated or killed from traumatic injuries. Costs to Arkansas are high in terms of years of potential life lost, inpatient and outpatient treatment costs, and short-term and long-term treatment expenses. Injury has been and remains the number one killer of Arkansans from ages one through 44. Trauma systems and designated trauma centers have proven to be vital elements to reduce injury-related hospitalizations, deaths, and associated costs per Act 393 of 2009.

Emergency Medical Services (EMS) is a necessary component of a statewide trauma system to ensure that a patient receives a quality continuum of care from site of incident to the medical facility. As the initial contact with emergency care, it brings life-saving equipment and personnel to the scene. Although Arkansas has taken great strides by having 80% of the permitted ambulance vehicles (ground and air) at the advanced life support level, there are still opportunities for improvement. The grant funds will provide sustaining grants for Arkansas licensed ambulance services to continue pre-hospital trauma readiness and to advance the level of pre-hospital care for all Arkansans.

To receive reimbursement funding, applicant must:

- Meet licensing requirements outlined in current "Arkansas Rules and Regulations for Emergency Medical Services".
- Utilize the Arkansas Trauma Communications Center (ATCC) through AWIN radio assigned Trauma Talk Groups and abide by all ATCC protocols. All major and moderate trauma patient transports must be coordinated through the ATCC.
- Participate in the statewide Trauma Registry by submitting all electronic data records for calendar year 2011 EMS runs to the Section of EMS by March 31, 2012.
- Participate in the Trauma Regional Advisory Council (TRAC) within the applicant's respective region. Participate in all TRAC and state performance improvement activities. Participation is determined and verified by the TRAC within the region.
- Participate in hospital sponsored training as available.
- Incorporate the CDC recommended Trauma Treatment and Transport Protocol into the ambulance service's protocol by March 31, 2012.
- Establish and submit backfill agreements by March 31, 2012 to the ADH Section of EMS (minimum of two backfill agreements required).
- Provide a written/electronic summary of pre-hospital care to the receiving facility immediately upon relinquishment of patient care. The summary can be either:
 - the ambulance service encounter form (complete patient care report)
 - or
 - a brief written/electronic summary of pre-hospital care. An example of a brief summary is available on the Arkansas Department of Health (ADH) Trauma Section website at www.healthy.arkansas.gov

06/16/2011
BT

Agreement #			
Attachment #		1	
Action	New	#	
Page 2 of 3			

- Submit the ambulance service encounter form to the receiving facility within 48 hours of relinquishment of patient care (if not delivered immediately upon relinquishment of patient care).
- Utilize Trauma Bands per the trauma band protocol as outlined in the trauma band newsletter that can be found at www.healthy.arkansas.gov and record the trauma band number on the patients' charts or equivalent records, and to the Trauma Registry.
- Submit all original invoices by June 15, 2012 and close-out forms to the ADH Trauma Section by June 30, 2012. Only invoices for routine, day-to-day expenses occurring between June 15 and June 30, 2012 will be accepted after June 15, 2012.

Conditions and Eligibility

- Fixed Wing Air Services are not eligible for trauma start-up or sustainment grants
- Advanced Response – Non-Transport Services are not eligible for trauma start-up or sustainment grants
- Stretcher services are not eligible for trauma start-up or sustainment grants
- For services with multiple licenses within a single county, only one license is eligible per county for state FY 2012 funding
- Services with an initial start date after July 1, 2011 are not eligible for FY 12 trauma start-up or sustainment grants
- Eligible services must have a current license upon award of funding
- Special Purpose licenses will only receive base grant – no population modifier
- To receive reimbursement:
 - Eligible expenses must be for improvement to trauma patient care or trauma system development
 - Must invoice for reimbursement of actual expenditures against the sustaining funds in the manner reflected in the approved budget
 - Must use approved trauma reimbursement invoice located at www.healthy.arkansas.gov
 - Must provide paid invoices or other methods of proof of expenditures to be submitted with the invoice for reimbursement
 - Travel reimbursement must meet Federal GSA per diem requirements (www.gsa.gov/perdiem)
 - Ineligible expenses: 1) items reimbursed through ADH trauma start up grant funds 2) items reimbursed through other funding sources (e.g. federal grant funds)
- Work will be done within the constraints of the sub-grant with a proposed effective period of 8/15/2011 through 6/30/2012 (individual start dates will vary). The contract may be extended for six (6) additional one year periods, or any portion thereof, contingent upon approval by the program, the ADH, any required legislative reviews, and upon the appropriation of necessary funding.

08/16/2011
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Page 3 of 3			

Submit all required documentation to:

**Arkansas Department of Health
Trauma Section
4815 West Markham, Slot 4
Little Rock, AR 72205-3867**

Please note: All receipts and invoices related to this grant should be kept for a minimum of five years for future audit purposes

Geographical Coverage Area

Crittenden County

08/16/2011
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Total Grant Budget Form

Vendor Name: Crittenden EMS LLC	
Vendor #: 100167555	
Total Sustaining Grant Amount: \$ 25,569.00	
Budget Categories	Amount
Salary	\$ 0.00
Justification: N/A	
Fringe	\$ 0.00
Justification: N/A	
Travel	\$ 0.00
Justification: N/A	
Operations	\$ 0.00
Justification: N/A	
Equipment/Supplies/Meeting Expenses (Item List below)	\$ 22,569.00
Justification: Purchase reporting software/computers to provide data to trauma system	
Training	\$ 3,000.00
Justification: Advanced Trauma Education	
Total Direct Cost	\$ 25,569.00
Total Budget	\$ 25,569.00

Equipment/Supplies Total	\$ 22,569.00
	Amount
Miscellaneous Equipment (all items under \$25,000.00)	\$22,569.00
Supplies	\$
Itemized Equipment (Items over \$25,000.00)	
	\$
	\$
	\$

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 05/16/2011
 [Signature]

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CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, SUB-GRANTS, LOANS,
AND
COOPERATIVE AGREEMENTS

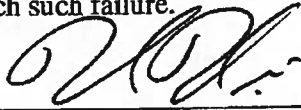
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

Handwritten signature and date: 2/21/10

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This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



08/05/2011

Signature of Authorized Recipient Representative

Date

Crittenden EMS LLC

Name of Recipient Agency

Trauma EMS Sustaining Grant

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

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Approved by OMB
0348-0046

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure)

1. Type of Federal Action: a. contract <u>N/A</u> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: a. bid/offer/application <u>N/A</u> b. initial award c. post-award		3. Report Type: a. initial filing <u>N/A</u> b. material change For material change only: Year _____ quarter _____ Date of last report _____	
4. Name and Address of Reporting Entity: ____ Prime ____ Subawardee Tier _____, if Known: <u>N/A</u> Congressional District, if known:			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <u>N/A</u> Congressional District, if known:		
6. Federal Department/Agency: <u>N/A</u>			7. Federal Program Name/Description: <u>N/A</u> CFDA Number, if applicable: _____		
8. Federal Action Number, if known: <u>N/A</u>			9. Award Amount, if known: \$ _____ <u>N/A</u>		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): <u>N/A</u>			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <u>N/A</u>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>[Signature]</u> Print Name: <u>Hudson Hallum</u> Title: <u>Owner</u> Telephone No.: <u>901.301.5600</u> Date: <u>08/05/2011</u>		
Federal Use Only			Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

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DISCLOSURE OF LOBBYING ACTIVITIES

CONTINUATION SHEET
Approved by OMB

0348-0046

Reporting Entity Crittenden EMS, LLC

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08/16/2011
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Agreement #			
Attachment #	4	Action	New

**ARKANSAS DEPARTMENT OF HEALTH
BUSINESS ASSOCIATE AGREEMENT
EXHIBIT 4**

1. Definitions

(a) **Business Associate.** Business Associate shall mean:

**Business Associate
Name
(Contractor Name)**

Crittenden EMS LLC

**Business Associate
Address**

205 South Second, West Memphis, AR 72301

Nature of Contract

Provide sustaining funding to allow interested Arkansas licensed ambulance services to continue pre-hospital trauma readiness within the trauma system.

- (b) **Covered Entity.** "Covered Entity" shall mean the Arkansas Department of Health (ADH).
- (c) **Individual.** "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- (d) **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- (e) **Protected Health Information.** "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (f) **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.103.
- (g) **Secretary.** "Secretary" shall mean the Secretary of the U. S. Department of Health and Human Services or his designee.

BT
2/16/10

Agreement #			
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2. Obligations and Activities of Business Associate

- (a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.
- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- (c) To the extent allowable by law, the Business Associate agrees to indemnify and hold the Arkansas Department of Health and its employees harmless, for any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (d) Business Associate agrees it will not share, disseminate, send, copy, distribute, disclose or otherwise make available to any agent, subcontractor or third party Protected Health Information received from the Arkansas Department of Health without the express written consent of the Arkansas Department of Health.
- (e) Business Associate agrees to ensure that, pursuant to section 2.(d) of this agreement, any agent, subcontractor or third party to whom it provides Protected Health Information, received from, or created or received by Business Associate on behalf of the Arkansas Department of Health agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (f) Business Associate agrees to mitigate any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (g) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware as well as any security incident of which it becomes aware.
- (h) Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner acceptable to ADH, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- (i) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner acceptable to ADH.
- (j) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a time and manner acceptable to ADH or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- (k) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- (l) Business Associate agrees to provide to Covered Entity or an Individual, in time and manner acceptable to ADH, information collected in accordance with Section (i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- (m) Business Associate agrees to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that the Business Associate creates, receives, maintains or transmits on behalf of the Covered Entity pursuant to 45 CFR Part 164.

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08/16/20
[Signature]

Agreement #			
Attachment #	4	Action	New

3. Permitted Uses and Disclosures by Business Associate General Use and Disclosure Provision

- (a) Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, Covered Entity for the purposes set forth in the Covered Entity's applicable policies, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity as set out in the ADH Notice of Privacy Practices incorporated herein by reference.

4. Specific Use and Disclosure Provisions

- (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (b) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B)
- (c) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with Sec. 164.502(j) (1).

5. Obligations of Covered Entity

- (a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- (b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information. Permissible Requests by Covered Entity.

6. Permissible Requests by Covered Entity

- (a) Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

7. Term and Termination

- (a) Term. The Term of this Agreement shall be effective as of 8/15/2011 and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section
- (b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - (1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the contract Agreement between the Business Associate and ADH, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

g. collins

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(2) Immediately terminate this Agreement and the contract between the ADH and Business Associate if Business Associate has breached a material term of this Agreement and cure is not possible; or

(3) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information

(2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon written notice to the Director of the ADH that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

8. Miscellaneous

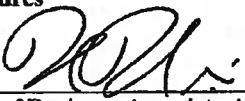
(a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

(c) Survival. The respective rights and obligations of Business Associate under "Effect of Termination" of this Agreement shall survive the termination of this Agreement.

(d) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.


9. Signatures


Signature of Business Associate Authorized Representative

05/05/2011
Date

Hudson Hallum
Printed Name of Business Associate Authorized Representative

Owner
Title


Signature ADH Program Authorized Representative

8-11-11
Date

Robert S. Bennett
Printed Name of ADH Program Authorized Representative

CFO
Title

08/16/2011
RF

Agreement #			
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Required Information Form

Please complete the information requested below. This information will be used to develop the grant packet and as the agencies solicited proposal. Please be sure to enter the information as it shows on the State's AASIS Vendor Information. If you need assistance completing this form, please contact the ADH/Trauma Section at (501) 683-0707.

Vendor Information:

Vendor Name: Crittenden EMS LLC

Vendor Number: 100167555 Vendor Tax ID Number: 25-1915451

Vendor Physical Address: 205 South Second St

Vendor City: West Memphis State: AR Zip Code + 4: 72301

Vendor P.O. Box:

Vendor P.O. Box City: State: AR Zip Code + 4:

Vendor Fiscal Year: January (Month) to December (Month)

Vendor is a: For Profit

Contact Information:

Applicants should indicate the contact person who will sign the grant documentation when it is sent to the agency:

Name: Hudson Hallum Title: Owner Phone Number: 870-733-1166

E-Mail Address: crittcoems@yahoo.com

Handwritten:
08/16/2011
RL

Agreement #			
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Special Language

The Trauma Hospital Sustaining Grant is provided to hospitals having achieved trauma level designation in Arkansas. Funds are provided to help facilities continue providing trauma healthcare as a designated trauma center.

This grant award includes a budget submitted by the hospital outlining anticipated expenditures of the total grant award necessary to assist in achieving the Purpose & Scope of Work included in this grant packet. A report on progress towards accomplishing the Purpose & Scope of Work and outlining expenditures of grant funds must be submitted to the Arkansas Department of Health at the end of the grant period. Please find the Grant Closeout Form on our website at www.healthy.arkansas.gov. Subsequent grant funding is contingent upon satisfactory progress towards accomplishing the Purpose & Scope of Work included in this grant packet.

Funding for the Trauma Hospital Sustaining Grant will be provided to recipients as funds are available. Distribution of award is dependent on availability of funds.

by
08/16/2011
CT

Stricken language would be deleted from and underlined language would be added to the law as it existed
prior to this session of the General Assembly.
Act 393 of the Regular Session

As Engrossed: S2/25/09

A Bill

SENATE BILL 315

State of Arkansas
87th General Assembly
Regular Session, 2009

By: Senator Steele

By: Representatives Shelby, Allen, Blount, Carroll, Cash, Cheatham, Cole, J. Edwards, Flowers, R.
Green, House, D. Hutchinson, Hyde, Ingram, Kerr, W. Lewellen, Lowery, McCrary, Patterson, Pennartz,
Perry, Reep, J. Roebuck, Saunders, G. Smith, L. Smith, Tyler, Wagner, Webb, Williams

For An Act To Be Entitled

AN ACT TO AMEND THE TRAUMA SYSTEM ACT, § 20-13-
801 ET SEQ.; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE TRAUMA SYSTEM ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 13, Subchapter 8 is amended
to read as follows:

20-13-801. Title.

This subchapter ~~shall be~~ is known and may be cited as the "Trauma
System Act".

20-13-802. Legislative findings.

The General Assembly finds that:

(1) Trauma Traumatic injury is recognized as the leading killer
of persons one (1) year to forty-four (44) years of age and is a serious yet
preventable ~~disease~~ condition;

(2) Deaths due to trauma in the United States for 2005 were
nearly one hundred thirty-nine thousand (139,000), and children nineteen (19)
years of age or younger accounted for nearly twelve percent (12%) of the
deaths;



2/2/09
02/16/2009
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