



**NEW JERSEY EMERGENCY MEDICAL SERVICES TASK FORCE**  
**107 HIGHLAND AVENUE**  
**NEPTUNE, NJ 07753**  
**973-878-9911**

Application for

**NEW JERSEY EMERGENCY MEDICAL SERVICES TASK FORCE**  
**SUPPORT GROUP, INC.**

Check only one:

Host Agency: Sponsoring Agency for Task Force Members and Host of assigned Task Force assets

Sponsoring Agency: Sponsor Agency for Task Force Memberships

**AGENCY NAME:**

**PHYSICAL ADDRESS**

**MAILING ADDRESS**

_____	_____
_____	_____
_____	_____

**PERSON COMPLETING APPLICATION:**

**NAME/TITLE:**

**ADDRESS:**

**PHONE NUMBER:**

**EMAIL:**

**COUNTY:**

**AGENCY TELEPHONE:**

**AGENCY 24 HOUR**

**AGENCY EMAIL:**

**CHIEF OPERATIONS OFFICER**

**NAME/TITLE:**

**PHONE:**

**EMAIL:**

**SENIOR ADMINISTRATIVE OFFICER**

**NAME/TITLE:**

**PHONE:**

**EMAIL:**



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List three other line officers/supervisors and telephone numbers:

Name

Rank

Phone Number

Email

Name

Rank

Phone Number

Email

Name

Rank

Phone Number

Email

Type of Service:

BLS / ALS / Other

Organization Type:

(501c3 Standalone / Municipal Based / Hospital Based / Fire Based / For-Profit)

In the space provided below, please indicate participation in other task forces and specialized training your agency has obtained. For example, if your agency is part of a county task force and has received training in technical rescue, please include these particulars. Be as specific as possible:

Questions:

1. Please attach a listing of your vehicle(s) recognition numbers, type and vehicle information number on the space provided below. Be sure to include any special operation or ancillary vehicles the agency has available.
2. Will you be able to submit four (4) to eight (8) members for the EMS Task Force, that have three (3) years of 9-1-1 Ambulance experience?
3. Number of active members or employees:



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4. Call volume for 2022:
5. Total number of ambulances:
6. Total active members certified as EMTs:
7. Total active members with greater than three (3) years of experience:
8. Has your agency participated in any emergency management driven exercises? If so, in the space below please list the dates, drills attended and the role your agency played. (attached separate memo if more space needed):
9. In up to three pages, please describe why you feel your agency would be an asset to the New Jersey EMS Task Force? Please use any examples from incidents and/or exercises, your agency has participated.
10. Do you agree to supply the required insurance and documentation of the same as a Host or Sponsoring agency? (See attachment A)
  - a. Attach a copy of your existing Insurance Declaration Page for: Comprehensive General Liability, Workman's Compensation, Professional Liability and Auto Liability policies. Do NOT make any changes at this time until action is taken on your application



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Initial Here:

\_\_\_\_\_ I agree on behalf of the listed agency that the information enclosed in this application is true and complete to the best of my knowledge.

\_\_\_\_\_ We as an agency agree to maintain the required insurances on our sponsored members as long as we remain a NJEMSTF Host/Sponsoring agency, a copy of our declaration(s) page is attached.

\_\_\_\_\_ We agree to allow our members/employees to participate with the NJ EMS Task Force and will sign off on their Authorization Letters in each application package stating the same.

\_\_\_\_\_ Attached is a completed W-9 Certification of Tax Payer Identification Number.

Completed Host/Sponsoring Agency Application Packages should be sent to [FinanceAdmin@njemstf.org](mailto:FinanceAdmin@njemstf.org)

Signed:

Title:

Date Submitted:

Agency Legal Name:

Tax ID#:



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## REFERENCE A – Host / Sponsoring Agency Insurance Requirements

### Certificate of Liability Insurance and Certificate of Workers Compensation Insurance

As a host agency with members assigned to our Task Force and/or equipment assigned to your agency from our Task Force, we require proof of specific insurance requirements. The New Jersey Emergency Medical Services Task Force Support Group, a NJ non-profit corporation and all their agents, officers and employees must be named as an additional insurance with respect to General Liability coverage. We do not need a copy of your insurance policy; our requirements are below for your review.

All host agencies, providers of service, or vendors contracting with the New Jersey Emergency Medical Services Task Force are required to maintain appropriate insurance coverages and limits as outlined below. The following represents our basic insurance requirements.

#### Host agencies with assigned personnel and vehicles:

**Comprehensive General Liability Limits:** \$1,000,000 (per occurrence)/\$2,000,000 (aggregate)

Policy Endorsements (required):

- Bodily injury
- Contractual
- Personal injury

**Workers Compensation:** Statutory limits as set by State of New Jersey

#### **Professional Liability:**

- Professional Liability (medical/health) \$1,000,000 (per occurrence)/\$2,000,000 (aggregate)
- All other Professional Liability \$1,000,000 (per occurrence)/\$1,000,000 (aggregate)

**Umbrella Policy:** Excess liability \$1,000,000.00 per accident

**Automobile Liability:** Bodily injury/Property damage limits - \$1,000,000.00 all vehicles

**Additional Insured (Required):** New Jersey Emergency Medical Services Task Force Support Group and all their agents, officers and employees are named as additional insured to the General Liability.

#### **Certificate Holder:**

Via US Mail: New Jersey Emergency Medical Services Task Force Support Group, a NJ non-profit corp.  
107 Highland Avenue  
Neptune, NJ 07753

Via EMAIL: [FinanceAdmin@njemstf.org](mailto:FinanceAdmin@njemstf.org)



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Sponsoring agencies with assigned personnel but no assigned vehicles:

**Comprehensive General Liability Limits:** \$1,000,000 (per occurrence)/\$2,000,000 (aggregate)

Policy Endorsements (required):

- Bodily injury
- Contractual
- Personal injury

**Workers Compensation:** Statutory limits as set by State of New Jersey

**Professional Liability:**

- Professional Liability (medical/health) \$1,000,000 (per occurrence)/\$2,000,000 (aggregate)
- All other Professional Liability \$1,000,000 (per occurrence)/\$1,000,000 (aggregate)

**Umbrella Policy:** Excess liability \$1,000,000.00 per accident

**Automobile Liability:** Bodily injury/Property damage limits - \$1,000,000.00 all vehicles

**Additional Insured (Required):** New Jersey Emergency Medical Services Task Force Support Group and all their agents, officers and employees are named as additional insured to the General Liability.

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Questions may be directed to Bucky Buchanan, State Planner - Administrative Services at 732-475-5107 or email [bbuchanan@njemstf.org](mailto:bbuchanan@njemstf.org)



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REFERENCE B – Employer Identification Number

Include with your completed application a current W-9 Request for Taxpayer Identification Number and Certification filled out for your Agency.

Visit the IRS Website for latest form: <https://www.irs.gov/forms-pubs/about-form-w-9>

Sample:

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the requester. Do not send to the IRS.</b>
<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
<b>2</b> Business name/disregarded entity name, if different from above		
Print or type. See Specific Instructions on page 3.	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	<small>(Applies to accounts maintained outside the U.S.)</small>	
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____		
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
		<b>Social security number</b> [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]
		<b>or</b> <b>Employer identification number</b> [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ]
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my co- [redacted] be issued to me); and		



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## REFERENCE C – Minimum Requirements for Membership<sup>1</sup>

For the purposes of clarity:

**Task Force HOST agency** is an agency that has accepted ownership and/or responsibility for NJEMSTF supplied equipment, including vehicles, and allows their personnel to participate in NJEMSTF activities to assist the NJEMSTF accomplish our mission. The Host Agency shall provide necessary documentation such as a Host Agency Agreement, Memoranda of Understanding for any assigned equipment & personnel, Workman’s Compensation & Liability Insurance covering participating members. Exact documents will be outlined in the SOGs. A Host Agency shall provide a minimum of four (4) members to serve as active members of the NJEMSTF. A Host Agency and their assigned personnel must comply with all policies and guidelines of the NJEMSTF, including, but not limited to, requirements to remain active members, social media restrictions, and restrictions on use of the NJEMSTF logo.

**Task Force SPONSORING agency** is an agency that agrees to allow their personnel to participate in NJEMSTF activities and has supplied necessary documentation such as Sponsoring Agency Agreement, Workman’s Compensation & Liability Insurance covering sponsored members. Exact documents will be outlined in the SOGs. A Sponsoring Agency and their assigned personnel must comply with all policies and guidelines of the NJEMSTF, including, but not limited to, requirements to remain active members, social media restrictions, and restrictions on use of the NJEMSTF logo.

**Task Force Individual Member** is meant to signify a person who is a member or employee of a recognized task force Sponsoring or Host agency and authorized to participate in Task Force response and training activities. An Individual Member must comply with all policies and guidelines of the NJEMSTF, including, but not limited to, requirements to remain active members, social media restrictions, and restrictions on use of the NJEMSTF logo.

**Task Force Specialty Member** is meant to signify a person with a specialized license, certification or a set of skills required for Task Force activities who may or may not be a member or employee of an emergency service but is authorized to participate in Task Force operations. The Specialty Member will need to provide the required insurance documentation as outlined in the SOPs. An Specialty Member must comply with all policies and guidelines of the NJEMSTF, including, but not limited to, requirements to remain active members, social media restrictions, and restrictions on use of the NJEMSTF logo.

**Task Force Contracted Agencies** are entities that the Task Force may engage from time to time to assist in meeting Task Force objectives or deliverables as approved by the Board of Directors. Contracted agencies will be required to provide an executed contract and meet all requirements of said contract. Neither Contracted Agencies nor their employees are members of the Task Force.

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<sup>1</sup> NJ EMS Task Force, *Concept of Operations, September 2022.*





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**Requirements to participate as a Task Force Host or Sponsoring Agency**

1. All Task Force Host or Sponsoring Agencies must be in good standing with the NJDOH, Office of Emergency Medical Services (OEMS) or have a current arrangement with a community to provide EMS services in order to participate on the Task Force.
2. Task Force Host or Sponsoring Agencies must certify that only Individual Members will be authorized to respond to Task Force activations and training exercises. Task Force Host or Sponsoring Agencies will also be required to sign a Host/Sponsoring Agency Agreement of Participation setting forth the minimum and supplemental training and fitness for duty requirements to obtain and maintain status as a Host/Sponsoring Agency.
3. Task Force Host/Sponsoring Agencies must acknowledge an understanding that their participation is voluntary and without compensation. During activations and training exercises, there will be no guarantee of reimbursement for services rendered.
4. Participation in the NJEMSTF will be through an application process that will be managed by the Task Force Membership Committee, made up of the Leaders (6) and Planners (5). The Task Force Advisory Board will oversee the membership of the Task Force and evaluate Host/Sponsoring Agencies' continued participation in consultation with the Task Force Planners and Leaders.

**Minimum Requirements to participate as a Task Force Individual Member**

1. Must be a member or employee in good standing of a Host/Sponsoring Agency.
2. Must have a minimum of three (3) years of EMS experience.
3. Must have the following certifications or courses completed:
  - a. EMT or EMT-Paramedic
  - b. ICS I-200
  - c. Hazardous Materials Awareness and Operations
  - d. Domestic Preparedness CBRNE (Awareness)
  - e. EMS Response to the Large-Scale Incident (Awareness)
4. Must be able to pass a respirator fit test and wear a respirator.
5. Must be able to complete an interview, demonstrate competency, pass minimum physical fitness standards, pass criminal background check, possess a valid driver's license, and be medically cleared by a physician.

**Minimum Requirements to participate as a Task Force Specialty Member**

1. Must have experience, licensure and/or certification in the specialty position for which they apply
2. Must have the following certifications or courses completed:
  - a. ICS I-200
  - b. Hazardous Material Awareness & Operations
  - c. Domestic Preparedness CBRNE Awareness & Operations
  - d. Credentials in Area of Specialization
3. Must be able to pass a respirator fit test and wear a respirator.
4. Must be able to complete an interview, demonstrate competency, pass minimum physical fitness standards, pass criminal background check, possess a valid driver's license, and be medically cleared by a physician.



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5. Must provide proof of insurance for liability and workers compensation when operating as a Task Force member.

All Task Force Host/Sponsoring Agency vehicles, Task Force Individual and Specialty Members will be credentialed and receive official identification from the NJEMSTF.

### Membership

There are four levels of membership. As mentioned above: Host Agency, Sponsoring Agency, Individual Member of the agency and Specialty Member. The Task Force Advisory Board oversees the membership of the Task Force and evaluates Agency Members continued participation in consultation with the Task Force Leaders and Planners.

### Application Process

All New Jersey EMS agencies and individuals are eligible to apply under the requirements set forth in the application. All levels of members will be subject to a background check by the New Jersey State Police and/or the NJ Department of Health, Office of Emergency Medical Services for compliance and regulatory history. Individual members will be subject to the minimum requirements. Applications can be downloaded from the NJEMSTF web site ([www.NJEMSTF.org](http://www.NJEMSTF.org)). Participation on the NJEMSTF is through an application process that will be managed by the Task Force Membership Committee, made up of the Leaders (6) and Planners (5).

### Host and Sponsoring Agency Membership Selection Process

The Task Force Membership Committee evaluates Host or Sponsoring Agency participation in consultation with the Task Force Leaders and Planners. The successful selection of the Host or Sponsoring Agency is based upon input from the agency's county OEM EMS Coordinator, a good history of compliance with the NJDOH OEMS and other pertinent variables.

### Individual Membership and Specialty Membership Selection Process

Members of Host or Sponsoring Agencies and those seeking Specialty Member status will be selected by the Task Force Membership Committee. The successful selection is based upon input from the applicant's agency, county OEM EMS Coordinator, references, and other pertinent criteria.

### Funding & Assets

Funding for the NJEMSTF comes from several areas. Funding from the Urban Area Security Initiative (UASI) partially funds the Northern Area of the Task Force. NJDOH has provided funding to all regions of the Task Force. The former UMDNJ Center for Biodefense, by way of a Department of Defense (DOD) grant, allocated over \$1 million in equipment towards this project. Funding through the State Homeland Security Grant Program and USDHHS ASPR Hospital Preparedness Program has supported all three regions. The Port Security Grant Program from Sectors NY/NJ and Delaware Bay have also assisted in funding equipment owned by NJEMSTF agencies.

Recent forms of funding have also included grants as provided through the New Jersey Department of Health to include the Hospital Preparedness Program, the CARES Act, and other state and federal funding programs. In addition, the Task Force has attained direct contracts with outside agencies and organizations. Additionally, the nonprofit has begun to fundraise on behalf of the task force. Assets and



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equipment purchased with these dollars have been placed with NJEMSTF agencies in the corresponding areas in which they reside. Through a MOA with NJEMSTF agency, these assets will be maintained by the individual agencies and may be used locally for any incident or event.

The NJEMSTF Leaders and Planners, in consultation with the NJ County OEM EMS Coordinators, will recommend the placement of equipment with various Task Force Host Agencies with final approval of the NJEMSTF Advisory Board.

During times of States of Emergency, when a Stafford Act Declaration event is occurring and Mutual Aid is being requested, the NJEMSTF will work with the County OEM EMS Coordinators to fulfil local requests for equipment and personnel. Each supplying agency should submit costs associated with the authorized deployment to the requesting agency. In times when the NJEMSTF Finance module is activated, the NJEMSTF Finance and Planning Modules may assist with record keeping and reporting.

The Emergency Management Assistance Compact (EMAC) is a national interstate mutual aid agreement that enables States & Territories to share resources in response to an incident. Work performed under an EMAC Contract will be done under a schedule provided at time of deployment from the NJEMSTF Logistics & Finance modules, and a Professional Services Agreement will be signed with participating agencies to all for contract payments to the participating agency. The NJEMSTF, through the State's OEM and the Requesting State will then seek payment under the contract.

#### **Insurance**

Task Force members are insured by the Task Force Agency that has sponsored them for membership. All Task Force Host and Sponsoring agencies must complete an application which includes a commitment to provide general liability, workers compensation, and other required insurance policies on behalf of all their equipment and personnel assigned to the Task Force.

In addition, the State of New Jersey provides specific immunities by law that can be provided to members and their sponsoring agencies.

During a declared public health emergency, the governor of the state of New Jersey has the power to sign an "emergency health care powers act." In doing so this guarantees Task Force Members have access to liability and workers compensation coverage during public health emergencies through the Mercer County Medical Reserve Corps (MRC).

#### **Workers' Compensation and Liability Insurance**

New Jersey Law requires that all New Jersey employers, not covered by Federal programs, have worker's compensation coverage, or be approved for self-insurance. In addition, the Task Force requires that all Host/and Sponsoring Agencies carry liability insurance that covers their assigned members. Host & Sponsoring Agencies must supply proof of coverage as described in the Standard Operating Procedures.