2025 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Dignity Health Foundation – East Valley	Applicant is a: □ City/Town/County (circle) X Other _Non-profit_____
Mayor/Supervisor/Chairman/President: Kevin Hartke, Mayor	
Contact Person and Title: Laurel Vetsch, Director, Grants	
Applicant Address (administrative office): Dignity Health: 1727 W. Frye Road, Suite 230	
City: Chandler, AZ	Zip Code: 85224
Applicant Mailing Address (if different): N/A	
City:	Zip Code:
Phone Number: 480-728-3130	Fax Number: 480-728-3945
E-mail Address: laurel.vetsch@commonspirit.org	
Fiscal Agent for any Applicant that is not a City, Town, or County (*Special Taxing Districts/Fire Districts must have a Fiscal Agent)*	
Contact Person: Dawn Lang, Deputy City Manager/CFO	
City/Town/County Mailing Address: City of Chandler, Communications and Public Affairs, 175 S. Arizona Ave., 5th Floor	
City: Chandler, AZ	Zip Code: 85225
Phone Number: 480-782-2000	Fax Number:
E-mail Address: dawn.lang@chandleraz.gov	

Program or Project Point of Care Ultrasound Equipment Purchase
Purpose (Check all that apply) ☐ education ☐ public safety X health ☐ environment ☐ promotion of commerce ☐ economic and community development
Purpose of Grant (brief statement): Our request is to purchase four Point of Care Ultrasound (POCUS) units
For Chandler Regional's Emergency Room and Trauma Center. Three of the units are to guide placement of
Peripheral IV lines in emergency patients and one is for general diagnostics for emergency patients.
Beginning and Ending Date of Program or Project: October 1, 2025 – September 30, 2026
Amount Requested: $146,879 Total Cost: $146,879
Geographic Area Served: East Valley (Chandler, Gilbert, Maricopa, GRIC, Ak-Chin, Mesa, Queen Creek)
Target Audience: Chandler Regional Medical Center Emergency Room and Trauma Center patients.

By the execution of this Grant Application the undersigned agrees that the information contained in this Application is true, to the best of the Applicant's knowledge. The Applicant shall notify the Community if any information in this Application changes.

Signature:
For the Applicant: _____ Date: 4/14/2025

Typed/Printed Name and Title: Laurel Vetsch, Grant Director

For the Fiscal Agent: _____ Date:_____
(If applicable)
Typed/Printed Name and Title: Dawn Lang, Deputy City Manager, CFO

Dignity Health Foundation – East Valley
Point of Care Ultrasound Grant Narrative

Describe the proposed program, project or purchase

Chandler Regional Medical Center's (CRMC) Emergency Department and Level I Trauma Center provide emergency and lifesaving care to thousands of East Valley residents every year. Hospital staff rely on many types of equipment to provide this excellent care. Constantly upgrading and replacing old equipment with new innovations that feature increased capability is very expensive; even with careful budgeting, the costs can quickly reach beyond the hospital's capabilities.

We are requesting $146,879 From Ak-Chin Indian Community to purchase four Point of Care Ultrasound (POCUS) units for our emergency services departments. Three of these POCUS units are specifically designed to guide placement of peripheral IV lines (catheters), small plastic tubes inserted into the vein to deliver fluids, medications or blood products. POCUS helps our nurses by providing visual guidance when inserting the tube directly into a peripheral vein.

The fourth POCUS unit is more generalized. Commonly referred to as the modern day stethoscope, POCUS is a tool to evaluate patients and provide appropriate care with speed and efficiency. Its use improves clinical outcomes, procedural safety, and reduces delays in care.

This technology improves the safety and quality of care our patients receive. We must replace the aging, end-of-life POCUS units that we currently have at CRMC with newer units equipped with modern technological capabilities. These particular models are the least expensive options that have features in place to ensure our patients are safe while ensuring ease of use throughout our fast-paced environment.

In July 2024, our first class of Graduate Medical Education (GME) Emergency Medicine residents began their rotations in CRMC Emergency Department and Trauma Center. POCUS technology is a core part of our resident physicians' training and is required by the GME accrediting body. Our ultrasound leaders are committed to providing robust opportunities for our current faculty and residents to grow their skills and bring this technology to our patients' bedsides, and to train tomorrow's physicians with this technology during their 3- to 5-year residency with Dignity Health East Valley.

Bringing this vision to reality, in partnership with the Ak-Chin Indian Community, will most notably increase the speed and efficiency with which we are able to evaluate patients and provide appropriate care in the hospital.

Identify the target population that will be served by the Project. (Who will benefit? How many will be served? Is there a targeted geographic location?

CRMC Emergency Department serves more than 70,000 people every year from Chandler, Gilbert, Maricopa, Mesa, Queen Creek, Apache Junction, San Tan Valley, and the Ak-Chin and Gila River Indian Communities. Our Level I Trauma Center is one of thirteen in Arizona and has the ability and resources to care for the most severely injured who are transported here from throughout the state. We have specialized surgeons and teams of support staff to ensure any injured person can be cared for. As the East Valley's busiest Trauma Center, we take pride in our capability and dedication to healing and helping the community.

At least 90% of patients to the Emergency Room (100-150 patients per day) require IV fluids for stabilization. Twenty percent of those (30-50 patients per day) receive peripheral IV lines requiring POCUS visualization. All of our current POCUS units that are used specifically for IV placement are no longer usable so we currently use other POCUS units meant to be used for diagnostic exams. This has led to much longer wait times for patients and inhibits the ability of staff to act quickly when needed.

Our Physician Training program trains residents at Dignity Health hospitals in the East Valley that benefit the general public in the surrounding areas. Adding our emergency residents this year increased our staff, enhancing response times, but our equipment needs have not kept pace with these increases. We need to keep up with the growth and capacity of these learners and provide the current technology they will need to use in their own practices in the future.

Describe the Project goals and objectives and outline a plan to meet these goals.

Project Goal. To provide the East Valley community with state-of-the-art emergency intravenous imaging and diagnostic services.

Objectives. Our objectives are the following:

1. Purchase POCUS equipment necessary to provide efficient emergency services.
2. Offer compassionate, expedited care to complex, high acuity patients with comfort and kindness when it is needed without delay.
3. Provide learning opportunities for our Graduate Medical Education Emergency Medicine residents.

Implementation Plan

Activity	**Roles Responsible**
Purchase equipment, including the POCUS units, accompanying probes, and wheeled delivery carts	VP Operations, Manager of Nursing, Emergency Services
Install equipment	IT Installation
Coordinate staff training	Manager of Nursing, Emergency Services
Develop policies and procedures for use of the new equipment	Manager of Nursing, Emergency Services
Begin patient treatment	Emergency Room staff
Continue physician education	Emergency Medicine faculty leaders and mentors

Provide a timetable for implementation of the Project.

As soon as funding is received, we will commit to begin the purchase process of these four POCUS devices, along with the required accessories. Devices may be delivered up to two months after order and purchase and then go through the installation and testing phase within the hospital.

Identify current funding sources for the Project and characterize each funding source listed as either a one-time-only or long-term funding source.

Limited capital funds made available by CommonSpirit Health for replacement equipment were not sufficient due to the financial strains being experienced by our organization currently, and therefore no funds were available for POCUS upgrades. Our foundation continues to raise funds for these items, but currently have no other funders.

Identify other organizations or partners that are participating in or contributing to the Project, but which are not funding sources, and describe their roles or contributions.

There are no additional partners on this project other than GE Healthcare, the company we will purchase the units from.

Define the Project as a new or continuing project or a purchase. Provide information about how the Project will be sustained or the purchase will be maintained after the grant funding is exhausted.

This is a purchase. Each of the units will have a regular maintenance schedule as prescribed by the vendor and hospital regulations. Each device will have a usable lifespan of at least 7-10 years.

Pending requests made within the last eighteen (18) months and funded requests made in the last five (5) years.

Pending and unsuccessful requests within the last eighteen months include:

- Gila River Indian Community - $268,264 for Graduate Medical Education equipment (pending)

Funded requests in the last five years include:

- Ak-Chin Indian Community - $120,505 awarded for point of care ultrasound equipment in 2023-2024.
- Ak-Chin Indian Community - $199,782 awarded for GME construction in 2022-2023.
- Ak-Chin Indian Community - $242,283 awarded for tower construction at Chandler Regional Medical Center in 2020-2021.
- Salt River Pima-Maricopa Indian Community - $200,000 awarded for children’s dental services and $150,000 for medications for the uninsured in 2021-2024.

BUDGET

Equipment		
3 GE Healthcare Venue Fit Ultrasound units	$91,902	3 Venue Fit R5 Standard ($65,427) 3 L420t-RS Probe Collector ($22,500) 3 Venue Fit Carts ($3,975)
GE Healthcare Venue Go	$54,977	1 Venue Go Premier ($36,271) 3 Probes ($16,873) 1 Venue Go Cart ($1,833)
TOTAL REQUESTED	**$146,879**	

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248344558
Sep. 22, 2017 LTR 4168C 0
74-2418514 000000 00
00018398
BODC: TE

DIGNITY HEALTH FOUNDATION-EAST
VALLEY
% RANDY BRADLEY
1955 W FRYE RD
CHANDLER AZ 85224

017548

Employer ID Number: 74-2418514
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Sep. 14, 2017, regarding your tax-exempt status.

We issued you a determination letter in July 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3) as a Type I supporting organization. A Type I supporting organization is operated, supervised, or controlled by one or more publicly supported charities.

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248344558
Sep. 22, 2017 LTR 4168C 0
74-2418514 000000 00
00018399

DIGNITY HEALTH FOUNDATION-EAST
VALLEY
% RANDY BRADLEY
1955 W FRYE RD
CHANDLER AZ 85224

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1

GE HealthCare

February 28, 2025
Quote Number: **2010885474.7**
Customer ID: **1-23NNL5**
Quotation Expiration Date: **05/29/2025**

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC
Tax ID (92-0192942)

Dignity Community Care dba Chandler Regional Medical Center
1955 W Frye Rd
Chandler, AZ 85224-6282

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business ("GE HealthCare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted this in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	CommonSpirit DH-CE-136 - PoC U/S
Discount Tier	
Terms of Delivery	FOB Destination
Billing Terms	0% Down, 40% Delivery, 40% Installation, 20% Clinical Acceptance
Payment Terms	Net Due in 45 Days
Sales and Use Tax Exemption	Certificate on File
Total Quote Net Selling Price	$91,902.00

IMPORTANT CUSTOMER ACTIONS:
Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

___ Cash

___ GE HFS Loan ___ GE HFS Lease

___ Other Financing Loan ___ Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Dignity Community Care dba Chandler Regional Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

_____
Purchase Order Number, if applicable

GE HealthCare

Signature: Jen Yost

Title: Lead Sales Specialist - Sales

Date: February 28, 2025

GE HealthCare

February 28, 2025
Quote Number: **2010885474.7**
Customer ID: **1-23NNL5**
Quotation Expiration Date: **05/29/2025**

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: Jen Yost
Email: jennifer.yost@gehealthcare.com
Phone: 480-228-0593
Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

GE Medical Systems
Ultrasound Primary Care Diagnostics, LLC
P.O. Box 74008831
Chicago, IL 60674-8831

FEIN –92-0192942

Dignity Community Care dba Chandler Regional Medical Center

Addresses:

Bill To:	CHANDLER REGIONAL MEDICAL CENTER	CHANDLER REGIONAL HOSPITAL, 1955 W FRYE RD CHANDLER,AZ,85224-6282
Ship To:	CHANDLER REGIONAL MEDICAL CENTER	CHANDLER REGIONAL HOSPITAL, 1955 W FRYE RD CHANDLER,AZ,85224-6282

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Loan or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
  - The correct Quote number and Version number above
  - The correct Remit To information as indicated in "Payment Instructions" above
  - Your correct SHIP TO and BILL TO site name and address
  - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:
(i) "Per the terms of Quotation # _____";
(ii) "Per the terms of GPO # _____";
(iii) "Per the terms of MPA# _____"; or
(iv) "Per the terms of SAA # _____.

Catalog Item Details

Line	Qty.	Catalog		
1.	3.00	H8044VS	Venue Fit R5 Standard	
List Price		Discount	Extended List Price	Net Price
$43,618.00		50.00%	$130,854.00	$65,427.00

Line	Qty.	Catalog		
2.	3.00	H48062AJ	L4-20t-RS	
List Price		Discount	Extended List Price	Net Price
$15,000.00		50.00%	$45,000.00	$22,500.00

Line	Qty.	Catalog		
3.	3.00	H45303VFC	Venue Fit Cart (basic Cart BOU)	
List Price		Discount	Extended List Price	Net Price
$2,650.00		50.00%	$7,950.00	$3,975.00

Total Quote List Price:	***$183,804.00***
Total Quote Discount:	***50.00%***
Total Quote Subtotal:	***$91,902.00***

Total Quote Net Selling Price:	***$91,902.00***

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC

Tax ID (92-0192942)

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: https://securityupdate.gehealthcare.com/en/products

Governing Agreement Reference Information

Customer:	Dignity Community Care dba Chandler Regional Medical Center
Contract Number:	CommonSpirit DH-CE-136 - PoC U/S
Billing Terms:	0% Down, 40% Delivery, 40% Installation, 20% Clinical Acceptance
Payment Terms:	Net Due in 45 Days
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Governing Agreement currently in effect between GE HealthCare and CommonSpirit DH-CE-136 - PoC U/S

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: https://securityupdate.gehealthcare.com/en/products

GE HealthCare

April 3, 2025
Quote Number: **2011718211.2**
Customer ID: **1-23NNL5**
Quotation Expiration Date: **07/02/2025**

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC
Tax ID (92-0192942)

Dignity Community Care dba Chandler Regional Medical Center
1955 W Frye Rd
Chandler, AZ 85224-6282

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Discount Tier	
Terms of Delivery	FOB Destination
Billing Terms	0% Down, 40% Delivery, 40% Installation, 20% Clinical Acceptance
Payment Terms	Net Due in 45 Days
Sales and Use Tax Exemption	Certificate on File
Total Quote Net Selling Price	$54,977.31

IMPORTANT CUSTOMER ACTIONS:
Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

___ Cash

___ GE HFS Loan ___ GE HFS Lease

___ Other Financing Loan ___ Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Dignity Community Care dba Chandler Regional Medical Center

Signature: _____

Print Name: _____

Title: _____

Date: _____

_____
Purchase Order Number, if applicable

GE HealthCare

Signature: Brandon Jainarine

Title: Commercial Leadership Program - CLP

Date: April 3, 2025

April 3, 2025
Quote Number: **2011718211.2**
Customer ID: **1-23NNL5**
Quotation Expiration Date: **07/02/2025**

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: Brandon Jainarine
Email: brandon.jainarine@gehealthcare.com
Phone:
Fax:

Name: Jen Yost
Email: jennifer.yost@gehealthcare.com
Phone: 480-228-0593
Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

GE Medical Systems
Ultrasound Primary Care Diagnostics, LLC
P.O. Box 74008831
Chicago, IL 60674-8831

FEIN –92-0192942

Dignity Community Care dba Chandler Regional Medical Center

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Ship To:	CHANDLER REGIONAL MEDICAL CENTER	CHANDLER REGIONAL HOSPITAL, 1955 W FRYE RD CHANDLER,AZ,85224-6282

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(i) "Per the terms of Quotation # _____";
(ii) "Per the terms of GPO # _____";
(iii) "Per the terms of MPA# _____"; or
(iv) "Per the terms of SAA # _____.

GE HealthCare

April 3, 2025
Quote Number: **2011718211.2**
Customer ID: **1-23NNL5**
Quotation Expiration Date: **07/02/2025**

Catalog Item Details

Line	Qty.	Catalog		
1.	1.00	H45134VGCT	Venue Go Cart	
List Price		Discount	Extended List Price	Net Price
$3,900.00		53.00%	$3,900.00	$1,833.00

Line	Qty.	Catalog		
2.	1.00	H8044PG	Venue Go R5 Premier	
List Price		Discount	Extended List Price	Net Price
$77,173.00		53.00%	$77,173.00	$36,271.31

Line	Qty.	Catalog		
3.	1.00	H45041DL	3SC-RS Phased Array Probe	
List Price		Discount	Extended List Price	Net Price
$9,500.00		53.00%	$9,500.00	$4,465.00

Line	Qty.	Catalog		
4.	1.00	H48062AB	L4-12t-RS Linear Array Probe	
List Price		Discount	Extended List Price	Net Price
$13,900.00		53.00%	$13,900.00	$6,533.00

Line	Qty.	Catalog		
5.	1.00	H40482LJ	C1-5-RS Wideband Convex Array Probe (USA PoC Only)	
List Price		Discount	Extended List Price	Net Price
$12,500.00		53.00%	$12,500.00	$5,875.00

Total Quote List Price:	***$116,973.00***
Total Quote Discount:	***53.00%***
Total Quote Subtotal:	***$54,977.31***

Total Quote Net Selling Price: ***$54,977.31***

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC

Tax ID (92-0192942)