



SOUTHEASTERN MINNESOTA EMERGENCY MEDICAL SERVICES

**1130 ½ SEVENTH STREET NW | SUITE 201 | ROCHESTER, MN 55901
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July 8, 2025

MEMORANDUM FOR IMMEDIATE RELEASE

Notification of Emergency Medical Service Operational Expense Subsidy FY 2026

The Regional Office has allotted FY 2026 funds to provide emergency medical services with operational subsidy, and reimbursement, for medications, supplies, communication and medical equipment for the remainder of Fiscal Year 2026. With a Grant sponsored by the State of Minnesota Office of Emergency Medical Services (OEMS), services will be able to submit reimbursement for items purchased starting July 1, 2025 through June 16, 2026.

Services will be allowed to submit for reimbursement, with the following criteria:

- \$500 maximum per service, or until funds have been exhausted
- First Responder Agencies/Medical Response Units will take priority for FY 2025
 - Itemized receipts MUST be submitted with Subsidy Request Form (Attached)
- Submissions must be encumbered by June 16, 2026, even if delivery is outside the FY 2026 window, submissions will be considered
 - Additional submissions will be reviewed on a case-by-case basis

Examples of eligible items for reimbursement include but not limited to:

High dollar medications (Epi-Pens, Glucagon, etc.) airway management devices, diabetic testing supplies, equipment bags, patient diagnostic equipment, training aides, community services projects (fund-raising expenses- **NO ALCOHOL OR FIREARMS**) communication equipment/maintenance, vehicle equipment/maintenance.

Subsidy cannot be utilized for payments due to the Southeastern Minnesota Emergency Medical Services Regional Office to include Medical Direction Consortium, Education Courses, or EMR/EMT Initial or Recertification

The point of contact for this memorandum is the undersigned at (507) 536-9333 or office@seems.com.

ALEXANDER C. CATEVENIS
INTERIM EXECUTIVE DIRECTOR

FY 2026 OPERATIONAL REIMBURSEMENT FORM



DATE: _____

PAY TO: _____

DATE	ITEM DESCRIPTION	PRICE	QTY	TOTAL

TOTAL: _____

ATTACH ALL ITEMIZED RECEIPTS!

PLEASE CONTACT REGIONAL OFFICE WITH ANY QUESTIONS

NOTES:

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