

Per Capita Grant Application FY2024
Office of Emergency Medical Services and Preparedness
This form should be typed or computer generated.

Application must be received by the Bureau of EMS no later than January 27, 2023

Agency Information:

Name of Agency: _____ EMS Provider Number: _____
Address: _____
City: _____ County: _____ Contact Person: _____
Zip Code: _____ Email: _____
Agency Phone #: _____

Level of Licensure: EMD EMT AEMT Paramedic

Legal Status of Contractor- Check all that apply

Ambulance Agency Law Enforcement
 Paramedic Agency Dispatch Agency
 Designated Agency

Authority to sign contract: _____ Title: _____

Signature of person verifying roster: _____

Signing this application verifies that the agency roster in the Bureau's licensing system as of December 31, 2022 is correct and valid for Per Capita calculations for the FY2024 award process. Do not sign or apply before 12/31/2022.

Information given on the application will be what is used on the Contract. If you have any changes please notify Gay Brogdon - gbrogdon@utah.gov ASAP.