

Per Capita Grant Application FY2025

Bureau of Emergency Medical Services

This form should be typed or computer generated.

Application must be received by the Bureau of EMS no later than January 26,2024

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: _____

Printed Name _____

Signature of person verifying roster: _____

Signing this application verifies that the agency roster in the Bureau's licensing system as of December 31, 2023 is correct and valid for Per Capita calculations for the FY2025 award process. Do not sign or apply before 12/31/2023.

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.