

# Competitive Grant Application FY2025

Bureau of Emergency Medical Services

This form should be typed or computer generated. Deadline May 31, 2024

## Agency Information:

Name of Agency: \_\_\_\_\_ Agency License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_

Level of Licensure:  EMT  AEMT  Paramedic

Agencies designated signer \_\_\_\_\_ printed name

**CATAGORY REQUESTED:** \_\_\_\_\_

(Equipment or vehicle/ Staffing needs)

Non Bureau Funds Allotted for Request: \$ \_\_\_\_\_

Jurisdiction population: \_\_\_\_\_

Jurisdiction Leadership:  Volunteer  Volunteer with Stipend  Part-time Employee

Contracted or Full-time unbenefitted  Full-time Benefitted

Do you have special taxing authority (SSD, Ambulance District, Fire District) \_\_\_\_\_

**Please remember this is a Competitive Grant. You need to explain why you are asking for what you want and explain your needs. Detailed explanations of current need(s) are mandatory.**

Vehicle or Equipment Justification FY2025 - Category 1

Bureau of Emergency Medical Services

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**Agency Information:**

Name of Agency: \_\_\_\_\_

**ITEM(s) REQUESTED:** \_\_\_\_\_

**JUSTIFICATION:**

Please include in the justification how many vehicles you presently own, the type and the age of each.

Or justify your equipment needs. (Refer to page 2 of the Guidelines.)

Personnel Grant Justification FY2025- Category 2

Bureau of Emergency Medical Services

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**Agency Information:**

Name of Agency: \_\_\_\_\_

**PERSONNEL REQUESTED:** \_\_\_\_\_

**JUSTIFICATION:**

When requesting for grant funds for the recruitment, training, or retention of licensed EMS providers you must attach a plan to this application.