

# Per Capita Grant Application FY2026

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 31,2025

Agency Information:

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

Address: (for payment) \_\_\_\_\_

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

---

Signature of person verifying roster: \_\_\_\_\_

Signing this application verifies that the agency roster in the Bureau's licensing system as of December 31, 2024 is correct and valid for Per Capita calculations for the FY2026 award process. Do not sign or apply before 12/31/2024.

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