

Competitive Grant Application FY2026

Bureau of Emergency Medical Services

This form should be typed or computer generated. **Deadline May 30, 2025**

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

TOTAL REQUESTED: _____

(Equipment or vehicle/ Staffing needs)

Please remember this is a Competitive Grant. You need to explain why you are asking for what you want and explain your needs. THIS PAGE WILL BE THE FRONT PAGE FOR ALL CATERGORIES - TREATING EACH CATERGORY AS A SEPARATE APPLICATION. Detailed explanations of current need(s) are mandatory.

Vehicle or Equipment Justification FY2026 - Category 1

Bureau of Emergency Medical Services

This form should be typed or computer generated.

Agency Information:

Name of Agency: _____

ITEM(s) REQUESTED: _____

Amount 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 FY2026- Category 2

Bureau of Emergency Medical Services

This form should be typed or computer generated.

Agency Information:

Name of Agency: _____

PERSONNEL REQUESTED: _____

Amount 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.