

# 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

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**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

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**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.