

2020 - 2021 EMS AGENCY TRAINING GRANT Application

EMERGENCY MEDICAL SYSTEMS (EMS) AGENCY TRAINING GRANT APPLICATION

Status: Not Submitted

To fill out the application you must have the application checked out.

 **EMERGENCY MEDICAL SYSTEMS (EMS) AGENCY TRAINING GRANT APPLICATION** (16)

Questions

NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH) - DIVISION OF EMERGENCY MEDICAL SYSTEMS (DEMS)

An EMS Operation (Ambulance Service or Quick Response Unit (QRU), hereinafter referred to as an "EMS Entity", may request funds from the DEMS EMS Training Grants Fund for financial assistance regarding EMS personnel to meet the continuing education requirements for EMS certification / license in North Dakota. Only one EMS Agency Training Grant Application may be funded per EMS Entity per state fiscal year.

The EMS Agency Training Grant Application Policy is hereby incorporated as part of this Agreement.

The EMS Entity requests the following funds from the EMS Training Grants Fund. (Select only ONE).

- Ambulance Service with volunteers and three or less paid personnel: \$2,000**
- Ambulance Service with volunteers and four or five paid personnel: \$1,000**
- Ambulance Service with volunteers and six or more paid personnel: \$500**
- Quick Response Unit (QRU) Service with volunteers and three or less paid personnel: \$1,500**
- Quick Response Unit (QRU) Service with volunteers and four or five paid personnel: \$1,000**
- Quick Response Unit (QRU) Service with volunteers and six or more paid personnel: \$500**

Please provide a description of how the funds will be expended.

200 characters remaining.

Enter EMS Entity information below:

EMS Entity Name	<input type="text"/>
Street Address / PO Box Number	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
EMS Entity Service Number	<input type="text"/>
Contact Person	<input type="text"/>
Phone Number	<input type="text"/>

Evidence of Authorized Representative. (This application must indicate the individual who has the authority to apply for and accept funds on behalf of the EMS Entity).

I certify that the above named EMS Entity has or will meet the requirements noted in the EMS Agency Training Grant Application Policy.

Authorized by

	Name	Title	Date

DEMS USE ONLY

Current EMS Entity License # with DEMS? Yes or No

Approved for Payment: 63336 6631 HL 1233 01 712050

In the amount of \$ _____

Vendor Number and Location _____

Signature _____

Date _____

Save