

DEFIBRILLATOR GRANT JUSTIFICATION FY2017 - Category 1
Bureau of Emergency Medical Services and Preparedness
This form should be typed or computer generated

Agency Information:

Name of agency: _____ EMS Provider No.: _____
 Address: _____ DUNS No. _____
 City: _____ County: _____ Contact Person: _____
 Zip Code; _____ E-mail: _____
 Agency Telephone No. _____

| Items Requested: | Units | Price | Total | Local Match | State Share |
|------------------|-------|-------|-------|-------------|-------------|
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JUSTIFICATION:

Please include in the justification how many defibrillators you presently own, the type and the age of each.
 (Refer to page 3 of the Guidelines.)

MEDICAL EQUIPMENT GRANT JUSTIFICATION FY2017 - Category 2
Bureau of Emergency Medical Services and Preparedness
This form should be computer generated or typed

Agency Information:

Name of agency: _____ EMS Provider No. _____
 Address: _____ DUNS No. _____
 City: _____ Contact Person: _____
 Zip Code: _____ E-mail: _____
 Agency Telephone No. _____

| Items Requested: | Units | Price | Total | Local Match | State Share |
|------------------|-------|-------|-------|-------------|-------------|
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JUSTIFICATION: When requesting equipment, a copy of the vendor equipment information about the item must be attached to application.

JUSTIFICATION: