

# UTAH EMERGENCY MEDICAL SERVICES GRANTS PROGRAM

BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

UTAH DEPARTMENT OF HEALTH

## FY2017 PER CAPITA APPLICATION

Application must be received by the Bureau of EMS no later than January 29, 2016 along with Agency Roster

Box 142004, Salt Lake City, Utah 84114 Phone 801-273-6603 or 800-284-1131

### APPLICANT INFORMATION

Agency Name:	DUNS No.:
Agency Representative:	EMS Agency Provider No.:
E-mail:	Phone:
Mailing Address:	Agency Level:
City:	Zip:
County:	

Legal Status of Contractor-Check all that apply	Ambulance Agency	Law Enforcement
Paramedic Agency	Dispatch Agency	Other: _____

Grant Period: July 1, 2016 to May 15, 2017. Invoices for reimbursement will not be accepted after May 15, 2017.

### Agency Roster on Dec 31, 2015

#### FORMAT

EMS ID#	FIRST NAME	LAST NAME	CERTIFICATION LEVEL	EXPIRATION DATE
---------	------------	-----------	---------------------	-----------------