

Competitive Grant Application FY2021

Bureau of Emergency Medical Services and Preparedness

This form should be typed or computer generated. Deadline May 30, 2020

Agency Information:

Name of Agency: _____ Utah Ground Ambulance #: _____

Address: _____ DUNS No. _____

City: _____ County: _____ Contact Person: _____

Zip Code: _____ Email: _____

Agency Phone #: _____

Level of Licensure:

EMT

AEMT

Paramedic

CATAGORY REQUESTED: _____

(Equipment or vehicle/ Staffing needs)

Vehicle or Equipment Justification FY2021 - Category 1

Bureau of Emergency Medical Services and Preparedness

This form should be typed or computer generated.

Agency Information:

Name of Agency: _____ Utah Ground Ambulance #: _____

Address: _____ DUNS No. _____

City: _____ County: _____ Contact Person: _____

Zip Code: _____ Email: _____

Agency Phone #: _____

Utah Ground Ambulance #:

ITEM(s) REQUESTED: _____

JUSTIFICATION:

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

Personnel Grant Justification FY2021 - Category 2
Bureau of Emergency Medical Services and Preparedness

This form should be typed or computer generated.

Agency Information:

Name of Agency: _____ Utah Ground Ambulance #: _____

Address: _____ DUNS No. _____

City: _____ County: _____ Contact Person: _____

Zip Code: _____ Email: _____

Agency Phone #: _____

PERSONNEL 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. This can be an ongoing grant for a period of up to 3 years.