

**Idaho *EMS* Bureau**

**EMS DEDICATED GRANT  
REPLACEMENT VEHICLE STATUS FORM**

EMS Agency: \_\_\_\_\_

Grant Award Year for Vehicle Replaced: **FY2015**

Vehicle: \_\_\_\_\_

Is vehicle still in your possession? If so, what is the reassigned purpose?

\_\_\_\_\_

Date: \_\_\_\_\_

If the vehicle has been sold, please indicate:

\_\_\_\_\_

Date: \_\_\_\_\_

If the vehicle has been donated, please specify:

\_\_\_\_\_

Date: \_\_\_\_\_

Disposition Narrative:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to the Idaho EMS Bureau**