

**IDAHO EMS BUREAU**  
**FY2009 EMS DEDICATED GRANT FUND APPLICATION**  
**Due May 31, 2008**

**EMS REGIONAL CONSULTANT REVIEW**

**Pending EMS License Change:**   
*(Refer to Instructions page 1)*

\_\_\_\_\_  
 Regional Consultant Signature  
 \_\_\_\_\_  
 Date

**I. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ EMS License #: \_\_\_\_\_

2007 Call Volume: Requests for EMS service: \_\_\_\_\_ Number of patients transported: \_\_\_\_\_

Estimated Population in your Primary Response Area: *(Refer to Instructions pages 2-3)*

Residents \_\_\_\_\_ Migrants \_\_\_\_\_ Tourists \_\_\_\_\_

Primary Grant Contact: \_\_\_\_\_

Contact Information: Phone #: \_\_\_\_\_ Other/E-Mail: \_\_\_\_\_

Agency Federal Tax Identification Number: \_\_\_\_\_

**II. FISCAL INFORMATION** ***(NOT PROJECTED)*** *(Refer to Instructions pages 3-4)*

From: Month \_\_\_\_\_ Year \_\_\_\_\_

Through: Month \_\_\_\_\_ Year \_\_\_\_\_  
*(No later than May 31, 2008)*

**INCOME**

FUNDING SOURCE	REVENUE
Ambulance Taxing District	
Fire Taxing District	
Hospital Taxing District	
General Fund	
State Motor Vehicle Funds	
Grant Funds	
Patient Billing	
Donations / In Kind Contrib.	
Cash on Hand	
Investment Income	
Other	
<b>TOTAL</b>	

**EXPENSES**

CATEGORY	EXPENSES
Personnel	
Operating	
Capital	
Other	
<b>TOTAL</b>	

*Explanation(s):*

Financial Verification Contact: \_\_\_\_\_

Financial Contact Information: Phone #: \_\_\_\_\_ Other/E-Mail: \_\_\_\_\_



## IV. EMS EQUIPMENT APPLICATION INFORMATION

**Equipment requested:** List each item separately, except for items that come as a set, such as radios and extrication sets.

*Snowmobiles, boats, ATVs, trailers, fire fighting equipment, disposable items, and training equipment are not eligible for the dedicated grant program.*

*Adult and pediatric epinephrine auto-injectors may be requested. (Refer to Instructions)*

Priority	Description						Quantity	Purpose
1								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
2								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
3								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
4								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
5								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
6								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
7								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
8								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
9								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

Priority	Description						Quantity	Purpose
10								
	Anticipated Use		Time per Use		Base Price		\$ Request	

Similar Equipment	Description	Purpose	Distance	Time	Condition	Age-Yrs	Replace Y/N

**TOTAL AMOUNT OF EQUIPMENT REQUESTED \$ \_\_\_\_\_**

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**V. SIGNATURE**

I hereby certify that the information contained in this application is true and correct.

Signature of person authorized to sign for agency: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

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

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**THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:**

<b>Attachment Name</b> (Place √ for applicable entries)	
Completed <i>Request for Taxpayer Identification Number and Certification</i> (W-9)	<input type="checkbox"/>
County and/or City endorsement(s) (one minimum)	<input type="checkbox"/>
Vehicle price quotes for each vehicle being requested	<input type="checkbox"/>
Electronic photos of vehicle(s) to be replaced (minimum of two views), if applicable	<input type="checkbox"/>
Copy of registration or title of vehicle(s) to be replaced, if applicable	<input type="checkbox"/>
Narrative of need for each vehicle being requested	<input type="checkbox"/>
Equipment price quote(s) for each equipment item being requested	<input type="checkbox"/>
Narrative of need for each equipment item being requested	<input type="checkbox"/>

**THE FOLLOWING INFORMATION IS REQUIRED FOR GRANT ELIGIBILITY:**

Call Volume for 2007
Estimated resident population in primary response area in Idaho
Estimated migrant population in primary response area in Idaho
Estimated tourist population in primary response area in Idaho
Financial information (most recently completed 12-month period)
Funding sources and revenue generated by source
Contact person for fiscal information
Age and condition of vehicle or equipment being replaced, if applicable
Prioritization of need (pre-numbered in table)
Type, quantity, and purpose of similar vehicles and/or equipment presently in use by applicant

**APPLICATIONS ARE DUE ON OR BEFORE MAY 31, 2008**

**Postmarked or Hand Delivered to EMS Bureau Central Office**

**LATE APPLICATIONS SHALL BE EXCLUDED FROM CONSIDERATION FOR ANY AWARD**

**SEND TO:**

**EMS BUREAU CENTRAL OFFICE, P O Box 83720, BOISE ID 83720-0036**

***OBTAIN A RECEIPT OF MAILING***

**OR HAND DELIVER NO LATER THAN 5 PM TO:**

**EMS BUREAU CENTRAL OFFICE, 590 W WASHINGTON ST, BOISE, IDAHO 83702**

***OBTAIN A RECEIPT ACKNOWLEDGEMENT***

**RETAIN RECEIPT UNTIL EMS BUREAU HAS CONFIRMED RECEIPT OF APPLICATION**

