



Idaho EMS Bureau

Idaho Department of Health and Welfare

P O Box 83720

Boise ID 83720-0036

(208) 334-4000 - Fax (208) 334-4015 - www.idahoems.org

FISCAL YEAR 2008 TRAINING GRANT APPLICATION

Due September 24, 2007

I. EMS AGENCY INFORMATION

Agency Name: _____

EMS License #: _____ Federal Tax ID #: _____

Primary Training Grant Contact: _____

Grant Contact Phone #: _____ Alternate # or Email: _____

Agency Clinical Level: _____

Annual Call Volume: _____

EMS Bureau Use

II. SIGNATURE

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

Authorized Signature for Agency: _____

Name and Title Printed: _____

Date: _____

The following attachment is required for completion of the application:

Training Grant Narrative

Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Office no later than the end of the business day:

September 24, 2007

Idaho EMS Bureau

P O Box 83720

Boise ID 83720-0036

Agency License #: _____

III. TRAINING COURSE APPLICATION

Requests may include two (2) courses or two (2) tuition expenses or a combination of two (2) course/tuition expenses from the eligible courses listed. Prioritize your requests as 1 or 2, with 1 being most important. Please use each number only once.

For Six (6) or More Students: (Amount requested cannot exceed maximum amount available.)

Type of Course Requested	Maximum Amount Available	Priority # (1 or 2)	# of Students Anticipated (Minimum six)	Amount Requested
First Responder - Initial	\$1500			
First Responder - Refresher	\$ 550			
First Responder to EMT-B Bridge	\$1500			
EMT-Basic - Initial	\$2500			
EMT-Basic - Refresher	\$ 750			
Advanced EMT - Initial	\$1500			
Advanced EMT - Refresher	\$ 250			
Paramedic - Initial	\$3000			

For Less Than Six (6) Students: (Amount requested cannot exceed course maximums above.)

Student Tuition Expenses	Maximum Amount Available	Priority # (1 or 2)	# of Students Anticipated (Maximum five)	Amount Requested
First Responder - Initial	\$250 per student			
First Responder - Refresher	\$90 per student			
First Responder to EMT-B Bridge	\$250 per student			
EMT-Basic - Initial	\$400 per student			
EMT-Basic - Refresher	\$125 per student			
Advanced EMT - Initial	\$250 per student			
Advanced EMT- Refresher	\$40 per student			
Paramedic-Initial	\$500 per student			

Total Amount Requested: _____

TRAINING GRANT NARRATIVE

Training Priority # _____

Agency # _____

PART 1 – BENEFIT AND/OR JUSTIFICATION OF NEED

PART 2 – EXPLANATION FOR LACK OF AVAILABLE FUNDS

MAKE ADDITIONAL COPIES AS NEEDED