

IDAHO EMS BUREAU

FY2008 EMS DEDICATED GRANT FUND APPLICATION

Due May 31, 2007

EMS REGIONAL CONSULTANT REVIEW

Regional Consultant Signature

Pending EMS License Change:

Date

I. AGENCY INFORMATION

Agency Name: _____ EMS License #: _____

2006 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 Tax Identification Number: _____

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

From: Month _____ Year _____ Through: Month _____ Year _____

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	
TOTAL	

EXPENSES

CATEGORY	EXPENSES
Personnel	
Operating	
Capital	
Other	
TOTAL	



Verification Contact: _____

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 (i.e., extrication package, oxygen delivery, spinal immobilization, radio equipment).

Snowmobiles, boats, ATVs, trailers, etc. are not eligible for 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

TOTAL AMOUNT OF EQUIPMENT REQUESTED \$ _____

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: _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:

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

THE FOLLOWING INFORMATION IS REQUIRED FOR GRANT ELIGIBILITY:

Call Volume for 2006
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 <u>completed</u> 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, 2007

LATE APPLICATIONS SHALL BE EXCLUDED FROM CONSIDERATION FOR ANY AWARD

SEND TO:

EMS BUREAU CENTRAL OFFICE, P O Box 83720, BOISE ID 83720-0036
WITH A RECEIPT OF MAILING

OR HAND DELIVER 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