



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](http://www.idahoems.org)



## IDAHO EMS for CHILDREN TRAINING GRANT INSTRUCTIONS

1. All EMS agencies licensed in Idaho are eligible to apply.
2. Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau no later than the end of the business day February 16, 2009.
3. Only one application will be accepted from each EMS agency licensed in Idaho.
4. If applying for travel funds, maximum per diem rates based on GSA ([www.gsa.gov](http://www.gsa.gov))
5. Depending on the final number of applications, a sliding payment scale may be used based on career vs. volunteer status of the applicant.

### **\*Required course completion documentation:**

1. Proof of conference attendance (copy of continuing education certificate)
2. Copy of Invoice(s)
3. Proof of payment

Award payments will be made to agency after receipt of supporting documentation.

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## I. AGENCY INFORMATION

- Agency Name: Enter your agency name as listed on your agency license.
- EMS License #: Enter the 4 digit EMS agency license number which the EMS Bureau has assigned to your agency.
- Federal Tax ID #: Enter your agency Federal Tax Identification Number (TIN). You may be asked to complete a *Request for Taxpayer Identification Number and Certification (W-9)* before payments can be made to your agency.
- Primary Training Grant Contact: Enter the name of the primary grant contact person for your agency. Correspondence will be addressed to this person at the agency address.
- Grant Contact Phone #: Enter the phone number for your agency's primary grant contact person.
- Alternate # or Email: Enter an alternate number for reaching your agency's primary grant contact person (cell phone number, pager number, e-mail address, etc.).
- Agency Clinical Designation: Enter the level of certification for your agency.

- Annual Pediatric Call Volume: Enter the total number of EMS calls your agency received during the 2008 calendar year for pediatrics (0-17).
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## **II. SIGNATURE**

- Authorized Signature: The person authorized to sign this grant for your agency (e.g., Director, Agency President, CEO, etc.) should sign on the line indicated.
  - Name and Title of Signer: Enter the printed name and title of the person who has signed the grant application.
  - Date: Enter the date the application is signed.
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## **III. TRAINING COURSE APPLICATION**

- Complete this section for the amount of students and total requested funding amount.
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## **IV. TRAINING GRANT NARRATIVE:**

- Please complete a written narrative that:
    - explains the anticipated benefit of the training, and
    - justifies the need for training fund assistance.
  - As appropriate, a description of what other funding sources have been explored or used to generate funds to cover the training cost.
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## **V. REIMBURSEMENT PROCESS**

- In order to be reimbursed after course completion, proof of conference attendance (copy of continuing education certificate), copy of the invoice(s), and proof of payment must be submitted to the EMS Bureau by March 13, 2009.
- Proof of payment must be: a copy of the check, front and back; copy of bank statement showing payment of check; or a vendor generated statement indicating received payment.
- The invoice(s) must justify award amount.