



NAEMS PROVIDER GRANT FUNDING REQUESTS

FISCAL YEAR 2023-2024

AGENCY:

ADDRESS (Use PO Box that checks will be mailed to, if applicable):

CITY:

ZIP CODE:

CONTACT PERSON/ TITLE:

PHONE:

E-MAIL:

FEDERAL EMPLOYEE IDENTIFICATION NUMBER:

REQUESTED ASSISTANCE:

List names/ specific items below corresponding category

Requested Funds

Training reimbursement
(Please also fill out training reimbursement form)

\$_____

Medical Supplies

\$_____

Equipment requests

\$_____

TOTAL:

\$_____

SUBMIT APPLICATION TO: info@naems.org BY APRIL 19th, 2024 CLOSE OF BUSINESS



GENERAL INFORMATION

Name of Organization: _____

Annual EMS Call Volume: _____

Service Area: _____

<<Check one>>

Rural-Remote (population: less than 10,000) _____

Semi-Rural (population: between 10,000 and 40,000) _____

Population in Service Area (if seasonal, please specify both): _____

Square Miles: _____

Type of Organization:

<<Check One>>

_____ Non-Profit:

_____ For-Profit:

<<Check One>>

_____ Volunteer: (Two or less paid personnel)

_____ Paid:

Number of Staff

_____ # Paid Staff

_____ # Volunteer

_____ # EMT-B

_____ # EMT-I

_____ # EMT-P

EMS BUDGET

Revenue Source(s)

Please identify ALL sources:

Subscriptions: _____

Donations: _____

Grants: _____

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PROJECT PROPOSAL

- A. Describe the need.

- B. Add one quote from a reputable vendor. Cost associated with salaries, vehicle insurance and maintenance are excluded from funding requests. (Catalogue copies or shopping cart screenshots are not acceptable). Please prioritize your requests.

- C. Can you share in the cost?

- D. Describe how the funds will meet the needs.

Once you have been approved for funding:

Order as soon as possible, as funding must be spent before June 30th.

Proof of payment- POs, credit card statements, copies of canceled checks, packing slips or paid statements must be submitted to NAEMS as soon as possible.

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