



Funding Assistance Request

This Grant is to be used for Medical/EMS training or equipment
PLEASE SUBMIT REQUESTS 60-90 DAYS PRIOR TO NEED

Requesting Agency Name: _____

Training to be conducted/equipment requested (attach additional pages if needed):

Amount of funding requested: \$ _____

Purpose of funding: ☐ Equipment ☐ Training

Agency to receive and administer the funds (if different from above): _____

Agency Address: _____

Authorized Agency Official: _____ Agency Tax ID # _____

Authorized Agency Official Signature: _____ Date: _____

Email address: _____ Phone #: _____

Training Program Coordinator: _____

Email address: _____

In addition to this application please submit (on agency letterhead) a brief explanation of the need for this training program or equipment requested along with the following information:

- Scope of Work: Please include a description or outline of the educational program to be conducted with a list of goals and objectives. For equipment requests, please include a full detailed description of equipment and how the equipment will be used.
- The number of medical personnel expected to participate in the training/utilize the equipment if approved.
- A brief description of the geographic area to be served by the program or equipment.
- A detailed budget that shows the total costs of the program or equipment.

SNEMSC Office Use Only

Date Received: _____ Reviewed by: _____

Amount Requested: _____ Amount Authorized: _____

STATUS: ☐ Approved ☐ Denied Date of determination: _____