



## EMS Equipment Grant Application

**I. AGENCY CONTACT**

Date Submitted \_\_\_\_\_

Applicant Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**II. FUNDING REQUEST**

**Funding will be on a matching basis. The Medic One Foundation may contribute up to 75% of the cost of the requested equipment.**

Please list only the total amount of requested funds by category on this page. If you are requesting a grant for more than one item, please include an itemized list of your funding request in section IV. Requests for equipment costing \$1,000 or more must include two vendor bids verifying the cost.

	Amount Requested	Matching Funds from Agency	Total Cost
<b>Medical Equipment:</b>	\$ _____	\$ _____	\$ _____
<b>Other:</b>	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

**Please complete the following questions, and include any supporting documentation with your EMS Equipment Grant proposal.**

Equipment Item Requested \_\_\_\_\_

Describe the need and how the funds will enhance the delivery of emergency medical services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is this funding needed at this time? What will happen if you do not receive the funding?

\_\_\_\_\_



# MEDIC ONE FOUNDATION

*We will never stop looking for new ways to save lives.*

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Why are you not including this purchase within your regular operations or capital budget?

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If your request is funded, how will you acknowledge or recognize the Medic One Foundation?

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Please indicate the total dollar amount of charitable gifts your agency received in the last fiscal or calendar year \$ \_\_\_\_\_

### III. AGENCY INFORMATION

Name and number of Fire Protection District/Department \_\_\_\_\_

Name of Chief \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### Agency Response Information for Most Recent Year of:

Total number of responses: \_\_\_\_\_

Total number of EMS responses: \_\_\_\_\_

Percent EMS aid responses: \_\_\_\_\_

Number of ALS responding units: \_\_\_\_\_

Number of BLS responding units: \_\_\_\_\_



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## Demographic Information

Square miles in service area: \_\_\_\_\_

Population served: \_\_\_\_\_

Special areas or miles in service area: \_\_\_\_\_

## Personnel

Number of full-time personnel: \_\_\_\_\_

    Firefighters/EMTs: \_\_\_\_\_

    Paramedics: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

    Firefighters/EMTs: \_\_\_\_\_

## IV. BUDGET

**Please identify the source of matching funds.**

\_\_\_\_\_  
\_\_\_\_\_

EMS Budget for current year of \_\_\_\_\_ \$ \_\_\_\_\_

Total Fire Department Operating Budget: \$ \_\_\_\_\_

Do you have a depreciation funding plan for the requested equipment?  Yes  No

**If you are requesting a grant for more than one item, please provide a detailed listing of your funding request, along with individual cost.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For items costing \$1,000 or more, please include vendor bid(s) with your EMS Equipment Grant proposal.**