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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

Education Incentive Grant Program Request for Funding

Licensed Ambulance Service _____
 Service Number _____
 Federal Tax Identification Number _____

Education Incentive Grant Funds are being requested for the following:
 1st Half (July-Dec) 2nd Half (Jan-June)

| Initial Course of Instruction | BEMS Course Approval # | Number of Students | Dollar Amount Per Student * | Actual Amount, if less | Total |
|-------------------------------|------------------------|--------------------|-----------------------------|------------------------|-------|
| EMR | | | \$ 320 | | |
| EMT | | | \$ 1,150 | | |
| AEMT | | | \$ 1,500 | | |
| Paramedic | | | \$ 5,110 | | |
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| | | | | | |

*If the actual costs are less, the smaller amount should be used when requesting funds.

| Continuing Education | Number of Students | Number of Hours | \$7.50/Hour | Total ** |
|----------------------|--------------------|-----------------|-------------|----------|
| | | | | |

**Total Continuing Education not to exceed \$70.00 per attendant.

*If the actual costs are less, the smaller amount should be used when requesting funds.

Total Amount Requested

I understand and agree to return any funds not used for the purpose applied for in this grant. Any funds returned to the service as a result of non compliance as agreed upon in the student form must also be returned. Grant monies awarded will be utilized as specified in the grant criteria.

Service Director (print)

Service Director

Date