

This grant is be used for pediatric training or equipment.

Agency Name:				
Training to be conducted or equipment requested:				
Amount of funding requested: \$				
Propose of grant: Equipment Train	ing			
Local Government Agency to receive and administer the	he funds (If different fro	om above):		
Address:(Street)	(City)	(State)	(Zip)	(Tax I.D. #)
Authorized Local Official:(Print Na				
(Print Na	me)			(UEI #)
Authorized Local Official:(Sign	ature)		Date:	
Training Program Coordinator:				
Address:				
(Street)	(City)		(State)	(Zip)
Email address:	Daytime Phone #:			

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

- Scope of Work: Needs to include a description or outline of the educational program to be conducted with a list of goals and objectives. For equipment request, need to include a full detailed description of equipment, how the equipment will be used and the impact Nevada.
- The number of EMS personnel expected to participate in the training (for training only)
- A brief description of the geographic area to be served by the training or equipment.
- A detailed budget that shows the total costs of the training program or equipment.

	application and required documentation to: vision of Public and Behavioral Health			
EMS Program- Attention: Doug Oxborrow				
4126 Technology Way, Suite 100				
Carson City NV 89706				
Fax: (775) 687-7595				
EMS Office Use Only				
Date Received:	Reviewed By:			
EMS Program Director:	Approved Denied Date:			
Amount Authorized: \$	Budget/Category:			

Revised 1/2023