

DEPARTMENT OF HEALTH AND HUMAN SERVICES



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH Helping people. It's who we are and what we do.

This grant is be used for pediatric training or equipment.

Agency Name:							
Training to be conducted of	or equipment request	ed:					
Amount of funding request	red: \$						
Propose of grant: Eq	uipment	Training					
Local Government Agency	to receive and admi	nister the funds (If different fr	rom above):				
Address:	(Street)	(City)	(State)	(Zip)	(Tax I.D. #)		
Authorized Local Official:		(Print Name)			(UEI#)		
Authorized Local Official:_		(Signature)		Date:			
Training Program Coordina	ator:						
Address:	(Street)	(City	y)	(State)	(Zip)		
Email address:			Daytime Phone #:				
 Scope of Work: Need equipment request, n The number of EMS p A brief description of 	ls to include a descri eed to include a full personnel expected the geographic area	n agency letterhead) a brief en potion or outline of the educate detailed description of equip to participate in the training (f to be served by the training of ts of the training program or en	ional program to be ment, how the equi or trainingonly) or equipment.	conducted with a lis	st of goals and objectives.		
		Submit application and re Division of Public ar EMS Program- Atten 4126 Technology Carson City Fax: (775)	nd Behavioral Heal tion: Doug Oxborr y Way, Suite 100 y NV 89706	lth			
			e Use Only				
Date Received:		Reviewed	Ву:				
EMS Program Director:		Approved	d Denie	ed Date:			
Amount Authorized: \$		Budget/Categor	y:				

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