

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

This Grant is be used for pediatric training or equipment
Please complete the following application by typing or printing clearly.

Agency Name: _____

Training to be conducted or equipment requested: _____

Amount of funding requested: \$ _____

Propose of grant: Equipment Training

Local Government Agency to receive and administer the funds (If different from above): _____

Address: _____
(Street) (City) (State) (Zip) (Tax I.D. #)

Authorized Local Official: _____
(Print Name)

Authorized Local Official: _____ Date: _____
(Signature)

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.

Submit application and required documentation to:

Division 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: _____