

Joe Lombardo  
Governor

Richard Whitley,  
MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



Dena Schmidt  
Administrator

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

## Nevada EMSC Training Grant Application

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) (UEI #)

Authorized Local Official: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Training Program Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email address: \_\_\_\_\_ 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:**

Michael Bologlu, EMSC Program Manager

[mbologlu@health.nv.gov](mailto:mbologlu@health.nv.gov)