

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) (UEI #)

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: \_\_\_\_\_