

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

State funded EMS Training Grant Application

Agency Name: _____

Training to be conducted (CPR, BTLs, continuing education, ect) _____

Amount of funding requested: \$ _____

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: _____
(Signature) Date: _____

Training Program Coordinator: _____
(Day time phone #)

Address: _____
(Street) (City) (State) (Zip)

Email address: _____

*** In addition to this application please submit (on agency letterhead) a brief explanation of the need for this training program 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, 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.

Email application and required documentation to:
Division of Public and Behavioral Health, EMS Program

HealthEMS@health.nv.gov