

Palm Beach County Emergency Management EMS Grant Application - Pre-Application

Organization: _____

Requested Item: _____

PBC EMS Provider Goals:
(Check One)

Airway

Helicopter Safety

Induced Hypothermia

STEMI

Stroke

Other: _____

Population Covered by Organization: _____

Palm Beach County Emergency Management EMS Grant Application - Cover Page

Organization: _____

Federal Tax ID #: _____

Requested Item:

Primary Secondary

Price per Unit: _____

of Units Requested: _____

Total Amount: _____

PBC EMS Provider Goals:

(Check One)

- Airway
- Helicopter Safety
- Induced Hypothermia
- STEMI
- Stroke
- Other: _____

(to be completed by Grant Committee)

Attachments Required:

- Completed Grant Application Cover Page
- Completed Application Signature Page
- Detailed Product or Training Description
- Explanation of Need or Use of Requested Item
- Activities and Timeframes
- MOU for First Responders

ACCEPTED AS COMPLETE

INCOMPLETE due to missing:

Evaluator's Name Print: _____

Evaluator's Name Signature: _____

Palm Beach County Emergency Management
EMS Grant Application - Signature Page

Organization: _____

Requested Item: _____

MEDICAL DIRECTOR

I hereby affirm my authority and responsibility for the use of all medical equipment in this project. Any continuing education described in this application will be developed and conducted with my input and approval.

Medical Director's Name Print: _____

Medical Director's Name Signature: _____

Date of Signature: _____

AUTHORIZED OFFICIAL

I, the undersigned official of the above named organization, certify that to the best of my knowledge and belief, all information contained in this application and its attachments are true and correct.

I understand my signature acknowledges that I will comply fully with the Florida Bureau of EMS and Palm Beach County's rules and regulations governing the administration of the State of Florida's Emergency Medical Services Grant Program for Counties.

Authorized Official's Name Print: _____

Authorized Official's Title: _____

Authorized Official's Name Signature: _____

Date of Signature: _____