

UTAH EMERGENCY MEDICAL SERVICES GRANTS PROGRAM

BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

UTAH DEPARTMENT OF HEALTH

FY2016 PER CAPITA APPLICATION

Application must be received by the Bureau of EMS no later than January 30, 2015 along with Agency Roster

Box 142004, Salt Lake City, Utah 84114 Phone 801-273-6634 or 800-284-1131

APPLICANT INFORMATION

Agency Name:	Federal Tax I.D. No.:
Agency Representative:	EMS Agency Provider No.:
E-mail:	Phone:
Mailing Address:	Agency Level:
City:	Zip:
County:	

Legal Status of Contractor-Check all that apply	Ambulance	Law Enforcement
	Paramedic Agency	Dispatch Agency
		Other: _____

Grant Period: July 1, 2015 to May 15, 2016. Invoices for reimbursement will not be accepted after May 15, 2016.

Agency Roster on Dec 31, 2014

FORMAT

EMS ID#	FIRST NAME	LAST NAME	CERTIFICATION LEVEL	EXPIRATION DATE
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