**Wyoming Office of EMS**

**APPLICATION FOR implementation grant assistance**

# EMS/ambulance service CONTACT INFORMATION

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| **Instructions:**  Please type your answers into the blank spaces provided.  There is no character or word limit in any of the spaces. Each space should continue to expand as you complete the field.  The OEMS will make a preliminary determination of which applications meet the requirements and eligibility.  Completion of this application requires the submission of a projected, sustainable budget. The OEMS will utilize the contractor to gain further insight and information from applicants with regard to the application, and to assist in the development of a projected budget.  **IMPORTANT:** These funds are to assist an EMS agency/service area with implementing Master Plan recommendations identified in an assessment. **Requests for assistance not related to an assessment, are ineligible for consideration.** The OEMS reserves the authority to grant full or partial assistance to eligible requests. The OEMS will award assistance based on demonstrable need. | Name of person completing application: |  |
| EMS/Ambulance service name |  |
| Date your assessment was completed: |  |
| Phone |  |
| E-mail |  |
| Registered company address City, State ZIP Code |  |
|  | |

# Assessment recommendations

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| --- | --- |
| Please describe the recommendations from the assessment conducted of your ambulance service or service area, as well as any actions you have taken to implement the recommendation. **You may submit additional pages if needed, or modify this form by adding rows.** | |
| **Recommendation #1** |  |
| Did you implement this recommendation? Why or why not? |  |
| Estimate of the total funds already expended implementing this recommendation |  |
| **Recommendation #2** |  |
| Did you implement this recommendation? Why or why not? |  |
| Estimate of the total funds already expended implementing this recommendation |  |
| **Recommendation #3** |  |
| Did you implement this recommendation? Why or why not? |  |
| Estimate of the total funds already expended implementing this recommendation |  |
| **Recommendation #4** |  |
| Did you implement this recommendation? Why or why not? |  |
| Estimate of the total funds already expended implementing this recommendation |  |

# requests for assistance

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| --- | --- |
| Please describe the recommendation(s) or areas for which you are requesting assistance. | |
| **Request #1** |  |
|  | |
| Please describe how funding this request will allow your EMS service area to improve. |  |
| **Request #2** |  |
|  | |
| Please describe how funding this request will allow your EMS service area to improve. |  |
| **Request #3** |  |
|  | |
| Please describe how funding this request will allow your EMS service area to improve. |  |

# Application part II – Budget Submission

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| Approval for assistance requires submission of a projected budget that reflects how the requested funding will assist your EMS/ambulance service area in transitioning to a sustainable business and funding model over the next two years. If your application receives preliminary approval, the OEMS will utilize the services of the contractor to assist you in completing the budget for submission. |

# SIGNATURES

|  |  |
| --- | --- |
| Signature |  |
| Name and Title |  |
| Date |  |