



# IIASD EMS Grant Application

April 15<sup>th</sup> – May 31<sup>st</sup>

Two \$2,500 Grants

One Grant for East River - One for West River

## Eligibility

**Stand Alone Volunteer Emergency Medical Service (EMS) Departments (not a part of a fire department, hospital system, or full-time department).**

EMS Department Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

EMS Department Contact Person: \_\_\_\_\_

### EMS Department Information:

\_\_\_\_\_ Total Number of Volunteer Members

\_\_\_\_\_ Total Square Miles of area served

\_\_\_\_\_ Number of Calls in the last 12 months

Requested Equipment: \_\_\_\_\_

Replacing old equipment? Y or N \_\_\_\_\_ Age of old equipment being replaced \_\_\_\_\_

What will equipment be used for? \_\_\_\_\_

Include additional information on grant request on a separate page including need of equipment requested, how it will be utilized and department funding sources.

Nominating IIASD Agency: \_\_\_\_\_

Member Agent: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Form must be submitted through a Trusted Choice Independent Insurance Agency.**

