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Dr. Joel E Hornung, Chair  
 Joseph House, Executive Director

Laura Kelly, Governor

### Education Incentive Grant Program Request for Funding

Licensed Ambulance Service \_\_\_\_\_  
 Service Number \_\_\_\_\_  
 Federal Tax Identification Number \_\_\_\_\_

Education Incentive Grant Funds are being requested for the following:  
 1st Half (July-Dec)                       2nd Half (Jan-June)

Initial Course of Instruction	BEMS Course Approval #	Number of Students	Dollar Amount Per Student *	Actual Amount, if less	Total
EMR			\$ 320		
EMT			\$ 1,150		
AEMT			\$ 1,500		
Paramedic			\$ 5,110		
Instructor/Coordinator			\$ 800		

\*If the actual costs are less, the smaller amount should be used when requesting funds.

Continuing Education	Number of Students	Number of Hours	\$7.50/Hour	Total **

\*\*Total Continuing Education not to exceed \$70.00 per attendant.

\*If the actual costs are less, the smaller amount should be used when requesting funds.

**Total Amount Requested**

I understand and agree to return any funds not used for the purpose applied for in this grant. Any funds returned to the service as a result of non compliance as agreed upon in the student form must also be returned. Grant monies awarded will be utilized as specified in the grant criteria.

\_\_\_\_\_  
 Service Director (print)

\_\_\_\_\_  
 Service Director

\_\_\_\_\_  
 Date