

Continuing Education Grant Funding Application

Region 4 EMS has been awarded funding to assist EMS personnel serving EMS agencies within the borders of Region 4 with expenses for continuing education. The Region 4 Council has established the following policies and guidelines for awarding these funds:

Application for the grant funding must be made to the Region 4 EMS office prior to the educational event.
 If event scheduling occurs after a Reg 4 meeting date for events before the next scheduled meeting, special e-mail approval may be requested by submitting this form to the Region 4 office with detailed explanation of the event scheduling issue.
 Applications will be reviewed for approval at regularly scheduled Region 4 EMS Council meetings.
 Application for funding assistance must be made on this form as approved by the Region 4 EMS Council.
Applicant must be affiliated with a licensed ambulance service with the 12 counties of Region 4.
 The EMS Administrator of the affiliated service must sign the verification line on the approved form.
 This funding will be used for continuing education classes; workshops and applicable expenses only.
 A copy of the certificate of attendance or other document showing course completion must be submitted to the Region 4 office within 30 days after the scheduled course date or full refund of grant funds will be requested.
 Grant recipients who do not complete the educational activity for which they were awarded this grant funding will be required to refund the grant amount, in full, to Region 4 within 30 days of the scheduled event.
 Extenuating personal circumstances that prohibit course completion will be considered by the Region 4 Executive Board.
 Grant funding will be allowed for registration fees and lodging reimbursement (state gov. rate) only following Region 4 reimbursement policy. (See policy as stated on the reimbursement form on documents page of www.kansasemsregion4.org)

Name Certification #

PRINT CLEARLY

Address County

City, State, Zip

Legibly **PRINT** your e-mail address:

Service Affiliation:

Service Director Signature
 Service Director Printed Name Date

By the signature above, I verify that the applicant listed on this form is a member of my agency's attendant's roster and is in good standing with my agency.

Applicant's Signature
 By the signature above, I agree that I have read and understand

the guidelines for this grant funding as printed above and understand that I am responsible for reimbursement of the awarded grant funding if I do not adhere to the stated guidelines.

FUNDING REQUEST

Date of Educational Event: Cost:

Course Name: Location:

Course Sponsoring Agency:

Number of EMS Continuing Education Hours to be awarded:

This funding request is for: (circle applicable)
 Full Tuition and Books Tuition Only Lodging (State Gov. Rate)

Please attach a copy of the course registration form to this application.

Office use only:

Date Received Date paid
 Date approved Check #
 Forfeited grant refund requested Receipt ?
 Forfeited grant funding returned \$ Referred to collection agent
 date date