

# Region IV Educational Grant Request Information

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



1. Application for the grant funding must be made to the Region IV EMS office prior to the educational event.
2. If event scheduling occurs after a Region IV meeting date for events before the next scheduled meeting, special e-mail approval may be requested by submitting this form to the Region IV office with detailed explanation of the event scheduling issue.
3. Applications will be reviewed for approval at regularly scheduled Region IV EMS Council meetings.
4. Application for funding assistance must be made on this form as approved by the Region IV EMS Council.
5. Applicant must be affiliated with a licensed ambulance service within the 12 counties of Region IV.
6. The EMS Administrator of the affiliated service must verify the application by e-mail before the application will be submitted to the board for approval.
7. This funding will be used for continuing education classes; workshops and applicable expenses only.
8. A copy of the certificate of attendance or other document showing course completion must be submitted to the Region IV office within 30 days after the scheduled course date or full refund of grant funds will be requested.
9. 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 IV EMS within 30 days of the scheduled event.
10. Extenuating personal circumstances that prohibit course completion will be considered by the Region IV Executive Board upon request of the applicant.
11. Grant funding will be allowed for registration fees and course materials only following Region IV reimbursement policy. (See policy as stated on the reimbursement form on documents page of [www.kansasemsregion4.org](http://www.kansasemsregion4.org).)
12. Direct bill arrangements with KEMSA and KEMTA can be utilized for payment of registration fees to events sponsored by those organizations instead of reimbursement to the applicant if the service director requests Region IV to make that arrangement.

***Please fill out and submit the form on the next page to request an educational grant from Region IV.***

**Questions? Contact the Region IV office at [region4ems@eaglecom.net](mailto:region4ems@eaglecom.net).**

# Region IV Educational Grant Request Form

Name \_\_\_\_\_ Certification # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Your preferred e-mail address \_\_\_\_\_

Service Affiliation \_\_\_\_\_

Has your service director approved this grant request? \_\_\_\_ Yes \_\_\_\_ No

Service Director E-mail address \_\_\_\_\_ Date \_\_\_\_\_

*The Region IV office will contact the service director at this e-mail address to verify the applicant is a member of their roster and is in good standing with their agency.*

By the checking this box, I agree that I have read and understand the guidelines for this grant funding as printed on the first page, and I understand that I am responsible for reimbursement of the awarded grant funding if I do not submit my certificate of completion after the event or do not fully adhere to the guidelines as stated.

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## 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: \_\_\_\_ Full Tuition and Books \_\_\_\_ Tuition Only

**Please send a copy of the completed course registration form to the Region IV office at [region4ems@eaglecom.net](mailto:region4ems@eaglecom.net) once you have submitted this application.**

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### OFFICE USE ONLY

Date Received \_\_\_\_\_

Date approved \_\_\_\_\_ Date paid \_\_\_\_\_ Check # \_\_\_\_\_ Receipt Y / N

Forfeited grant refund requested \_\_\_\_\_

Forfeited grant funding returned \$ \_\_\_\_\_ Date \_\_\_\_\_

Referred to collection agent (Date) \_\_\_\_\_

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**Please save your form as a pdf and email a copy to [region4ems@eaglecom.net](mailto:region4ems@eaglecom.net).**