

* Required

Funding Amount & Name of EMS Entity

1.	Are you requesting your entity's maximum allocation as listed in the funding opportunity announcement? *
	The Funding allocations can be found at: https://maine/gov/EMS Note: Your use of funds, project plan, and timeline must support the distribution of the amount requested.
	Yes
	○ No
2.	Enter your funding request amount. *
	Note: Your use of funds, project plan, and timeline must support the distribution of the amount requested.
	The value must be a number
3.	Select the name of your EMS entity
	Ambulance Service List
	Training Center list

Ambulance Service & Non-Transporting EMS Agency Grant Funded Categories

Please select the category(ies) you would like to apply for.

4.	e indicate which approved activities you intend to use the funds for. * select all that apply
	The initiation or support of programs, applications, or the use of consultants or experts to establish or support an ongoing mental health and wellness program
	The consolidation and/or regionalization of the delivery of emergency medical services
	Inter-municipality EMS planning for rural patient transport
	Supporting training directly related to the provision of clinical care, safety, leadership, or management of EMS
	Supplementing wages, benefits, stipends, and incentives for EMS clinicians, Ambulance Operators, and/or administrative support staff (e.g. service-level medical director, quality assurance and improvement officer, infection control officer, training officer, and administrative aide)
	Implementation of other programming directly related to the Maine EMS Plan for a Sustainable EMS System in the State of Maine
	Investment in capital expenditures not to exceed \$100,000.00 in the aggregate

EMS Training Center Grant Funded Categories

5.	se indicate which approved activities you intend to use the funds for. * ct all that apply
	Support the hiring of qualified and credentialed instructors to adequately cover course administration and demand for delivery over the three-year grant period.
	Supplement the cost(s) of program administration and maintenance over the three year grant period.
	Increase licensure classes offered over the three-year grant period.
	Increase total number of EMS students over the three-year grant period.
	Create new hybrid course offerings over the three-year grant period.
	Offer learning opportunities at a reduced cost over the three-year grant period.
	Increase non-licensure – EMS Professional Development offerings (Leadership training, safety Officer Courses, Continuous Quality Improvement, EMS Business Training) over the three-year grant period.

Project Plans and Timelines

In this section you will detail your budget narrative or projected expenses, project plan, to include all activities you checked and your project timeline(s).

. Please desc	ribe your project	plan. *		
. Please share	e your project tin	neline. *		
This field is li	mited to 4,000 Cha	racters		

Applicant Information

8.	Are you the applicant and the signatory for this application? *
	○ Yes
	○ No
9.	Please enter your full name *
10.	Please enter your title.
11.	Phone Number *
	The value must be a number
12.	Email address *

Signatory Information

After completing this section, the signatory will receive an email requesting that you sign your application using Adobe E-Sign. It is important to correctly enter your information accurately.

Your application will not be moved ahead in the process until the signature is completed.

	gency.
	What is the signatory's title *
	What is the signatory's phone number? *
١	What is the signatory's email address? *
	After completing this question, you will be submitting the application. The signatory will receive an email requesting that you sign your application using Adobe E-Sign. It is important to correctly enter your information accurately. Your application will not be moved ahead in the process until the signature is
	completed.

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