

Grant Application

Grant Number: _____ (office use only)

Submission Date: _____

Amount Requested: _____

Applicant Name: _____

Applicant Job Title: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Date of Hire with NOEMS: _____ **Full-Time / Part-Time** _____

Name of Program and/or Equipment You Are Requesting Funds For:

If bulletproof vest grant request place an "X" next to the Bulletproof vest Grant and skip to the signatures pages.

Bulletproof Vest Grant

Employee Morale

Equipment

Professional Development and Leadership



Provide a description, need, the program and/or equipment, and why it will supplement the ability to perform your job safely and effectively:

Have you requested funding from New Orleans EMS through the city budget for this program/equipment? If yes, please provide the date of submission and the results of the submission.

How can the Foundation evaluate the success and impact if funding is granted?

Please include a list of itemized, projected expenses, a quote from an equipment manufacturer, or a list detailing where all funds will go to if funding is granted.



Certifications/Acknowledgements

I certify that I am an employee of New Orleans Emergency Medical Services and the information entered on this form is true and accurate. I certify that I am not receiving reimbursement funds from another source for the semester/term requested in this application. I am requesting reimbursement for my personal funds expended for college tuition from the New Orleans Emergency Medical Services Foundation. I acknowledge that it is my responsibility to submit complete, accurate, and timely documentation as requested by the Board of the New Orleans Emergency Medical Services Foundation.

Applicant Signature

Date

Supervisor Approval

I certify the applicant/employee has maintained satisfactory performance and is not under disciplinary review under any circumstances. I have reviewed this application for completeness.

Supervisor Comments: _____

Supervisor Signature

Date



Deputy Chief Approval

I certify the applicant/employee has maintained satisfactory performance and is not under disciplinary review under any circumstances. I have reviewed this application for completeness.

Deputy Chief Comments: _____

Deputy Chief's Signature

Date

Please complete this form in its entirety and submit it to noemsf@noemsf.org. If you have any questions, please contact the New Orleans Emergency Medical Services Foundation via email at noemsf@noemsf.org.

