



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

SUPPLEMENTAL GRANT APPLICATION

SUPPLEMENTAL INFORMATION

AGENCY ID #	EMS ORGANIZATION NAME	ARE YOU A FEDERAL TAX-EXEMPT ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A PRIVATE AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many cardiac arrest runs were made by your agency in the last calendar year?			

VEHICLE INFORMATION

	TYPE	MANUFACTURER / CHASSIS	CONVERTER / MANUFACTURER	YEAR	MILEAGE	HOURS	CONDITION EXCELLENT, FAIR, POOR	CARDIAC / HEART MONITOR	WAVEFORM CAPNOGRAPHY	CPR ASSISTING DEVICE
VEHICLE 1								YEAR	YEAR	
VEHICLE 2								YEAR	YEAR	
FUNDING REQUEST								TOTAL REEQUESTED AMOUNT		

EQUIPMENT ITEMS

NAME	BRAND	ITEM COUNT	UNIT COST	TOTAL COST
EQUIPMENT REQUESTED AMOUNT	What percentage of advanced life support (ALS) calls for service included a paramedic response?			
Answering for your entire EMS agency, what is the maximum number of primary response vehicles (nonfirst responder ambulances) required at any one time within your normal 24-hour operational / staffing configuration to provide coverage and respond to all EMS scenes (911-based emergencies)?		How many of these vehicles are currently equipped with 12-Lead ECG Cardiac/Heart Monitor or higher devices?		
How many of these vehicles are currently equipped with Waveform Capnography?				
Will any of the requested devices replace aging equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Does your agency need the Waveform Capnography Equipment to integrate with an existing monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
Please describe how the acquisition of the requested equipment will improve EMS in your community.				
The Priority 1- Board Priority funds are needs-based. Please describe your agency's need for the requested equipment / training.				
I attest that I am the duly authorized officer for the EMS organization listed above, and that all information contained in this application and agreement is true and correct to the best of my knowledge. I hereby acknowledge that I am bound by the terms and conditions of this grant application and agreement if funding is awarded.				
AUTHORIZING OFFICIAL SIGNATURE X			DATE	