

¹Kansas EMS Region 1 Education Grant Request Form

Section 1 – Applicant Information

Name: _____ Certification Number: _____

Affiliated EMS Agency: _____

EMS Certification Level: EMR EMT AEMT Paramedic

Applicant Mailing Address: _____

City / State / ZIP: _____

Applicant Phone: _____

Applicant Email: _____

Agency County: _____

Do you work for a Region I agency? Yes No

EMS Administrator Verification: Name: _____

Signature: _____ Date: _____

Section 2 – Educational Event Information

Course / Event Title: _____

Sponsoring Organization: _____

Event Dates: _____

Location (City/State): _____

Course Type: Continuing Education Workshop Conference Other: _____

Registration Fee: _____ Materials Fee: _____

Have you received Region 1 Education Grant Funds within this calendar year? Yes No

¹ Updated 12-17-25

²Provide brief justification for attendance (educational or service benefit):

Section 3 – Expense Estimate (Pre-Approval Required)

Expense Category	Estimated Cost	Reimbursable (Y/N)	Notes
Registration Fee	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Must be pre-approved by Region 1
Course Materials	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Texts or class resources
Lodging	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Hotel room only; amenities not covered
Mileage	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	State rate determined by date of application.
Per Diem Meals	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Not reimbursed if meals provided
Other (Specify)	\$_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Total Estimated Expenses: \$_____			

All requests for lodging, POV mileage, and per diem must be approved by the Kansas EMS Region 1 Council at the time of grant approval.

Section 4 – Certification and Compliance

- I am affiliated with a licensed ambulance service in one of the 18 counties of the Kansas EMS Region 1.
- I understand this grant is for approved continuing education expenses only.
- I will submit proof of attendance (certificate or verification) within 30 days of course completion to the Region I office.
- If I fail to attend or complete the approved event, I will refund all grant funds within 30 days of the event's end date.
- I am responsible for any cancellation fees or non-reimbursable expenses.
- I understand failure to comply may result in denial of future Region 1 EMS grant requests.

² Updated 12-17-25

Applicant Signature: _____ Date: _____

EMS Administrator Signature: _____ Date: _____

Section 5 – Region 1 EMS Council Use Only

Date Received: _____ Received By: _____

Date Reviewed: _____ Meeting Date: _____

Approval: Approved Denied Tabled

Approved Expenses: Registration Materials Lodging Mileage Per Diem

Other: _____

Amount Approved: \$ _____

Authorized Signature: _____ Date: _____

Notes / Conditions:

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