

# Kansas EMS Region 1 Service Education Grant Request Form

## Section 1 – Service Information

Service Name: \_\_\_\_\_ Service License Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Service Mailing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_

Is this service located within one of the 18 Region 1 counties?  Yes  No

(Cheyenne, Decatur, Ellis, Graham, Logan, Ness, Norton, Phillips, Gove, Rawlins, Rooks, Rush, Russell, Sheridan, Sherman, Thomas, Trego, Wallace)

Administrator Verification Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 – Educational Event Information

Event Title: \_\_\_\_\_

Event Type:  Workshop  Conference  CE Course  Skills Lab  Other:

Host Location: \_\_\_\_\_

Event Date(s) and Estimated time(s): \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Continuing Education Hours Offered:  Yes  No

Will this event be open to all EMS agencies within Region 1?  Yes  No

Brief Description of Event Purpose / Regional Benefit:

\_\_\_\_\_  
\_\_\_\_\_

**Section 3 – Budget and Funding Request**

<b>Expense Category</b>	<b>Estimated Cost</b>	<b>Funding Requested</b>	<b>Notes/Details</b>
Registration / Course Fees	\$ _____	\$ _____	_____ _____
Instructor / Speaker Fees	\$ _____	\$ _____	_____ _____
Room / Facility Fees	\$ _____	\$ _____	_____ _____
Equipment / Supplies	\$ _____	\$ _____	_____ _____
Catering / Meals	\$ _____	\$ _____	_____ _____
Printing / Materials	\$ _____	\$ _____	_____ _____
Other (specify): _____	\$ _____	\$ _____	_____ _____

Total Funding Requested: \$ \_\_\_\_\_

Please attach a DRAFT of the agenda and estimated hours of CEU offerings with categories to this application.

Applications should identify the need for the event and how it benefits Kansas EMS Region 1 as a whole. Funding will only be considered for approved continuing education classes, workshops, or applicable training expenses.

**Section 4 – Compliance and Reporting**

- This EMS service is licensed and located within the Kansas EMS Region 1 boundary.
- The event will be open to all Region 1 EMS agencies.
- CE hours offered will comply with Kansas Board of EMS continuing education requirements.
- Attendance rosters will be submitted to Kansas EMS Region 1 office within 30 days after the event and provide a brief synopsis of the event to the Council at the regularly scheduled meeting.

<sup>2</sup> Updated 12-17-25

- Any unused or misallocated funds will be returned within 30 days after the event.
- I understand that repeated non-compliance may result in denial of future grant requests.

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 Expense Categories:  Registration  Speaker  Room  Catering  Supplies

Other: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes / Conditions:

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