## **Livingston County Grant Opportunity Form**

Department Applying:		EMS		Today's Date:	05/26/2023
Department Contact Info:			Employee who will	I	
Employee preparing application:	David Feldpausch		manage program (if different): Ryan Dennett		
Phone Number:	51/540 786	5	Phone Number:	517/5408624	
Name of Grant Applying for:	-	EMSWD-2	024		
Awarding Agency Name:		State of Michaigan			
Please check approp	oriate line:				
Federal		F	ederal Assistance L	isting Number:	
State:	X				
Other:			New Grant: X	Recurring Grant:	First Year Received
Short Description of the scope of the grant					
This application is for funding to cover the cost of tuition for paramedic students up to 60 in					
the next 18 months. the grant request is \$348,000. This grant has no financial impact on the					
department as we already run these programs. The goal of the grant is to reduce or eliminate tuition cost as a obstetrical to potential students becoming paramedics.					
tuition cost as a obstetin	icai to pote	illiai Studei	its becoming par	amedics.	
Start Date of Grant:	10/0	1/2023	End Date of Grant:	09/3	0/2024
Full Amount applying for:					
Annual (Year 1	240,000,0	20			
•	\$ 348,000.00				
Multi-Year Total \$ 348,000.00 (All years combined)					
Match Requirements (if applicable)					
Cash Match Requirement \$					
In-Kind Match Requirement \$					
<u> </u>					
This grant is intended to fund the following (check all that apply)					
Personnel		\$			
Equipment	:	\$			
Supplies	:	\$			
Contractual Services	5	\$			
Capital Building/Equipment		\$			
X Other (please note b	pelow)	\$ 348,000	.00 tuitio	on reimbursement	for paramedic class
Signature of Applicant Department Head: David Feldpausch Digitally signed by David Feldpausch Date: 05/26/2023					

Fiscal Services Signature: Date: 5/30/23