## **Livingston County Grant Opportunity Form**

Department Applying:		Emergency Medical Services			Today's Date:	04/03/2024	
Department Contact Info:			Employee	e who will			
Employee preparing application:	David Feld	dpausch	manage program (if different): Ryan Dennett				
Phone Number:	517/540-786	5	Phone Number: 517/540-8624				
Name of Grant Applying for	: <u>E</u>	mergency	Medical	Service	es Workforce	Support 2025	
Awarding Agency Name:		Michigan	Departm	ent of I	Health and Hเ	uman Services	
Please check appro	priate line:						
Federal		F	ederal Assis	stance Lis	sting Number:		
State:	X						
Other:			New Grant:		Recurring Grant: $2$		
Short Description of the sco	pe of the gran	nt		Chec	ck One	First Year Received	
This is another round of	the grant tha	at we receiv	ed last yea	ar to co	ver the tuition o	cost of the initial	
education programs we							
2 paramedic programs- \$ 1 EMT Program - \$22,50							
1 Instructor Program - \$4							
Start Date of Grant:	10/01/	/2024	End Date of	f Grant:	09/	30/2025	
Full Amount applying for:				•			
Annual (Year 1							
Total) \$	329,700.0	0					
Multi-Year Total \$		(All years combined)					
Match Requirements (if app	•	0.00					
N/A Cash Match R	•						
N/A In-Kind Match R	equirement \$	0.00					
This grant is intended to fun	d the followin	ng (check all t	hat apply)				
Personnel	\$						
Equipment \$							
Supplies \$							
Contractual Services \$							
Capital Building/Equipment \$							
X Other (please note below) \$		329,700.	00	TUITIO	N FOR ATTENDEE		
Signature of Applicant Depa	rtment Head:	David Fe	Idpausch	Digitally signe Date: 2024.04	d by David Feldpausch	ate: 04/03/2024	

Fiscal Services Signature:

Date: 4/8/24