

Grant Application

(Applications due by _____)

(Boxes will expand as you type if you use this electronic copy)

- 1. Which Agency will be the “Lead Agency” that administers this Grant? (fiscal agent)**

- 2. Contact Name at “Lead Agency”:**

- 3. Lead Agency Contact Phone Numbers:**

#1

#2

- 4. Lead Agency Contact E-Mail: This is important. It will be used for all further contact/information**

- 5. Is this a multi-agency request? If so, please list all agencies working together on this grant request:**

- 6. Counties and Agencies that will benefit from this grant (Please list):**

- 7. Transporting Agencies: Have you completed your “Agency Profile” on the CDPHE Website, and are you currently downloading patient data to the state’s MATRX system? (If not, please tell us your plans to do so)**

Have you submitted a current Agency Profile:
Are you submitting data to CDPHE:

- 8. Amount you are Requesting from the SLV RETAC:**

- 9. Amount you are Contributing: (Not required, but please list if applicable)**

- 10. Total Cost of Project/Equipment:**

- 11. If funded, what will the grant money be used for? (Please explain in narrative form what will be accomplished with this funding, and how this request coincides with the SLV RETAC’s current biannual plan goals and objectives for the region.)**

- 12. Please explain in narrative form how your agency/facility is funded:**

13. Please explain in narrative form the overall condition of your finances at this point. IE: Is your agency budget in the black or red? Are you billing for services? How do you obtain or disburse funds? Are your employees paid or volunteer? Do you owe any large debt? (The SLV RETAC is looking at the big picture for this section.)

Agreement:

By signing this section, you are agreeing to;

- Submit an Agency Profile to CDPHE
- Spend any funding received from the SLV RETAC according to this grant request by May 15 of the requested fiscal year. Any changes to this exact request MUST be submitted in writing to the SLV RETAC Board of Directors before any changes are made.
- Send all invoices/POs incurred related to this request to the SLV RETAC office by May 15 of the requested fiscal year.

Signature: _____

Title: _____

Date: _____

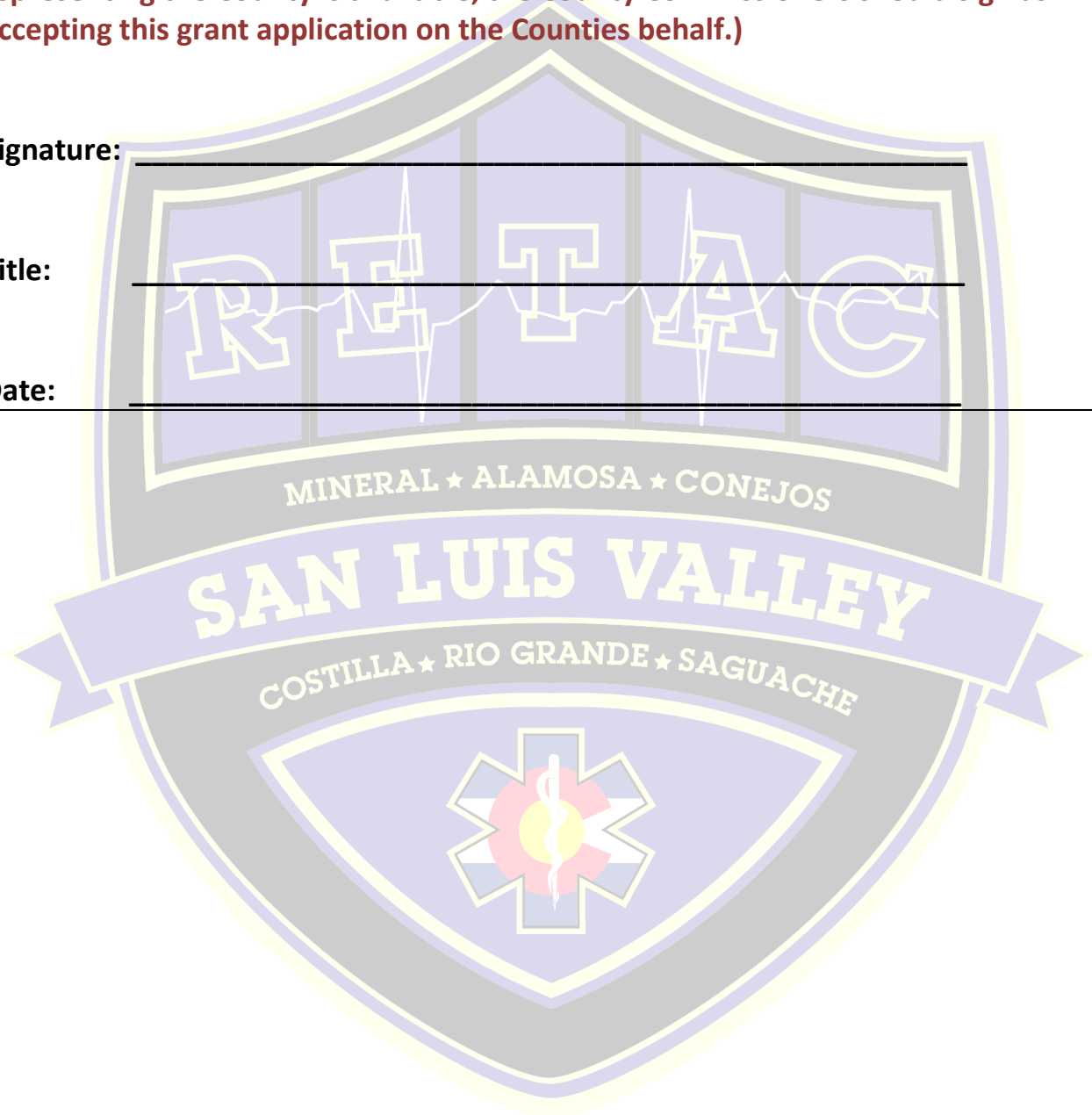
San Luis Valley RETAC
Regional Emergency & Trauma Advisory Council
8900 Independence Way * Alamosa, Colorado 81101 * 970-975-0227

County Representative of grant applicant. (This should be completed by the County EMS Council or like group from the County representing. If no group representing the County is available, the County Commissioners should sign as accepting this grant application on the Counties behalf.)

Signature: _____

Title: _____

Date: _____



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Julie Ramstetter
Board Chair
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