

* EMSOF FY 22-23 Grant Application *

EMMCO West Region

Contact Information

Full Legal Organization Name

Street Address

City

State

Zip Code

Organization Website

**Organization President /
Executive Director**

Title

Daytime Phone Number

E-Mail Address

Contact Person
(if different)

Title

Daytime Phone Number

E-Mail Address

Regional CO Monitors - One CO Monitor will be purchased for each licensed container/vehicle in the region

Automated External Defibrillator
BLS, BLS Squad, QRS eligible

Consolidation - Merger
(500 characters or less
Identify the agencies and funding
requested as part of a
consolidation or merger)

Bariatric Equipment

(500 characters or less

Identify the equipment being sought to outfit an ambulance)

Risk Management Program

(500 characters or less, identify a safety, hazard recognition-mitigation or organizational structure or support services.)

EMSOF Equipment List

Stair Chair (\$5,000)
IO Drills or Bone Injection System (\$300)
IV Infusion Pumps (\$2,000)
Capnography Equipment (\$3,000)
Pulse Oximeter (\$700)
Large Pt. Moving Device (\$3,000)
Pediatric Safe Transport Device (\$400)
Triage System (\$750)
Traffic Safety Equipment (\$2,500)
Vehicle Safety Monitoring (\$3,500)

Additional Information

Proposal Request

Amount requested

A quote/bid for the initiative and/or equipment is to be submitted with the application via email at mail@emmco.org.
