



# EMS Support Grant Application Form

## 2026 Request for Funding

### Contact Information

Requestor First & Last Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

### Grant Request

Please share the amount of funding requested up to \$25,000: \_\_\_\_\_

Indicate if there is a deadline for this funding request: \_\_\_\_\_

*To provide meaningful assistance, we anticipate limiting the number of recipients to four or five municipal-owned community EMS providers. All applications must be submitted by 5pm on May 1, 2026, for consideration. Please check the box to the right to confirm your organization fits this description.*

### Funding Request Information

Briefly explain the technology or equipment you are seeking funding to support:

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

Briefly describe how the technology or equipment will benefit the patients of the South Coast region:

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

Briefly describe how this technology or equipment will improve the provision of your services to patients of the South Coast region:

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

**\*\*Attestation: I agree to submitting an acknowledgement letter if my grant request is funded and am required to provide Southcoast Health with documented proof that the funds were used as intended by September 30, 2026.**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_