

RFA #34307-39724

Ambulance Service Equipment Request for Funding

Date: _____

Ambulance Service Name: _____

Contact Name and Title: _____

Address: _____

Contact Telephone #: _____ Email: _____

1) Provide the specific equipment your agency is requesting or has received for patient care from July 1, 2023 to June 30, 2024.

Item Description	Cost	Quantity	Total Cost	Purchased (Y/N)	Received (Y/N)

2) Describe the need for the equipment and its projected improvement in patient care (Please provide as much detail as possible.).

3) Is there equipment that was purchased on or after July 1, 2023 and received, please provide the following:

- Document showing the pricing/quote from the vendor.
- Document showing item was received.
- Document showing service/agency paid for the item.

4) Are there items that are currently pending/on order? If so, will these items physically be received on or before June 30 2024? Yes No

Signature: _____