



TELLER COUNTY OFFICE OF EMERGENCY MANAGEMENT

112 NORTH "A" STREET, CRIPPLE CREEK, CO 80813 ~ 719-687-7990 ~ OEM@TELLERCOUNTY.GOV

APPLICATION FOR TELLER COUNTY EMS COUNCIL FUNDS

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

REASON FOR REQUEST: _____

FULL AMOUNT OF CLASS: \$ _____ AMOUNT OF REQUEST: \$ _____

REQUEST FROM WHAT FUNDING SOURCE: BACKCOUNTRY EMS WILDERNESS FUND

TELLER COUNTY RETAC

PLAINS TO PEAK RETAC

TELLER COUNTY EMS FUND

AGENCY REPRESENTATIVE NAME: _____ DATE: _____

AGENCY REPRESENTATIVE SIGNATURE: _____

Student Name:

Position with agency:

Does the applicant volunteer with the agency? YES NO

Does the applicant meet the agency's membership requirements? YES NO

Length of service with agency:

Was a CREATE grant applied for this request? YES NO

Submit the completed form and supporting documentation to jbickford@uprad.org, tdienst@uprad.org, and oem@tellecounty.gov at least one week prior to the TCEMSC quarterly meeting.

APPROVED BY EMS COUNCIL? YES NO

Chairperson of Council Signature: _____ Date: _____