

WorkInvestNH-EMT Emergency Medical Technician (EMT & AEMT) Training Grant Application

The **WorkInvestNH-EMT** application can be filled out and saved on your desktop.

Email your complete application and attachments as a single PDF document to:

WorkInvestNH-EMT@nhes.nh.gov or mail or hand-deliver

one complete application and attachments to:

NHES, ATTN: WorkInvestNH, 45 South Fruit Street, Concord, NH 03301-5791

Licensed EMS Unit Name _____ Unit #: _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Licensed Unit Contact _____ Title _____

Contact Email _____ Contact Phone _____

FEIN/Tax ID _____ (if applicable) Type of Business _____ (Corp., LLC, Municipality..)

State of NH Vendor Code _____

*Please review the **WorkInvestNH-EMT Addendum** for additional benefits that may be available by visiting
<http://nhes.nh.gov/services/employers/EMTTrainingIncentiveProgram.htm>*

What is the total number of employees in the NH Facility? _____

How many individual employees are to receive training? _____

Has the Licensed Unit been awarded a **WorkInvestNH** Grant in the past? Yes No

If yes, has the Licensed Unit completed a Final Evaluation? Yes No

EMT & AEMT - Breakdown of Training Costs Sheet

(additional pages to be used if more than one training vendor is utilized)

Training Agency _____

Instructor Coordinator _____

Course CREF # _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Select training course(s) and fill in information associated with the training(s):

| *** TRAINING MUST HAVE STARTED ON OR AFTER NOVEMBER 22, 2022 *** | | | |
|---|-----------------------------|---|-----------------------------|
| EMT | | Advanced EMT | |
| Training Start Date: _____ | Training End Date: _____ | Training Start Date: _____ | Training End Date: _____ |
| <i>Below amounts from vendor quotes and other estimated costs</i> | | <i>Below amounts from vendor quotes and other estimated costs</i> | |
| Instructor/Course Fee | \$ _____ | Instructor/Course Fee | \$ _____ |
| Books/Certification Fee | \$ _____ | Books/Certification Fee | \$ _____ |
| Classroom Supplies | \$ _____ | Classroom Supplies | \$ _____ |
| Equipment Rental | \$ _____ | Equipment Rental | \$ _____ |
| Facilities Rental | \$ _____ | Facilities Rental | \$ _____ |
| NREMT Fees | \$ _____ | NREMT Fees | \$ _____ |
| Background Check | \$ _____ | Background Check | \$ _____ |
| Other | \$ _____ | Other | \$ _____ |
| Total cost of training | \$ _____ | Total cost of training | \$ _____ |
| How many employees will attend EMT Training | _____ | How many employees will attend Advanced-EMT Training | _____ |
| Cost of Training per employee | \$ _____ | Cost of Training per employee | \$ _____ |

Describe "other" costs listed above:

***Insert the Vendor's quote(s) after this page, and once obtained,
submit proof of payment to: WorkInvestNH-EMT@nhes.nh.gov***

| | |
|---|--------------------------|
| NHES OFFICE USE: | |
| <input type="checkbox"/> UI Contributory | Amount to be reimbursed: |
| <input type="checkbox"/> UI Reimbursable | State Funds \$ _____ |
| <input type="checkbox"/> Instructor / Coordinator Active with NHDOS | ARPA Funds \$ _____ |
| <input type="checkbox"/> EMS Unit Licensed with NHDOS | |