AMR Boulder County Education Fund

American Medical Response has set a $10,000 EMS education fund. The funds can be utilized for any EMS education needs for Boulder County Fire agencies that are defined within the Boulder County AMR EMS contract. The process to receive funds is defined below.

1. A request needs to be sent to the BCFFA President and AMR Boulder Manager. Currently Chief Gibson and Chris Williams.
2. The request needs to explain what the funds will be used for, how much is requested, and when funds are needed by. (Please keep to 250 words or less)
3. The funds are not for equipment; it has to be for education.
4. All requests need to be submitted by August 1st of the Calendar year. (This year would be August 1st, 2020)
5. All requests need to be submitted by email.
6. Chief Gibson and Chris Williams will review the requests and recipients will be notified by September 1st.
7. Awards may be for the full amount or a portion requested; based upon number of requests and overall need.
8. All funds need to be distributed by December 31st of the calendar year. The funds will not be carried over year to year.

This is designed to augment EMS training needs for organizations participating in the Boulder County EMS Contract. If anyone has questions please email Chief Gibson or Chris Williams.

chiefbret@gmail.com
Christopher.williams@amr.net

Thanks and happy learning!

Christopher Williams, NRP
Regional Director Northern Colorado & Wyoming
American Medical Response
3800 Pearl St | Boulder CO, 80301|
C: 720.354.6501
Boulder County Education Fund Application

Name of Applicant: _____________________________ Date: ______________

Department Name: _____________________________

Street Address: ________________________________ City: __________ State: __________

Phone: __________ Email: _______________________ Amount of Request: __________

Class requested: ____________________________________________________________

Describe the possible benefits of this class for you and your agency:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________  ____________________________
Applicant Signature                          Agency Head Signature

For AMR Use Only

Fiscal Year: _______  Date Received: _______________  Amount remaining for agency:$_____________

Approved: Yes _____ No_______  Signature Operations Manager: ________________________________

For BCFFA Chief

Approved: Yes_____ No_______  Amount awarded:$_____________

__________________________________
Signature- BCFFA Chief/Designee of BCFFA Chief