



## **AMR Boulder County Education Fund**

**As part of the new Boulder County EMS contract 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 1<sup>st</sup> of the Calendar year. (This year would be August 1<sup>st</sup>, 2021)**
- 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 1<sup>st</sup>.**
- 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 31<sup>st</sup> 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](mailto:chiefbret@gmail.com)**

**[Christopher.williams@amr.net](mailto: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**

Application Type

- Individual
- Department



### 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:

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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: \$ \_\_\_\_\_

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Signature- BCFFA Chief/Designee of BCFFA Chief