



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, Chief Gibson and Brittany Buss.**
- 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 October 1st of the Calendar year. (This year would be October 1st, 2023)**
- 5. All requests need to be submitted by email.**
- 6. Chief Gibson and Brittany Buss will review the requests and recipients will be notified ASAP.**
- 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 Brittany Buss.

chiefbret@gmail.com

Brittany.Buss@gmr.net

Thanks and happy learning!

**Brittany Buss, NRP
Operations Manager
American Medical Response
3800 Pearl St | Boulder CO, 80301|
C: 720.879.8406**

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:

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