

# WARM ZONE EMS GRANT APPLICATION CHECKLIST

Use this checklist to ensure you have all the necessary information before completing the online application. If you have any questions, please contact your HSEM Field Representative.

## Entity Information:

- What type of agency is applying?
- Applicant will notify other entities within jurisdiction.

## Applicant Information:

- Agency Name, Mailing Address and Agency DUNS Number  
*A DUNS number is required to complete the application.*
- Primary Contact Person's Name, Title, Phone Number and Email Address
- Authorizing Official's Name, Title, Phone Number and Email Address
- Fiscal/Financial Agent's Name, Title, Phone Number and Email Address

## Project Eligibility Checklist

- A NIMS Compliance Survey must be submitted within the past year – To continue and be eligible enter the most recent date of completing the survey.  
*Link to survey: [https://apps.nh.gov/blogs/hsem/?page\\_id=638](https://apps.nh.gov/blogs/hsem/?page_id=638)*
- 75% of department personnel must have completed the online “EMS in the Warm Zone: Awareness Level” to be eligible for this grant – To continue, you must attest your department meets this requirement.  
*Link to online course: [https://apps.nh.gov/blogs/irc/?page\\_id=1407&ee=1089](https://apps.nh.gov/blogs/irc/?page_id=1407&ee=1089)*
- 25% of department personnel must complete the “EMS in the Warm Zone: Operations Level” course within 1 year of class availability at the NH FSTEMS.

## Grant Specific Questions

- Select One:
  1. This project maintains a capability acquired with previous Homeland Funds
  2. This project maintains or sustains a capability that is mission required but acquired by other funds
  3. This is a new capability
- Does the requested equipment replace any existing equipment?
  1. Yes – list and explain any equipment being replaced.
  2. No
- Explain how this supports Goal #5 of the State Strategy Executive Summary  
*Example: Strengthen Medical Surge and Mass Prophylaxis Capabilities to ensure first responder safety and health; to enhance the State's capability to augment emergency triage and pre-hospital care; and for emergency victim care at mass casualty events.*
- Describe how your department/organization plans to maintain and replace this equipment in the future.
- Total funding requested (not to exceed \$6,000.00)

## Reimbursement of Funds

- Please explain any local budget/fiscal constraints that could be affected by the timing of the aware of this grant.
- You must acknowledge that reimbursement of costs occurs only AFTER the grant is approved.

## Signature and Certification

- Agree to the terms of the grant.