



Pittsburgh Emergency Medicine Foundation

COVID 19 Grant Application

Date of Application: _____

Name: _____

Address: _____

Telephone Number: (____)_____ Email: _____

Funding Idea (Please include how this funding will assist EMS during the COVID 19 pandemic)

EMS service to receive the funds _____

Contact at the Service _____

Amount Requested: \$_____

Signature of Requestor: _____

Typed Name and Title: _____

Please complete the application and forward to Beth Wolfe - wolfeba@pemf.net

Should you have any questions regarding this application or the Pittsburgh Emergency Medicine Foundation please call 412-480-4566

Please note that submission of this application does not guarantee funding. Due to the large number of requests expected, please understand we will:

- only be funding EMS/first responder services
- limiting the amount requested up to \$500
- limiting the requests to only one (1) per service
- not be providing funding for PPE at this time



Pandemic Grant Program