LETTERHEAD THAT HAS THE SAME ADDRESS USED ON YOUR AWARD LETTER

DATE

Bureau of Emergency Medical Services
Attn: Gail Zarr
4732 S Ingalls St, Bldg 668
Boise ID 8383705-5004

Via Email:
EMSGrants@DHW.Idaho.gov

Re: FY26 EMS Dedicated Account III Grant

Disbursement Request for HCXXXX Disbursement/Invoice No: XXXXXXXX
Date of Service: XX/XX/XX – XX/XX/XX

On behalf of AGENCY NAME please accept this request for fund disbursement for the above to complete the activities and/or services that are outlined in our FY26 EMS Dedicated Account III subgrant.

Qty/Item	Description	Award
XXXXX	XXXXXXXXXX	$XXX,XXX.XX
XXXXX	XXXXXXXXXX	$XXX,XXX.XX
XXXXX	XXXXXXXXXX	$XXX,XXX.XX
	Total Amount Requested	**$XXX,XXX.XX**

As a representative of the subrecipient, I certify the funding requested through this award does not duplicate or supplant other funds received through existing payment or other programs. I understand that our subgrant becomes effective on the date it is signed by the Idaho Military Division and ends on date noted within the subgrant. Billing for services that occur outside of the subgrant dates will not be accepted or submitted without proof and the expenditure will be returned.

Signature: _____ Date: _____

Name: _____ Title: _____

Attachment:
Signed Post Award Quote