Extraordinary Emergency Fund (EEF) Checklist

Organization Information

Name of organization

Legal name, if different

Physical street address

Mailing address, if different

EMS license or First Responder Organization (FRO) registration number

County of license

Tax ID number

Current staffing numbers

ECA EMT AEMT EMT-P LP Other

Number of ground ambulance(s)

Number of air ambulance(s)

Service Area

Your Information

Service provides care to the following counties

RAC/TSA Organization Type

Level of care Service Type

% of 911 dispatches per month

% of schedule transfers per month

Average medical call distance, in miles

Number of dispatches per month

Square miles covered

Average number of transports/tranfers per month

Information on the nearest EMS agency

Number of miles to nearest EMS agency

Name of nearest EMS agency

Level of service for the nearest EMS agency

Request Details

What is your emergency request?

What is the total dollar amount of your request?

TEXAS Health and Human Services | Texas Department of State Health Services

Contact Information and Signature

Contact Person

Name

Title

Work phone

Alternate phone

Email Address

Alternate Contact Person

Name

Title

Work Phone

Alternate phone

Email Address

By my signature, I attest information submitted for this emergency fund request is accurate and true.

Signature

Date

Please email completed form to fundingapp@dshs.texas.gov.