

COUNTY OF VOLUSIA

EMERGENCY MEDICAL SERVICES AWARD TRUST FUND PROJECT PROPOSAL FORM – FY 2009-10

I. PROJECT INFORMATION -

- A. Project Title: _____
- B. Amount Requested: \$_____

II. JUSTIFICATION –

III. BUDGET DETAIL -

Items to be Purchased	Cost/Each	Quantity	Cost
Project Total			

IV. AGENCY INFORMATION -

- A. Agency Name: _____
- B. Address: _____
- C. Contact Person/Title: _____
- D. Telephone: _____
- E. Signature of Authorized Official (submitting project proposal): _____

Signature/Date