

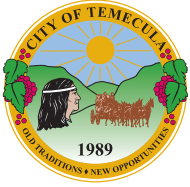
Project Save A Life

Grant Application Instructions

- ❑ Please complete the attached application in full.
- ❑ Application may be typed or handwritten (please print).
- ❑ Attach extra sheets if needed.
- ❑ Mail completed application to:

Paramedic Coordinator
Fire Station 84
30650 Pauba Road
Temecula, CA 92592

All applications received will be reviewed thoroughly. If you have any questions regarding the application or program, you can E-mail Fire Captain / Paramedic Hans Bolowich hans.bolowich@fire.ca.gov or call (951) 693-0069 Tuesday through Thursday.



PROJECT SAVE A LIFE - GRANT APPLICATION

Enter your contact information			
<i>Business Name:</i>			
<i>Contact Person:</i>		<i>Title:</i>	
<i>Address:</i>		<i>City:</i>	<i>Zip:</i>
<i>Phone Number:</i> <i>Ext.</i>		<i>Fax:</i>	
<i>E-mail Address:</i>		<i>Safety/Risk Manager:</i>	
Tell Us About Your Organization			
<i>Number Of Employee's</i>		<i>Does your business have a workout area or gym?</i>	
		<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Does your business serve a large "At-risk Population"?</i>		<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>If yes, please briefly explain:</i>			
<i>Does your business have a written Emergency Response Plan (ERP) including medical emergencies?</i>			
<i>Yes</i> <input type="checkbox"/>		<i>No</i> <input type="checkbox"/>	
<i>Briefly state why you would like to start a PAD program:</i>			
<i>Signature</i>			
_____		<i>Date</i> _____	
Internal Use Only			
<i>Date Received</i>	<i>Reviewed</i>	<i>Recommendation</i>	<i>Risk</i>