



**DIVISION OF EMERGENCY MEDICAL SERVICES**  
OHIO DEPARTMENT OF PUBLIC SAFETY  
1970 West Broad Street  
P.O. Box 182073  
Columbus, OH 43218-2073

## 2014-15 GRANT RECIPIENTS IMPORTANT REMINDER

- Grant cycle is July 1, 2014- June 30, 2015- **reimbursement request received after July 31, 2015 will not be accepted.**
- Only invoices dated between July 1, 2014-June 30, 2015 will be reimbursed.
- Requested paid invoices should be submitted within 45 days. Late submissions may be subject to a 5% withholding of payment.
- Grantees may submit request as frequently as once a month.
- Reimbursement requests must utilize the "Training & Equipment Expenditure" form. Request received without form will not be processed.
- Request for Training must include: Invoice, proof of payment to school or individual that paid for the course and list of attendees.

Failure to use all of awarded funds within grant cycle will result in a reduced grant award in a subsequent year.

Training and Equipment form can be obtained at [www.ems.ohio.gov/ems\\_grants.stm](http://www.ems.ohio.gov/ems_grants.stm) .

Two ways to report expenditures:

1. Electronically – need to obtain User name and Password
2. Hard copy – PDF. or Word

\*\*Please sign up for all important grant messages/recalls on our LISTSERV [www.ems.ohio.gov](http://www.ems.ohio.gov) then under Resources click on LISTSERV and Surveys

For assistance contact EMS and request the grants section @ 800-233-0785

Reimbursements: Invoices and hard copy expenditure forms should be sent by mail, fax or email.

Mail: 1970 W. Broad Street  
PO Box  
Columbus, Ohio 43223

Fax: 614-351-6006

Email: [emsgrants@dps.ohio.gov](mailto:emsgrants@dps.ohio.gov)