

CSA-74 Funding Request, FY24-25



MOU Participant Agency Information

Please submit this form no later than Friday, August 30, 2024.

MOU PARTICIPANT AGENCY INFORMATION				
Agency Name		Contact		
Main Address		Tel.	Fax	
City		Email		
State	Zip Code			

FUNDING REQUEST | FY24-25

Place and X next to the appropriate choice.

Requesting FY CSA-74 Fund EMS Communications, Equipment, and Training Support

NOT Requesting FY CSA-74 Fund EMS Communications, Equipment, and Training Support

I have completed and submitted the CSA-74 Expenditure Report for 23-24.

I hereby certify under penalty of perjury that all information in this report is true and documented to the best of my knowledge and belief. I understand that any falsification or omission of facts may result in forfeiture of funds and/or not allowing receipt of CSA-74 EMS Communications, Equipment, and Training support in the future. In addition, I shall comply with all accepted financial management requirements, procedures, and audits.

Signature

Date

Printed Name

Title