REMO
Regional Emergency Medical Organization

4 Madison Ave Ext., Albany, NY 12203
Office 518-464-5097 ♦ Fax 518-464-5099
www.remo-ems.com

REMO / AAREMS

Vital Signs Leadership Development Funding Application

2026–2027 Recruitment & Retention Leadership Development Initiative

REMO and AAREMS are offering Recruitment & Retention funding to support EMS agency leaders, particularly new and emerging leaders, attending approved leadership and management education associated with the NYS Vital Signs Conference. ***Advance approval is required***.

1. APPLICANT INFORMATION

Region: ☐ REMO ☐ AAREMS

Applicant Name: _____

EMS Agency: _____ **County:** _____

Email: _____ **Telephone:** _____

Current Position / Leadership Role: _____

Time in current leadership role:

☐ Less than 1 year ☐ 1–2 years ☐ 3–5 years ☐ More than 5 years ☐ Emerging leader

Agency Type:

☐ Volunteer ☐ Municipal ☐ Fire Department-Based EMS ☐ Nonprofit/Independent ☐ Commercial

☐ Other: _____

2. EDUCATIONAL PLAN

Do you plan to attend the two-day New York State EMS Leadership Course Pre-Conference? ☐ Yes ☐ No

Do you plan to attend the Vital Signs main conference? ☐ Yes ☐ No

List the conference sessions or subject areas you anticipate attending that will benefit your agency's leadership, recruitment, retention, education, or organizational development:

_____

_____

_____

3. RECRUITMENT & RETENTION IMPACT

What are the most significant recruitment, retention, leadership, or workforce challenge currently facing your EMS agency?

_____

_____

_____

How will this educational opportunity help you address that challenge?

_____

_____

_____

How will you bring the information, strategies, or resources you obtain back to you EMS agency?

_____

_____

_____

4. FUNDING REQUEST

Expense	Request	Estimated Cost
Leadership Course / Pre-Conference Registration	☐	$
Vital Signs Conference Registration	☐	$
Lodging	☐	$
Mileage	☐	$

Hotel nights requested: nights Estimated round-trip mileage: _____ miles

TOTAL REQUEST: $ _____

IMPORTANT: Lodging accommodations will be reimbursed only up to the applicable New York State reimbursement rate. Any difference between the state rate and the actual hotel cost is the responsibility of the participant or participant's agency.

5. APPLICANT AGREEMENT

☐ Submission does not guarantee funding; expenses must receive advance approval.

☐ Funding is reimbursement-based and requires proof of completion/attendance and appropriate receipts.

☐ Hotel reimbursement will not exceed the applicable New York State reimbursement rate.

☐ Mileage reimbursement requires a completed mileage voucher with an attached mileage map.

☐ Unapproved expenses or expenses exceeding reimbursement limits are the responsibility of the participant or participant's agency.

Applicant Signature: _____

Date: _____

6. AGENCY ACKNOWLEDGMENT

I acknowledge that the applicant is affiliated with our EMS agency and that the agency supports participation in this leadership development opportunity.

Agency Chief / Director / Authorized Representative: _____

Signature: _____

Title: _____ **Date:** _____

Submit to the appropriate regional program agency (REMO or AAREMS) before making nonrefundable commitments.