**EMS/RAC & EMS/RAC SYSTEMS DEVELOPMENT**

**NARRATIVE REPORT**

*(Describe how the funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care.)*

 *Please provide detailed information on how the funds were utilized with regards to your Goals for the year. Were your Goals met or were the funds redirected towards other projects.*

***EMS/RAC FUNDS***

***Distributed on 09/01/2023***

|  |  |
| --- | --- |
| RAC Name: |  |
| Allocation Amount: |  |
| Address: |   |
|  |
|  |  |
| Name of Person completing the form: |  |
| Contract Number: |  |
| TSA Region: |  |
|  |
| *Outline the projects to enhance and improve delivery of EMS and Trauma Patient Care. Describe any projected Goals and explain the barriers.* |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

(Describe how the funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care.)

 *Please provide detailed information on how your funds were utilized with regards to your Goals for the year. Were your Goals met or were the funds redirected towards other projects.*

**NARRATIVE REPORT**

***EMS/RAC SYSTEMS DEVELOPMENT FUNDS***

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