

Richard Peterson EMT Endowment Fund

Rich Peterson was a firefighter and EMT-I who volunteered in the Scales Mound Fire Protection District and in the Galena Area Emergency Medical Service District. He devoted countless hours responding to emergency calls and generously gave of himself in service to our community.

The Galena Territory Foundation and the Peterson family established the Richard Peterson EMT Endowment Fund in his memory. For those who serve on the Scales Mound Fire Protection District (SMFPD) roster and/or the Galena Area Emergency Medical Service District (GAEMSD) roster, our mission is to provide funding to help cover the costs of EMS education, training, tuition, educational materials and supplies, test and/or license fees, miscellaneous expenses, and round-trip mileage to education/training classes, clinicals, etc.

The funding we provide is not based on financial need. To qualify for assistance in covering EMS education and training costs:

1. To obtain an **Application for Education / Training Cost Reimbursement** form, go to: <https://thegalenaterritory.com/web/pages/galena-territory-foundation>. **Download Application Form and Request for Mileage Reimbursement Form**
 2. Complete the information on the Application for Education / Training Cost Reimbursement form, sign, and date it.
 3. Provide a copy of:
 - a. Tuition fee(s). *
 - b. Receipts, Sales Slips, or Invoices for Miscellaneous Expenses. *
 - c. Test/License Fees. *
 - d. Request for Mileage Reimbursement Form, if applicable.
 - e. Illinois Department of Public Health License / Certification (IDPH).
- * If a credit/debit card used, provide a copy of the statement highlighting those expenses.
4. Complete Request for Mileage Reimbursement Form.
 5. Have the Application Form reviewed, Status on Roster verified, and Form signed by EMS Coordinator or Fire Chief.
 6. Provide signed Application Form, Receipts, and IDPH Certification to **Attention: EMT Endowment Fund**.

Mail: GTF (The Galena Territory Foundation), 2000 Territory Drive, Galena IL 61036 **OR**

Fax: (815) 777 9194 (The Galena Territory Association Office) **OR**

Email: gtaadmin@thegalenaterritory.com

Questions regarding the Richard Peterson EMT Endowment Fund or eligibility for funding, contact Fran Peterson at fcpeterson946@yahoo.com.

Questions regarding serving in **Scales Mound Fire Protection District** should be directed to Chief Al Busch, 815 297 3666 or smfpd@mchsi.com.

Questions regarding serving in **Galena Area EMS District** should be directed to EMS Coordinator William Bingham, 815 777 3575 or galenaems@gmail.com.

Questions regarding serving in **Dunleith-Menominee Fire Department** responding in GAEMSD's service area should be directed to EMS Coordinator Ron Data, 815 747 3943 or rondata42@gmail.com

Oversight of the Richard Peterson EMT Endowment Fund is provided by the **Galena Territory Foundation, Inc.**, a 501(c)(3) non-profit charitable organization that provides education-based and fundraising activities for the benefit of the local community.

Download Application Form and Request for Mileage Reimbursement Form

RICHARD PETERSON EMT ENDOWMENT FUND

APPLICATION FOR EDUCATION / TRAINING COST REIMBURSEMENT

Applicant ↓

Please check → **Serve in** ___ Scales Mound Fire Protection District ___ Galena Area EMS District (GAEMSD)
 → **Serve in** ___ Dunleith–Menominee Fire Department responding in GAEMSD’s service area

Applicant ↓

Please check → ___ Emergency Medical Responder ___ EMT-Basic ___ EMT-Paramedic *

If you have questions, please contact Pete Stryker at 1-815-777-4123 or e-mail peterastryker@hotmail.com

↓ **PLEASE PRINT** ↓

NAME: Last _____ First _____ Middle (Initial) _____

Street Address _____ City / Town / Village / Municipality _____ State _____ Zip Code _____

Phone Number _____ e-mail Address _____

Institution Offering Training or Course(s)

NAME of Institution _____ City _____ State _____

List ↓ of Expenses Incurred – Amount paid to Other \$ _____ **OR** to Applicant **OR** to “District.”

When/if "District" is to be paid, G = Galena; SM = Scales Mound; DM = Dunleith-Menominee → please circle ↓ below

Tuition	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM
Misc. *	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM
Test Fee *	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM
License *	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM
Mileage *	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM
Total	\$ _____	Pay \$ _____ to Applicant	Pay \$ _____ to G or SM or DM

* Paramedic Reimbursement, Miscellaneous, Test/License Fees, and Mileage: **See information on Page 2.**

_____/_____/20_____
Signature of Applicant Month and Date Year

Application reviewed. Status on Roster verified by:

_____**or**_____**or**_____
 William L. Bingham, EMS Coordinator Al Busch, Chief Ron Data, EMS Coordinator
 Galena Area EMS District Scales Mound Fire Protection District Dunleith-Menominee Fire Department

Applicant: On completion of training, (1) Provide copy of Tuition Fee; copies of Receipts, Sales Slips, or Invoices for Miscellaneous Expenses; Test/License Fees (if credit/debit card used, provide a copy of the statement highlighting those expenses); and Request for Mileage Reimbursement form(s) if applicable. (2) Provide a copy of your IL Dept of Public Health (IDPH) Certification. (3) Have **Application Form reviewed, Status on Roster verified, and Form signed by EMS Coordinator or Fire Chief.** (4) Then provide **signed** Application Form, copies of Receipts, and IDPH Certification to **Attention: EMT Endowment Fund as follows:**
Mail: GTF (The Galena Territory Foundation), 2000 Territory Drive, Galena IL 61036 **OR**
Fax: (815) 777 – 9194 (The Galena Territory Association Office) **OR**
Scan / e-mail: gtaadmin@thegalenaterritory.com

RICHARD PETERSON EMT ENDOWMENT FUND
APPLICATION FOR EDUCATION / TRAINING COST REIMBURSEMENT

Instructions – On completion of training, provide:

1. Copy of Tuition Fee(s);
2. Copy of Receipts, Sales Slips, Invoices, credit or debit card charges for Miscellaneous Expenses, Test/License Fees.
3. Request for Mileage Reimbursement form(s), if applicable;
4. Copy of Illinois Department of Public Health (IDPH) Certification;
5. Application Form reviewed, Status on Roster verified, and form signed by EMS Coordinator or Fire Chief.
6. Provide signed Application Form, Receipts, IDPH Certification to Attention: EMT Endowment Fund. (See information at the bottom of Page 1.)

Additional Information

All Applications will be reviewed by the Richard Peterson EMT Endowment Fund Commission. Because our funding is gift-based, the amount of funding provided is subject to availability.

Paramedic: Candidates approved for initial Paramedic-level tuition expense reimbursement will be paid half the awarded amount at the end of their first year of service in either Galena Area EMS District (GAEMSD) or Scales Mound Fire Protection District (SMFPD). The balance will be paid at the end of the second year of service.

Approved 10-24-2023

Miscellaneous: In all cases, provide a receipt.

- Books, DVDs, Training Videos, educational materials.
- Cost of a uniform, if required for clinicals or ride-alongs.
- Cost of stethoscope (and a case for it) not to exceed \$75.00 total.
- Meals / per diem, if training is out of town.
- Other miscellaneous expenses will be considered on a case-by-case basis.

Approved by Commission 2022 07 06

Test Fee(s) and/or License Fee: In all cases, provide a receipt.

Approved by Commission 2022 07 06

Mileage:

- Reimbursement is at **20¢ per mile** effective 01-01-2022.
- On the Request for Mileage Reimbursement form, list dates and round-trip miles to classes, clinicals or ride-alongs, and test sites.
- Enclose the Request for Mileage Reimbursement form with this Application.
- Mileage reimbursement will not exceed \$2,000.00 per level of training.

2022 07 06 Approved by Commission effective 01-01-2022

2022 12 06 Mileage rate reviewed; leave at 20¢ per mile

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**RICHARD PETERSON EMT ENDOWMENT FUND
REQUEST FOR MILEAGE REIMBURSEMENT**

PLEASE PRINT

NAME: Last First Middle

JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES
1		1		1		1		1		1	
2		2		2		2		2		2	
3		3		3		3		3		3	
4		4		4		4		4		4	
5		5		5		5		5		5	
6		6		6		6		6		6	
7		7		7		7		7		7	
8		8		8		8		8		8	
9		9		9		9		9		9	
10		10		10		10		10		10	
11		11		11		11		11		11	
12		12		12		12		12		12	
13		13		13		13		13		13	
14		14		14		14		14		14	
15		15		15		15		15		15	
16		16		16		16		16		16	
17		17		17		17		17		17	
18		18		18		18		18		18	
19		19		19		19		19		19	
20		20		20		20		20		20	
21		21		21		21		21		21	
22		22		22		22		22		22	
23		23		23		23		23		23	
24		24		24		24		24		24	
25		25		25		25		25		25	
26		26		26		26		26		26	
27		27		27		27		27		27	
28		28		28		28		28		28	
29		29		29		29		29		29	
30				30		30		30		30	
31				31				31			
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	

Grand total **this page**: _____ miles Total miles _____ x .20 cents /mile = \$_____.

Approved 07-06-2022, effective retroactive to 2022-01-01, mileage reimbursement at 20 cents per mile not to exceed \$2,000.⁰⁰ per level of training. Reviewed and re-approved 2023-10-24.

Use Page 2 to report mileage for months July through December

**RICHARD PETERSON EMT ENDOWMENT FUND
REQUEST FOR MILEAGE REIMBURSEMENT**

PLEASE PRINT

NAME: Last First Middle

JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES
1		1		1		1		1		1	
2		2		2		2		2		2	
3		3		3		3		3		3	
4		4		4		4		4		4	
5		5		5		5		5		5	
6		6		6		6		6		6	
7		7		7		7		7		7	
8		8		8		8		8		8	
9		9		9		9		9		9	
10		10		10		10		10		10	
11		11		11		11		11		11	
12		12		12		12		12		12	
13		13		13		13		13		13	
14		14		14		14		14		14	
15		15		15		15		15		15	
16		16		16		16		16		16	
17		17		17		17		17		17	
18		18		18		18		18		18	
19		19		19		19		19		19	
20		20		20		20		20		20	
21		21		21		21		21		21	
22		22		22		22		22		22	
23		23		23		23		23		23	
24		24		24		24		24		24	
25		25		25		25		25		25	
26		26		26		26		26		26	
27		27		27		27		27		27	
28		28		28		28		28		28	
29		29		29		29		29		29	
30		30		30		30		30		30	
31		31				31				31	
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	

Page 2 grand total = _____ miles. **If** mileage expenses also incurred between January through June, enter **page 1** total + _____ miles.

Miles (page 1 & 2) = _____ x .20 cents / mile = \$ _____.

Approved 07-06-2022, effective retroactive to 2022-01-01, mileage reimbursement at 20 cents per mile not to exceed \$2,000.⁰⁰ per level of training. Reviewed and re-approved 2023-10-24.