EMS AGENCY TRAINING GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59307(1/2010 R 8/2010)

EMS Entity	Entity Ownership

hereinafter called the EMS Entity, has or will meet the Division of Emergency Medical Services and Trauma's requirements pertaining to the EMS Agency Training Grant Application policy.

The EMS Entity requests the following grant from the EMS Recertification / Continuing Education Training Grant Fund (please check only one):

Ambulance Service:

- ☐ Volunteers and three or less paid personnel = $2,000
- ☐ Volunteers and four to five paid personnel = $1,000
- ☐ Volunteers and six or more paid personnel = $500

QRU Service:

- ☐ Volunteers and three or less paid personnel = $1,500
- ☐ Volunteers and four to five paid personnel = $1,000
- ☐ Volunteers and six or more paid personnel = $500

I certify that the above named EMS Entity has met the requirements contained in the EMS Agency Training Grant Policy.

Print Name	Title	
Street Address / PO Box Number		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	
Signature		Date

One grant per EMS entity per fiscal year.

Deadline
June 13 each year

Return completed application to:

North Dakota Department of Health
Division of EMS and Trauma
600 E. Boulevard Ave - Dept. 301
Bismarck, ND 58505-0200

Telephone 701.328.2388; Fax 701.328.1702

DEMST USE ONLY
Approved for Payment: 712050 6631 12332-01
In the amount of:
Signature
Date