

[illegible]

Refusal Signature Block

The name of service and signature of an authorized representative (squad leader / board chair) of each entity/service refusing to participate in grant planning is required in order for this application to be considered complete. Signature in this block verifies that each entity/service has been given the opportunity to participate in this grant planning and has willingly opted out. Run volume for entities/services not participating will not be taken into consideration for funding awards.

Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date

Signature of Authorized Representative

As the person completing this application, I certify that the information contained within is true and correct to the best of my knowledge. I also acknowledge that any funds received from this grant will be expended according to the laws of the State of North Dakota for the purpose stated in this application. I agree to the deliverables as outlined in the accompanying grant guidance and understand that not satisfactorily completing any of the agreed upon terms and eligibility requirements may result in loss of funding for the funding area.

Signature of Authorized Representative	Date
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Submit completed application to:

North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, ND 58504

All applications must be postmarked no later than 5 p.m. on June 12, 2017. Any applications received after this deadline will not be accepted. A confirmation e-mail will be sent upon receipt of this application.