

[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. 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 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 received by the Department no later than 5 p.m. on June 19, 2018. Any applications received after this deadline will not be accepted. A confirmation e-mail will be sent upon receipt of this application.**

## Project Budget Itemization

- Categories may be left blank.
- Unlisted categories may be specified in the 'other' category.
- Expenditures must remain in compliance with state laws regarding grant spending and meet legislative intent as outlined in ND Century Code 23-46.
- This form is to be completed for the total amount applied for as a funding area.

Personnel/Staffing	
Travel, Food and Lodging	
Supplies	
Rent/Utilities	
Communications (Telephone/Postage)	
Equipment	
Consultant/Contractual	
Other 1	
Other 2	
Other 3	
<b>Total</b>	

## Project Budget Justification

Using budgeted numbers, briefly describe in detail how monies will be spent in each category of the proposed budget.

## Signature of Authorized Representative

Completed by:	Signature	Date
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