



**NEW QUICK RESPONSE UNIT SERVICES
GRANT REQUEST**
North Dakota Department Of Health
Division of Emergency Medical Services and Trauma
SFN53321



The (Name of EMS Entity)	Entity Ownership
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hereinafter called the EMS Entity, has or will meet the Division of Emergency Medical Services and Traumas' requirements pertaining to the New Quick Response Unit Service Distribution Policy.

The EMS Entity requests a grant of: **\$5,000**
from the New Quick Response Unit Services Grant Fund.

I certify that the EMS Entity has met the requirements contained in the New Quick Response Unit Service Distribution Policy.

(Today's Date)	
Print or Type Name	Signature
Title	Home Phone Work Phone
Street Address / PO Box #	City, State, Zip Code

PLEASE RETURN TO:

Emergency Medical Services & Trauma
ND Department of Health
600 E Boulevard Ave Dept 301
Bismarck ND 58505-0200

BY JUNE 18, 2010

<p>PLEASE DO NOT WRITE IN THIS BOX</p> <p>Approved for Payment: 712050 6631 HL12340-01 315</p> <p>in the amount of :</p> <p><input type="checkbox"/> \$5,000</p> <p>DATE: _____</p> <p>Signature _____</p>
