



**AMBULANCE SERVICE CONVERSION TO
QUICK RESPONSE UNIT SERVICE
GRANT REQUEST**
North Dakota Department Of Health
Division of Emergency Medical Services & Trauma
SFN53322



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

The EMS Entity requests a grant of: \$5,000
from the Quick Response Unit Service Pilot Program Grant Fund.

I certify that the EMS Entity has met the requirements contained in the attached Ambulance Service Conversion to 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

PLEASE DO NOT WRITE IN THIS BOX	
Approved for Payment: 3331 6705 315 1234 02	
in the amount of :	
<input type="checkbox"/> \$5,000	
DATE: _____	
Signature _____	