

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS
 APPLICATION FOR MATCHING AND HARDSHIP GRANT FUNDS
 FY 2015

Please Print or Type

Part I - Requesting Company

1. Name of Company:

2. Complete Mailing Address:

City/Town: _____ State: _____ Zip Code: _____ County:

3. Federal ID # _____

Part II - Grant Request

1. Grant funds will purchase the following : (You may attach a separate sheet)

List Items	Total Cost	Expanded Service *	Replacement *

*Note whether item is for Expanded Service or Replacement

2. Type of Grant Requests:

50-50 grant? Yes

100% Hardship grant? Yes - Please provide information to justify full funding. i.e. lack of alternate funding; newly formed service; lack of sufficient funds. Also required for the hardship grant is a current audit report of the company, the company's budget and last year's tax return.

Part III - Authorization

I, _____, represent that the above information is accurate and correct. The grant request has been made for the purchase of items which have been identified, and should the grant be awarded the _____ Company will assume ownership of the equipment and will maintain the equipment in accordance to FDA requirements and the Grant agreement under which Grant funds are provided including the requirement that an appropriate official provide MIEMSS a sworn certification as to the expenditure of any grant funds. Furthermore I hereby certify that the Constitution or By-Laws of the requesting Company contains a non-discrimination clause consistent with the Governor's Code of Fair Practices.

Signature of authorizing official _____

<i>For Official Use:</i>		
Jurisdiction Review Date: _____ Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Regional Review Date: _____ Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Regional Affairs Date: _____ Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No