

**GROUND AMBULANCE AND HIGHWAY RESCUE SERVICES**

**FUNDING APPLICATION**

***This form must be saved on your computer if completing it electronically. Tab to move forward between fields, shift-tab to move backward between fields, or print and fill.***

1. **Proposal Title**

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1. **Community Government**

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1. **Contact Information**

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| --- | --- | --- | --- |
| Contact Name: | | Title: | |
| Telephone Number  (     )     - | | E-Mail Address | |
| Fax Number | Street or Box No. | Community | Postal Code |

1. **Proposal Category**

|  |  |  |
| --- | --- | --- |
| Ground Ambulance | Highway Rescue | Both |
| Training    Studies/Operating Procedures | Vehicle (New or Upgrade)  Minor Infrastructure Improvement | Equipment  Other  (Please specify): |

**5. Service Level** (Indicate desired service level - check only one. Descriptions are contained in Appendix A of the Guidelines)

|  |  |  |
| --- | --- | --- |
| Level I First Responder  Level II Standard Emergency Responder | Level III Advanced Emergency Responder  Level IV Professional Emergency Responder |  |

**6. Description of Current Service(s)** (E.g. service levels for each type operated - ambulance and rescue; operating area; approved annual budget(s); number and description of vehicles; average annual response volume; approximate number of volunteers; bylaw description)

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**7. Proposal Objective** (Describe how the proposal will help develop or maintain the service level(s) identified in Section 5 above - include additional documentation to expand on the description if necessary)

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**8. Proposed Funding Allocation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ground Ambulance and Highway Rescue Services Funding (Maximum $50,000) | | $ | | **%** |
| Community Government Funding | | $ | | **%** |
| Other Sources (Please specify): | | $ | | **%** |
| Total | | $ | | 100 % |
| **Supporting Documentation:** Please include sufficient detail with your application to provide a clear indication of the total cost and eligibility of each item. | | | | |
| **ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION TO YOUR APPLICATION:**  Council Resolution;  Quotes from companies supplying equipment, training, consulting services, etc. Detailed cost breakdowns must be included with each quote, (e.g. contractor costs – hourly rate X hours X days);  An itemized breakdown of costs for separate purchases and/or activities; and  The make and model of equipment or vehicles, accompanied by a brochure, picture or diagram if available. | | | | |
| **MAYOR OR CHIEF**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **SENIOR ADMINISTRATION OFFICER OR BAND MANAGER**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |