

**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)

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| --- | --- | --- |
| 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**

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| --- | --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |