Northwest Territories Municipal and Community Affairs

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

2. Community Government

3. Contact Information

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

4. Proposal Category

Ground Ambulance ☐	Highway Rescue ☐	Both ☐
Training ☐	Vehicle (New or Upgrade) ☐	Equipment ☐
Studies/Operating Procedures ☐	Minor Infrastructure Improvement ☐	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 III Advanced Emergency Responder ☐
Level II Standard 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)

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)

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	**SENIOR ADMINISTRATION OFFICER OR BAND MANAGER**
Signature _____	Signature _____
Name_____	Name_____
Title_____	Title_____
Date_____	Date_____