



**REVIEW ABSTRACT**

***\*For Regional EMS Advisory Board Use Only\****

Applicant's agency name \_\_\_\_\_

Region conducting the review \_\_\_\_\_

Grade according to Grading Scale \_\_\_\_\_

Ranking among region applicants \_\_\_\_\_

(You may not have multiple applications with the same ranking)

Recommended for full funding in the amount of \$ \_\_\_\_\_

Recommended for partial funding in the amount of \$ \_\_\_\_\_

If recommended for partial funding, which items are you recommending for funding:

\_\_\_\_\_  
Signature of Regional EMS Advisory Committee Chairperson

\_\_\_\_\_  
Date

***\*For Department of Public Health Use Only\****

Reviewed by \_\_\_\_\_

Recommendation

Approve

Reject

\_\_\_\_\_  
Signature of Division Chief, EMS and Highway Safety

\_\_\_\_\_  
Date