



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