



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

FINANCIAL HARDSHIP APPLICATION

This Financial Hardship Application should be completed at the time of application when a grant application lacks the funding to advance the purchase of equipment and training approved under the Priority 1 EMS Grant. This application does not affect the award amount. All payments for the current award year will be made through the reimbursement process, unless a hardship has been granted. The application will be reviewed for early disbursement with consideration given for the reason listed below. Please complete the form below in order to be considered for advanced disbursement.

All paid invoices are due by December 30th of the grant award year.

EMS / FIRE AGENCY NAME	EMS / FIRE AGENCY ID NUMBER
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REASON FOR REQUESTING HARDSHIP

PLEASE LIST THE ITEM / ITEMS YOU ARE REQUESTING TO PURCHASE WITH GRANT FUNDS.

PRINTED NAME OF APPLICANT	TELEPHONE NUMBER () - EXT.	E-MAIL ADDRESS
SIGNATURE OF APPLICANT X		DATE
EXECUTIVE DIRECTOR, DIVISION OF EMS SIGNATURE X		DATE