



OHIO DEPARTMENT OF PUBLIC SAFETY
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 by the Priority EMS Grants Committee to approve or deny the request for early disbursement with consideration given to the reason listed below and the applicants grant performance in the last three years. Please complete the form below in order to be considered for advanced disbursement.

EMS/FIRE AGENCY NAME	EMS/FIRE AGENCY ID NUMBER
----------------------	---------------------------

REASON FOR REQUESTING HARDSHIP

PRINTED NAME OF APPLICANT	TELEPHONE NUMBER () - EXT.	E-MAIL ADDRESS
SIGNATURE OF APPLICANT X		DATE