



**Bureau of Emergency Medical Services**

**Applicants should not complete this form; the state will assess. But applicants must comply.**

**MANDATORY CRITERIA REVIEW**

**GRANT APPLICATION ID:**

**Organization:**

Applications shall be reviewed to determine that the applicant meets the following criteria applicable to the type of grant application submitted:

1. The grant applicant organization shall be based in a rural county if applying for 90% funding.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. The applicant has received a letter endorsing the grant application from their Board of County Commissioners or the local EMS provider if not a licensed EMS provider.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. The application is complete and signed.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. The applicant demonstrates the grant will be used to reduce morbidity and mortality in the identified service area in an efficient and effective manner.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. First responder organizations must attach a copy of the memorandum of understanding (MOU) with a licensed emergency medical services provider. If there is no MOU, then documentation must be attached to the application that demonstrates the applicant has made a reasonable effort to obtain one or that the applicant did not receive a response from the providers in the area of operation.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
6. If a Private Not-For-Profit organization, a copy of IRS 501 (c) (3) letter or other legal documentation of this status must be attached to the application.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. The application may not exceed the number of pages listed in the application packet. Letters of support will not be counted as pages, but may be submitted.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. The following application form, a facsimile of it or an electronic copy shall be used. However, the content of the form shall be identical to the copy received from the Bureau or from its web page. The applicant shall comply with all the instructions provided by the Bureau.			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Mandatory Review Conclusion: Application Eligibility For Funding Consideration.</b>			
Yes Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>	N/A <input type="checkbox"/>	

\_\_\_\_\_  
Authorized State Signature

\_\_\_\_\_  
Date