



**GEORGIA TRAUMA COMMISSION EMS TRAUMA RELATED EQUIPMENT GRANT APPLICATION FORM**

**Name of Grant:** FY 2021 GTC EMS Trauma Related Equipment Grant Program

**Applying Organization Legal Name:**

**Doing Business As "DBA" (if differs from Legal Name):**

**Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	<b>County:</b>
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<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>
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**Federal Tax ID Number:**

**GA EMS Provider License Number:**

**EMS DIRECTOR OF APPLYING ORGANIZATION**

**Name/Title:**

<b>Phone:</b>	<b>E-mail:</b>
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**CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)**

**Name/Title:**

<b>Phone:</b>	<b>E-mail:</b>
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**Please answer each question:**

<b>QUESTION</b>	<b>ANSWER FIELD</b>
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.	
Which county or counties is the Applying Organization requesting funds for?	

*I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on the behalf of the Applying Organization.*

<b>SIGNATURE:</b>	<b>TITLE:</b>	<b>DATE:</b>
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**This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.**