

Director
Emergency Health Services
Ministry of Health and
Long-Term Care

**LAND AMBULANCE SERVICES GRANT
FINANCIAL ASSURANCE STATEMENT**

The Municipality/County (UTM) /Designated Delivery Agent (DDA) of _____
_____ hereby acknowledges and confirms receipt of funding from the
Ministry of Health and Long-Term Care (the Ministry) totaling \$_____ for the
year ending December 31, 2006.

We attest on behalf of the _____ (UTM/DDA) that
the funds provided under this grant were spent or transferred to a reserve account for
the purposes of providing land ambulance services in accordance with the Ambulance
Act and its Regulations. Any amount of the grant that was not used for this purpose
shall be due to the province.

We also understand that in line with the provincial accountability requirements the
ministry is required to report on expenditures subject to provincial funding and hence
funds received by the _____ (UTM/DDA) are subject to
ministry audit and / or audit by the Auditor General of Ontario.

As the Chief Administrative Officer for the _____
(UTM/DDA), I sign this statement confirming that the aforementioned statements are
true and fairly represent the disposition of the grant received.

Signed by,

Signature: _____ / ____ / _____

Name: _____

Title: Chief Administrative Officer

With authority to bind the _____