

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, 2007.

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 \_\_\_\_\_