

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 the grant from
the Ministry of Health and Long-Term Care (the Ministry) totaling
\$ _____ for the year ending December 31, 2008.

We attest on behalf of the _____ (UTM/DDA)
that the funds provided under this grant were for operating costs incurred for the
purposes of providing land ambulance services in accordance with the
Ambulance Act and its Regulations. Any amount of the Land Ambulance Service
grant that is in excess of 50% of the cost shared portion of the actual approved
operating cost shall be due to the province. In addition, if applicable, any amount
of the Land Ambulance Service grant that is in excess of the 100% funded
portion of the actual approved operating cost 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: _____ this _____ day of _____, 2009.

Name: _____
(Please print)

Title: Chief Administrative Officer

With authority to bind the _____
(Name of UTM/DDA)