

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, 2003.

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 Provincial Auditor.

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 _____