

**NORTH DAKOTA RURAL EMS ASSISTANCE
BUDGET TEMPLATE 2019**

Division of Emergency Medical Systems
1720 Burlington Dr • Bismarck ND 58504-7736
701.328.2388 • 701.328.0357 (f) • dems@nd.gov • health.nd.gov
(08-19)

ATTACHMENT B

This completed budget schedule must be returned to the Division along with the signed Notice of Grant Award Requirements Addendum and Grantee Assurances.

Once all documents have been approved and processed by the Division, a quarterly (minimum) reimbursement request will be required using the ND Department of Health Program Reporting System (PRS).

- NOTE:
1. Each category does not need to be utilized and categories may be left blank.
 2. Total budgeted expenses may be equal to or less than the Department of Health cost share found on the Notice of Grant Award (NGA).
 3. Unlisted categories may be specified in the 'other' category.
 4. Expenditures must remain in compliance with state laws regarding grant spending and meet legislative intent as outlined in ND Century Code 23-46.

Ambulance Service

Budget Category	Budgeted Amount
Personnel/Staffing	
Fringe Benefits	
Travel, Food & Lodging	
Supplies	
Rent/Utilities	
Communications (Telephone/Postage)	
Consultant/Contractual	
Fuel	
Medical Director	
Equipment	
Other 1	
Other 2	
Other 3	
Total	

Signature of Authorized Representative

Completed by:	Signature	Date

Submit all completed documents to: North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, ND 58504-7736