



**American Trauma Society - Maryland Division  
2023 APPLICATION for  
Emergency Services Personnel  
“Stop the Bleed” Program GRANT FUNDS**

**DEADLINE: April 30, 2023**

*Please Print or Type*

**Part I – Requesting Jurisdiction/Company**

Name of EMS Jurisdiction/Company/Department:

\_\_\_\_\_

Complete Mailing Address:

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Federal ID # \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Day Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Part II – Grant Request**

Grant funds will purchase the following: (You may attach a separate sheet)

List Items	Cost per unit	Purpose/Use	Total

You may provide any additional pages with information or documentation that you consider useful or appropriate for the review of this grant application.

**Part III - Authorization**

I, \_\_\_\_\_, represent that the above information is accurate and correct. The grant request has been made for the purchase of items which have been identified, and should the grant be awarded the \_\_\_\_\_ Company will assume ownership of the materials and equipment and will maintain the equipment in accordance to FDA requirements and the Grant agreement under which Grant funds are provided including the requirement that an appropriate official provide the American Trauma Society – Maryland Division a sworn certification as to the expenditure of any grant funds. This will be tracked by invoices and proof of payment. Furthermore, I hereby certify that the Constitution or By-Laws of the requesting Company contains a non-discrimination clause consistent with the Governor’s Code of Fair Practices.

Signature of authorizing official:

\_\_\_\_\_

**For Official Use:**

ATS Board Reviewer \_\_\_\_\_  
Date: \_\_\_\_\_  
Approval:  Yes  No