

## Emergency Ambulance Service Aid Application

Minnesota provides \$24,000,000 in aid to ambulance services across the state in calendar year 2024. Ambulance service owners must apply for this aid jointly to the Minnesota Department of Revenue and the Emergency Medical Services Regulatory Board (EMSRB). ([See Minnesota Laws 2024, Chapter 122, article 4.](#))

To apply, the authorized owner of the ambulance service license must complete this form and email it to both [PropTax.Admin@state.mn.us](mailto:PropTax.Admin@state.mn.us) and [aid.ems.emsrb@state.mn.us](mailto:aid.ems.emsrb@state.mn.us) by September 16, 2024.

### Ambulance Service Information

Name of Licensed Ambulance Service Provider	
Ambulance License Owner (If different from above)	
EMSRB Ambulance License Number. If you are a part-time ALS (Advanced Life Support) service, please use your PTALS (Part-Time Advanced Life Support) number. Include only one license per application.	
Address of Ambulance Service	
Our licensed ambulance service provider possessed a nonexcluded ambulance license at some time in calendar year 2022.	Yes          No
Our licensed ambulance service provider continues to operate under the nonexcluded license during calendar year 2024.	Yes          No

### Payment Information

State of Minnesota SWIFT (Statewide Integrated Financial Tools) Vendor ID	
Legal Name of SWIFT Vendor	

The ambulance service owner or licensee must have an active Minnesota SWIFT account to receive this aid payment. All levels of local government have a SWIFT account. If you are unsure of the SWIFT account for your municipality, please contact your finance department. If your organization needs to set up a SWIFT account, see instructions in the [SWIFT Quick Reference Guide](#).

## Payment Contact Information

Please provide contact information of the individual who can answer questions related to the delivery and receipt of an approved aid payment.

Name	
Title	
Phone Number	
Email Address	

## Application Authority and Certification

I am authorized to submit this application and any requested additional information to process this aid application and to certify that the licensed ambulance service provider will follow all Minnesota applicable laws related to the receipt of public funds and the following requirements in [Minnesota Laws 2024, Ch. 122, art. 4](#):

- This aid can only be used for eligible uses, including operational and capital expenses.
- Our organization must complete all reporting requirements related to the use of this aid.
- Any portion of the aid that is unspent or unencumbered for eligible uses by December 31, 2025, must be returned to the Department of Revenue.

I certify that I am authorized to submit this information and that it is true and correct to the best of my knowledge. If I am a public officer or employee, I understand that I am subject to [Minnesota Statutes, section 609.43](#), and subject to a fine of up to \$3,000 or up to one year in prison, or both, for giving false information.

Name of Authorized Signer	
Title of Authorized Signer	
Phone Number of Authorized Signer	
Email Address of Authorized Signer	
Signature of Authorized Signer	
Date of Signature	

**EMSRB Use Only**

Date Application Received	
Primary Service Area Square Mileage as of January 1, 2024	
Number of 2023 EMS Responses	
<b>Notes:</b>	