

MT Time Sensitive Illness & Injury EMS Agency Recognition Program

Notice Of Intent to Participate

Agency Name _____

Service Manager _____

Signature _____ Date _____

Training Officer/
Project Lead _____

Signature _____ Date _____

Contact Phone _____

Contact email _____

TSII Initiative Chest Pain/MI _____ Stroke _____ OHCA _____
(select all that apply) TBI _____

NOTE: Submit this form to Shari Graham. Projects run on a 2 year cycle. NOIs received prior to June of a calendar year will be started that year. NOIs received starting July 1 will be started in the following calendar year. Example: NOI submitted April 2022 will start in 2022; NOI received August 2022 will start in 2023.

For Office Use Only

Project Years _____ Initial _____ Renewal _____

Project Support _____

NOTES:

