**FORM D**

**CONSIDERATION SUBMISSION FORM FOR**

**EMERGENCY MEDICAL TASK FORCE STATE COORDINATING ORGANIZATION**

As described in the RFA **Section 3.2** **Application Screening Requirements** and **Section 9.5**, **Evaluation Criteria-Funding Opportunity #2 EMTF SCO Oral Presentations** the State Coordinating Organization (SCO), DSHS will select one (1) Applicant to serve as the SCO for the Statewide EMTF System. The (SCO) is responsible for providing overall coordination and oversight for the unique components of the EMTF System, as directed by the System Agency.

By signing and submitting **Form D**, you are requesting consideration for the SCO award.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_