

**HARDIN COUNTY FISCAL COURT
RESOLUTION NO. 2014-041**

BE IT RESOLVED, upon recommendation of Judge/Executive Harry L. Berry, to approve a grant application to the Kentucky Board of Emergency Medical Services for the FY 2015-16 Annual Grant for Hardin County.

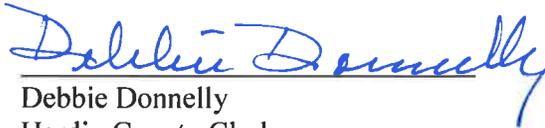
BE IT FURTHER RESOLVED, to authorize the County Judge/Executive to sign all documents concerning this grant, so as to expedite the grant process.

ADOPTED, by the Hardin County Fiscal Court in its regular meeting on 14 April 2015.



Harry L. Berry
Hardin County Judge/Executive

ATTEST:



Debbie Donnelly
Hardin County Clerk



COUNTY GOVERNMENT APPLICATION	KBEMS G-1
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	
FY 2015-2016	

County Judge-Executive	Harry Berry			County	Hardin
Address	100 Public Square				
City	Elizabethtown	State	KY	Zip	42701
Phone	270-765-2350	Fax	270-737-5590	Email	hberry.hcgo@hcky.org

Section 1: County Affiliated; Kentucky Licensed EMS Agencies:

The following EMS Agencies have requested funds from the Kentucky Ambulance Grant Program. All agencies meet the criteria set forth in 202 KAR 7:520. NOTE: All agencies applying for funds must submit a separate Agency Application (KBEMS-G-2).

License #	Ground Ambulance Agency Name	Amount Requested	AGENCY APPLICATION Attached?
1082	Hardin County Emergency Medical Services	\$10,000.00	Yes
Grand Total		\$10,000.00	

Section 2: Acknowledgement

By signing below, I agree to the associated statements:

1. All Agencies are licensed as Class I ground ambulance services in the state of Kentucky.
2. The applicant shall provide documentation on an annual basis, or more frequently, as requested by the office of the board, to verify that grant funds have been expended.
3. The applicant understands that the board shall not approve or provide additional funding until the applicant provides documentation required in statement number two (2) above.
4. The funds used by the applicant shall be used for the purpose authorized by KRS 311A.155 and 202 KAR 7:520 only.
5. Complete applications must be postmarked no later than January 31, 2015.
6. Incomplete applications will **NOT** be processed.
7. Late applications **WILL NOT** be eligible for funding.
8. The County and licensed EMS agency shall be jointly responsible for ensuring that all purchases and expenditures of block grant funds are authorized and allowable pursuant to KRS 311A.155 and this administrative regulation.
9. The County and/or licensed EMS agency shall not misuse funds and that doing so shall subject the applicant to reimbursement of those funds to KBEMS and sanctions pursuant to KRS 311A.155(5) and 311A.050;
10. The county shall not make a false statement or misrepresentation on the County Application, Form-KBEMS G-1, and that falsely certifying, shall subject the applicant to reimbursement of funds to KBEMS and sanctions pursuant to KRS 311A.060.
11. I Acknowledge, understand, and agree to comply with the requirements and duties of KRS 311A.155 and this administrative regulation.

	Harry Berry	April 14, 2015
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Signature of County Judge-Executive (or authorized agent)

Print Name

Date



FY 2015-2016 AGENCY APPLICATION	KBEMS G-2
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	

ACKNOWLEDGEMENT:**By signing below, I agree to the associated statements:**

1. The applicant is a licensed Class I ground ambulance service in the state of Kentucky.
2. The applicant shall provide documentation on an annual basis, or more frequently, as requested by the office of the board, to verify that grant funds have been expended appropriately.
3. The applicant understands that the board shall not approve or provide additional funding until the applicant provides documentation required in statement number three (3) above.
4. The funds used by the applicant shall be used for the purpose authorized by KRS 311A.155 and 202 KAR 7:520 only.
5. Incomplete applications will NOT be processed.
6. Complete applications must be postmarked no later than January 31, 2015.
7. Late applications WILL NOT be eligible for funding.
8. I Acknowledge, understand, and agree to comply with the requirements and duties of KRS 311A.155 and this administrative regulation.

Signature of EMS Director (or authorized agent)

Print Name

Date

John M. Malcomson

4/6/2015

- Each Licensed EMS Agency In a Kentucky County must submit an Agency Application along with ONE County Application (KBEMS Form-G1) to KBEMS for consideration for the Grant.
- Licensed EMS agencies interested in TIER IV Consolidation of Grant funds should contact the KBEMS offices at KBEMS@KCTCS.EDU.
- Any previous lists approved by the Board are no longer valid.