

**HARDIN COUNTY FISCAL COURT
RESOLUTION NO. 2021-017**

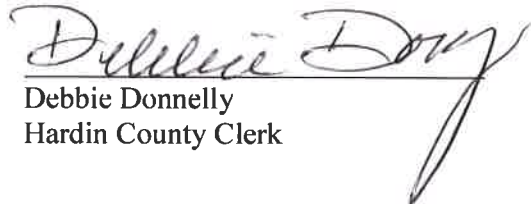
BE IT RESOLVED, upon recommendation of Judge/Executive Harry L. Berry, to approve a grant application to the Kentucky Board of Emergency Medical Services for the FY 2021-2022 Annual Grant for Hardin County.

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 9 February 2021.


Harry N. Berry
Hardin County Judge/Executive

ATTEST:


Debbie Donnelly
Hardin County Clerk



COUNTY GOVERNMENT APPLICATION	KBEMS G1
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	
FY July 1, 2021-June 30, 2022	

County Judge-Executive	Harry L. Berry	County	Hardin
Address	150 N. Provident Way		
City	Elizabethtown	State	KY
Phone	270-765-2350	Fax	270-737-5590
		Email	hberry@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 electronic Agency Application (KBEMS G-2) through the [KEMSIS](#) System. This application must be signed and uploaded with each KBEMS G-2 Agency Application.

License #	Ground Ambulance Agency Name	Amount Requested	AGENCY APPLICATION Attached?
1082	Hardin County EMS	\$10,000	Yes
Grand Total		\$10,000	

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 (**G1, G2, & G4**) must be completed and uploaded to [KEMSIS](#) no later than January 31, 2021.
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 202 KAR 7:520.
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 this application 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 202 KAR 7:520.

	Harry L. Berry	11/27/2021
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Signature of County Judge-Executive (or authorized agent) Print Name Date



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

AMBULANCE GRANT PROGRAM

**FY2021-2022 AGENCY APPLICATION (FORM G-2)
FY2019-2020 ACCOUNTABILITY OF FUNDS (FORM G-4)**

Detailed instructions for completing this application and other relevant information about the program can be found on the KBEMS website at https://kbems.kctcs.edu/agency_operations/grant_funding.aspx. Both the Agency Application (G-2) and Accountability of Funds (G-4) must be submitted in KEMSIS no later than January 31, 2021. The grant application period for the G-2 is July 1, 2021 through June 30, 2022. The accountability of funds period for the G-4 is July 1, 2019 through June 30, 2020. Failure to submit a completed grant application in KEMSIS with accompanying required documentation shall deem the application ineligible for funding.

Agency Information

***Service Name**

HARDIN COUNTY EMS 1082

Service Number

1082

Service Contact for Grant

Mark Peterson

Street 1

170 NORTH PROVIDENT WAY

Street 2

Postal Code (Use Lookup Button to Populate City, County, and State)

42701

***City**

ELIZABETHTOWN

***County**

HARDIN

***State**

Kentucky

Phone

270 - 769 - 3014

Fax

270 - 769 - 0387

FT2021-2022 AGENCY APPLICATION (FORM G-2)

This Agency Application (G-2) must be submitted in KEMSIS no later than January 31, 2021. The grant application period for the G-2 is July 1, 2021 through June 30, 2022. Failure to submit a completed grant application in KEMSIS with accompanying required documentation shall deem the application ineligible for funding.

*G-2 Acknowledgement

I understand the submission of this form in KEMSIS no later than January 31 2021 is required to be considered for funding.

Item Details

Please enter the Quantity, Description, Cost Per Unit, and Total Item Cost in the fields below. A minimum of one item is required and we ask that you include the FEMA AEL number as appropriate in the description.

*Item Quantity

1

*Item Description

Type I Ambulance Module Remount

*Item Cost

\$133,478.00

*Total Cost

\$133,478.00

*Total Cost of All Items (Quantity x Unit Cost)

\$133,478.00

*Have you combined or do you plan to combine funds?

No Combining

Yes: July 1 2020-June 30 2021 & July 1 2021-June 30 2022

Narrative

Each application shall include an itemized list of intended purchases and a brief narrative justification for the use of EMS grants funds for those items. An application that does not include the itemized list and the narrative justification must be returned by the board office. If the applicant does not resubmit a revised application by the filing deadline, the application shall be rejected. Only applications submitted by January 31, 2021 shall be eligible for the allocation of grant funds.

*Narrative

Hardin County EMS is requesting grant funding to help offset the cost of one Type I Ambulance Module Remount on one 2020 model year Ram 5500 4WD Chassis. Receiving this requested grant funding would greatly help offset the cost associated with this remount thus allowing additional funding to be used in other areas such as loss of revenue secondary to the Covid 19 pandemic.

Attachments - County Government

In order to process the Ambulance Grant Application, you MUST attach a copy of the G-1 signed by the County Judge/Executive, or an authorized agent, to this application. A KCTCS Substitute W-9 must be completed and on file for the distribution of funds. The Substitute W-9 must include direct deposit information. The Substitute W-9 must be current, if not, attach a current form. Both forms (G-1 and KCTCS Substitute W-9) are available on the KBEMS website.

*Upload Your G-1 County Application

G-1.pdf

*Name

HCEMS G-1 20/21

Document Type

Ambulance Grant



*Has the banking and/or direct deposit information changed since the prior grant period?

Yes

No

G-4 Accountability of Funds

G-4 Instructions

AMBULANCE GRANT PROGRAM FY2019-2020 ACCOUNTABILITY OF FUNDS (FORM G-4)

This Accountability of Funds (G-4) must be submitted in KEMSIS no later than January 31, 2021. The accountability of funds period for the G-4 is July 1, 2019 through June 30, 2020. Failure to submit a completed grant application in KEMSIS with accompanying required documentation shall deem the application ineligible for funding.

*G-4 Acknowledgement

I understand the submission of this form in KEMSIS no later than January 31 2021 is required to be considered for funding.

G-4 Section #1: Proof of Expenditure of Funds

Please indicate which items you have purchased with the Ambulance Block Grant Funds **beginning July 1, 2019 through June 30, 2020**. These items must match those listed on your G-2 Application for Funds for Fiscal Year **beginning July 1, 2019 through June 30, 2020**. Appropriate documentation regarding each previously approved and listed expenditure must be accompanied by appropriate upload of each expenditure below in order to be accepted. If you have combined Ambulance Block Grant funds from an earlier or later fiscal year, indicate which years below. Attach receipts for each item in Section 2 below.

*Did the COUNTY have any KBEMS grant expenditure for the period July 1, 2019 through June 30, 2020?

Yes

No

*Did the COUNTY carry over (combine) funds with another period?

Yes

No

*Item Quantity

1

*Item Description

One Type I ambulance module remount

*Item Unit Cost

\$132,276.00

*Item Total Cost (Quantity x Unit Cost)

\$132,276.00

*Total Cost of All Items

\$132,726.00

G-4 Section #2: Proof of the Availability of Funds

If applicants and agencies maintain carry-over funds in accordance with KRS 311A.155(5), the applicants and agencies must submit proof of the continued availability of those funds. Failure to submit documents accounting for unexpended grant funds by January 31, 2021 shall make applicants and agencies ineligible for further award of grant funds. Such proof may include a bank statement, a letter from the designated county or government official, a budgetary line-item, or other evidence sufficient to account for the unused carry-over funds.

*Was the COUNTY or AGENCY awarded any KBEMS grant funds for the period July 1, 2019 through June 30, 2020?

Yes

No

Attachment

-  G-4 proof # 1: G-4 #1.pdf
-  G-4 proof # 2: G-4 # 2.pdf

Terms and Submission

Terms and notification of procedures

By signing below, I understand and agree to the associated statements:

1. All applicants that receive funds and all agencies to which the applicants disperse funds to are jointly accountable for use of the Ambulance Grant Funds.
2. Complete Ambulance Grant applications must be submitted by January 31, 2021. Incomplete applications will NOT be processed.
3. Each AGENCY applicant must submit one county G1 application, one G2 application and one G4 application to be considered complete.
4. Failure to submit documents accounting for grant funds (G4) by January 31, 2021 shall make the applicants ineligible for further award of Ambulance Grant Funds. Late applicants are not eligible for funding.
5. Each licensed EMS AGENCY applicant understands they must comply with the requirements of KRS311A and 202 KAR 7:520.
6. Only documented paid receipts are acceptable as proof of purchases. Unpaid invoices and quotes are not proof of purchase. Canceled checks or store receipts reflecting amount and date paid are acceptable.
7. Kentucky Board of EMS will distribute the funds to the County governments by August 31, 2021 for completed applicants.

Submission

I hereby certify that the information provided on this application is complete and true. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I fail to provide all information requested on this application. By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with EMS Agencies and Responders as of January 1, 2015. I will make sure the email address on file in KEMSIS is current, accessible, and checked regularly.

***Signature (Enter your KEMSIS password)**

Signed on Jan 28, 2021 2:28:54 PM by MARK PETERSON