#### **Assurances**

#### Acceptance of terms and conditions

The grantee accepts and agrees to comply with all grant terms and conditions. The grantee understands that grants are contingent upon Board review and approval, the availability of funds and an application may only receive partial funding.

#### **Disclaimer**

The grantee certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the grant, return of all funds and interest accrued (if any), to the Kentucky 911 Services Board and any other remedy provided by law.

#### **Notification of Awards**

The Kentucky 911 Services Board will announce awards upon approval.

#### Changes

No changes or departures from the original proposal shall be permitted unless the Kentucky 911 Services Board gives prior written authorization. Any unauthorized change will necessitate the return of grant funds.

Failure to utilize grant funds as represented may jeopardize eligibility for future funding.

# KWIEC Approval Tracking Number (\*radio projects only)\*not required for radio console projects\*

Any project involving radio equipment, with the exception of radio consoles, must have prior approval from the Kentucky Wireless Interoperability Executive Committee (KWIEC). If applicable, provide KWIEC tracking number here \_\_\_\_\_\_.

### **Authority**

I hereby affirm my authority and responsibility for the use of funds requested and further certify that all statemer	its and
supporting data in the grant application are true and correct.	

Authorizing Official's Signature  Printed Name		Date
Subscribed and sworn before me this	day of	20
Notary Public		
(Notary Stamp Must Be Visible)		





# **(CALL SERVICES** Kentucky 911 Services Board Grant

### **Proper Procurement Declaration**

Grant applic	Lant name:
P	roject title:
	st complete the procurement process in advance of submission of the uotes and bids pricing must be valid through 8/31/2024.
Please check the box to provided MUST match to the control of the	o identify the procurement method followed. The documentation he amount requested.
	A) Official Request for Proposal (RFP) Completed
	B) Items to be purchased on State Price Contract
	C) Items to be purchased qualify for sole source exemption
	D) Items to be purchased do not exceed \$30,000
Requirements for each o	of the above selections are identified below:
A) Official Request for I	Proposal (RFP) completed
Vendo	or Selected:
Other vendors that	Responded:
Please include the following of	documentation if Option A was selected:
• A copy of the official RFP	(should include the scoring criteria).
• A copy of the RFP adverti	sement.
<ul> <li>A copy of each response provided is sufficient).</li> </ul>	to the RFP (a few important pages including quote and description of services to be
A narrative describing wh	y the winning bid was chosen.



B) Items to be purchased on State Pi	rice Contract	
Vendor selected:		
Please include the following documentation is	f Option B was selected:	
A copy of the vendor quote valid through	8/31/2024 and description of services to be p	rovided.
C) Items to be purchased qualify for	sole source exemption	
Vendor selected:		
Please include the following documentation is	f Option C was selected:	
A copy of the vendor quote valid through	8/31/2024 and description of services to be p	provided.
<ul> <li>A narrative signed by your purchasing office Exemption.</li> </ul>	cial (County/City Treasurer or the equivalent)	justifying the Sole Source
D) Items to be purchased do not exc	eed \$40,000	
Vendor selected:		
• Locations of solution hosts:		
This form MUST be signed by your purchas	ing official (county/city treasurer or the e	quivalent).
"I certify that the information reported in t (KRS 45A) was followed in deciding how to	•	
Signature	Title	Date

