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## 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 statements and supporting data in the grant application are true and correct.

\_\_\_\_\_  
Authorizing Official's Signature

\_\_\_\_\_  
Date

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notary Stamp Must Be Visible)



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# Kentucky 911 Services Board Grant

## Proper Procurement Declaration

Grant applicant name: LEXINGTON ENHANCED 9-1-1

Project title: CPE POSITION REFRESH

All grant applicants must complete the procurement process in advance of submission of the application. All vendor quotes and bids pricing must be valid through 8/31/2026.

Please check the box to identify the procurement method followed. The documentation provided **MUST** match the 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 \$40,000

Requirements for each of the above selections are identified below:

*A) Official Request for Proposal (RFP) completed*

Vendor Selected: \_\_\_\_\_

Other vendors that Responded: \_\_\_\_\_

Please include the following documentation if Option A was selected:

- RFP must be completed prior to grant application.
- A copy of the official RFP (should include the scoring criteria).
- A copy of the RFP advertisement.
- A copy of each response to the RFP (a few important pages including quote and description of services to be provided is sufficient).
- A narrative describing why the winning bid was chosen.
- A copy of the vendor quote valid through 8/31/2026 and description of services to be provided.



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***B) Items to be purchased on State Price Contract***

**Vendor selected:** \_\_\_\_\_

**Master agreement (MA) #:** \_\_\_\_\_

**Item #(s):** \_\_\_\_\_

Please include the following documentation if Option B was selected:

- A copy of the vendor quote valid through 8/31/2026 and description of services to be provided.

***C) Items to be purchased qualify for sole source exemption***

**Vendor selected:** AK ASSOCIATES

Please include the following documentation if Option C was selected:

- A copy of the vendor quote valid through 8/31/2026 and description of services to be provided.
- A narrative signed by your purchasing official (County/City Treasurer or equivalent) justifying Sole Source Exemption.
- An explanation provided by a vendor may NOT be used in place of this requirement.

***D) Items to be purchased do not exceed \$40,000***

**Vendor selected:** \_\_\_\_\_

- A copy of the vendor quote valid through 8/31/2026 and description of services to be provided.

This form **MUST** be signed by your purchasing official (county/city treasurer or the equivalent).

***"I certify that the information reported in this document is true and the Kentucky Model Procurement Code (KRS 45A) was followed in deciding how to purchase the items requested in this grant application."***

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Signature

Title

Date



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