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

Authorized Name

3/21/2024

Date

Date

Subscribed and sworn before me this $2c^{+n}$ day of $1c^{-n}$

Notary Public

(Notary Stamp Must Be Visible)

ID#KYNP8285

Include this Page in your Application

Assurances
Page: 1



SERVICES Kentucky 911 Services Board Grant

Proper Procurement Declaration

| Grant applicant name: Lexington Division of E911 | | | |
|---|--|--|--|
| | | | |
| Project title: Host Controller Refresh 2024 | | | |
| 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 8/31/2024. | | | |
| Please check the box to identify the procurement method followed. The documentation provided MUST match the amount requested. | | | |
| ☐ A) Official Request for Proposal (RSP) Completed | | | |
| ☐ B) Items to be purchased on State Price Contract | | | |
| C) Rams to be purchased qualify for sole source exemption | | | |
| □ D) Items to be purchased do not exceed \$30,000 | | | |
| 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: | | | |
| 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. | | | |



| B) Items to be purchased on State Pr | ice Contract | | |
|--|--|---------------------------|--|
| Vendor selected: | | | |
| Master agreement (MA) #: | | | |
| Item #(s): | | | |
| Please include the following documentation if | | | |
| A copy of the vendor quote valid through 8 | 8/31/2024 and description of services to be pr | ovided. | |
| C) items to be purchased qualify for | sale source exemption | | |
| | Kraus Associates Inc. d/b/a | AK Associates | |
| Please include the following documentation if Option C was selected: | | | |
| A copy of the vendor quote valid through 8/31/2024 and description of services to be provided. | | | |
| A narrative signed by your purchasing office Exemption. | cial (County/City Treasurer or the equivalent) j | ustifying the Sole Source | |
| D) Items to be purchased do not exceed \$40,000 | | | |
| Vendor selected: | | | |
| • Locations of solution hosts: | | | |
| 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." | | | |
| Lold Settin | Director of Procurement | 3/26/2024 | |
| Signature | Title | Date | |

