



COUNTY GOVERNMENT APPLICATION	KBEMS G-1
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	
FY July 1, 2020-June 30, 2021	

County Judge-Executive	County		
Address			
City	State	Zip	
Phone	Fax	Email	

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?
Grand Total			

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 (**G-2 & G-1**) must be completed and uploaded to [KEMSIS](#) no later than January 31, 2020.
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.

--	--	--

Signature of County Judge-Executive (or authorized agent) Print Name Date