



**FY 2020**



**Emergency Medical Services  
Operating Fund (EMSOF)**

**Grant Application**

**Madison County, \$57939**

**This application must be returned to:**  
Mississippi State Department of Health  
Bureau of Emergency Medical Services  
P. O. Box 1700  
Jackson, Mississippi 39215-1700  
Attn: EMSOF Grant Administrator

**No later than: 5:00 PM, November 8, 2019**

**Application for Financial Assistance**



Mississippi Emergency Medical Services Operating Fund

### Step 1: Applicant Information

#### Applicant

Name: **Madison County**  
Address: **125 West North Street**  
City: **Canton, MS 39046**  
Phone: **601-855-5580** Fax: **601-859-5875**

List any changes or additional information below:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Authorized Agent

*(Must be County Chancery Clerk, County President Board of Supervisors, County Administrator, City Mayor, Executive Director EMS District)*

Name: **Mr. Shelton Vance**  
Address: **125 West North Street**  
City: **Canton, MS 39046**  
Phone: **601-855-5580** Fax: **601-859-5875**  
Title: **County Administrator**  
Email: **shelton.vance@madison-co.com**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Current EMS Provider(s):

Primary 911 EMS Agency/ies: **Pafford**  
EMS Agency Contact: **Greg Pafford**  
EMS Agency Email: **greg@pafford.com**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please note any changes on the right hand side of the page. Attach necessary documentation.)*

Grant Amount: \$ **57939**



Mississippi Emergency Medical Services Operating Fund

## Step 2: Local Budgetary Accounting for 2019

**Describe what was spent in local dollars (*not* grant dollars) on local EMS last fiscal year.**

Attach a copy of the governmental unit printout for **actual** expenses **paid** for subsidizing/operating emergency medical services during fiscal year 2019. Example: AAAA County pays BBB Ambulance Service \$100,000.00 per year in subsidy to operate the ambulance service in AAAA County. You would send the printout of the account that shows the \$100,000.00 subsidy was paid.

*There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds expended on emergency medical services by this governmental unit. This is not your budget or grant-fund purchase items, but instead local governmental unit dollars.*

***Amount spent in local dollars in FY2019:***     \$ \_\_\_\_\_



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### **Step 3: Local Proposed Budget for 2020**

**Describe what is projected to be spent in local dollars (*not* grant dollars) on local EMS this fiscal year.**

Attach a copy of your 2020 budget printout for **projected** expenses for subsidizing/operating emergency medical services in fiscal year 2020.

*There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds projected to be expended on emergency medical services by this governmental unit. This is not your proposed budget for grant-fund purchase items, but instead **local governmental dollars**.*

***Amount projected to be spent in local dollars in FY 2020: \$\_\_\_\_\_***





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## Step 4: Grant Budget Narrative

**On the following pages, describe what is planned to be spent in grant dollars on local EMS this fiscal year.**

*This is not a narrative of your total budget, just how you intend to spend the grant monies.* Only the items to be paid for by this grant should be listed. Each item to be purchased or paid for must be listed with an estimated cost. Indicate how each purchase will be an improvement/enhancement to the government EMS units.

*The following is an example.*

<p><b>1. Personnel Expenses</b> - EMSOF may only be used to pay payroll and benefit differential pay for governmental units for the first year that a governmental unit improves its' level of ambulance service licensure (i.e., BLS to ALS), staff travel to BEMS approved training opportunities, and tuition for BEMS approved training opportunities. (Go to Page 6 to complete)</p>
<p><b>2. Contractual Services</b> - Itemize all individual contracts and justify the services provided. (This is where payments to EMS Districts would be justified and listed.) (Go to Page 7 to complete)</p>
<p><b>3. Commodities</b> - Categorize and give cost of all supplies. You may not purchase supplies for which you bill patients with grant funds. (Go to Page 8 to complete)</p>
<p><b>4. Equipment</b> - List each non-expendable item to be purchased as shown:</p> <ul style="list-style-type: none"><li>• Justify how each item of equipment relates to EMS activities.</li><li>• Explain what steps you have taken or will take to insure that you receive the best value for least cost, consistent with state and federal purchasing regulations. (Go to Page 9 to complete)</li></ul>
<p><b>5. Capital Outlay other than Equipment</b> - EMSOF may be used to purchase capital outlay items that improve local Emergency Medical Services. Explain and justify all cost to be incurred and the relationship to EMS activities. (Example: Building a new station to offer better coverage of the county...) (Go to Page 10 to complete)</p>
<p><b>6. Escrow</b> - Funds may only be escrowed for up to three (3) years. After the three (3) years, the funds must be expended before escrow of funds can occur again. Please provide a brief explanation of how these funds will be used at the end of the three (3) years and/or justification for escrowing these funds. (Go to Page 11 to complete)</p>
<p><b>7. Other</b> - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council. (Go to Page 12 to complete)</p>



Mississippi Emergency Medical Services Operating Fund

## I. Personnel Expenses

### Training (*Must be BEMS Approved Course or CEUs*)

Name of Training	CEU Hrs	# Students	Tuition Amount	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

### Travel

Name of Training	Location	Lodging/Meals	Millage	Total
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

### Personnel

License # \_\_\_\_\_ (improves level of service licensure)

Cost: \$ \_\_\_\_\_

### Payroll & Benefits (Differential only for first year of upgrade, i.e., BLS to ALS)

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Mississippi Emergency Medical Services Operating Fund

**2. Contractual Services**

- EMS District Dues** (To be paid for with FY 2020 grant funds.)

**Name of EMS District:** \_\_\_\_\_

**Attach documentation showing approval in accordance with Miss Code 41-59-53.**

**Cost:** \$ \_\_\_\_\_

- Other:** \_\_\_\_\_

**Cost:** \$ \_\_\_\_\_

**Justification Narrative:**

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### 3. Commodities

**Non-Disposable Supplies Only.**

Item Description	Quantity	Amt Each	Total

Below, provide description on how the above listed purchases will improve the local EMS agency. All commodities must be utilized for direct patient care.

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Mississippi Emergency Medical Services Operating Fund

#### 4. Equipment

Item Description	Quantity	Amt Each	Total

Below, provide description on how the above listed purchases relate to and benefits EMS activities and will improve the local EMS agency. All equipment must be utilized for direct patient care.

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Provide detailed training plan for this equipment.

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How did you ensure you received best value for least cost (while following State and federal purchasing regulations).

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Mississippi Emergency Medical Services Operating Fund

6. Escrow Amount to be escrowed from FY2020 only: \$ \_\_\_\_\_

Please provide a brief explanation of how FY 2020 funds will be used and/or justification for escrowing these funds.

Multiple horizontal lines for providing a brief explanation or justification for escrowing funds.

**Escrow funds are to be escrowed for three years. On the fourth year’s grant application, all escrowed funds and the current year’s funds must be expended no later than September 30 of that grant year.**

*Example: Purchasing a new ambulance or radio system that cost more than your grant amount.*

*Radio = \$10,000.00*

*Grant Year 1 = \$3,000.00*

*Grant Year 2 = \$3,000.00*

*Grant Year 3 = \$3,000.00*

*Total Escrow = \$9,000.00*

*Current Grant Year = \$3,000.00*

*Must expend a total of \$12,000.00 (Total Escrow + Current Grant Year)*



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7. Other

Cost: \$ \_\_\_\_\_

**Any purchase listed under this option must be approved by the Emergency Medical Services Advisory Council.**

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Mississippi Emergency Medical Services Operating Fund

### Step 5: Annual Expenditure Report for EMSOF Previous Years

The annual expenditure report is a financial summary of the previous year's EMSOF award and/or previous funds escrowed. **This report must be completed and returned with all other sections of this new application.** No new awards can be granted until this report is completed and signed.

Our records indicate that \$57751 was awarded in 2019.

**Attach copies of receipts for all expenditures made during FY 2019.**

Example 1: You were awarded \$5,000.00 last year to purchase an external defibrillator, attach receipt(s) for at least \$5,000.00 of the external defibrillator.

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- Attach training documentation (roster, sign in sheet, agenda, objectives, etc.)

Example 2: You are purchasing a new ambulance that costs more than your grant amount.

Ambulance = \$80,000.00

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- All purchases of EMS vehicles of any type must include copy of title with receipts.

*Example 2:*

Grant Year 1 = \$5,000.00

Grant Year 2 = \$5,000.00

Grant Year 3 = \$5,000.00

Total Escrow = \$15,000.00

Last Year's Grant = \$5,000.00

**You must have expended the entire amount of \$20,000 for the purchased of an ambulance.**

**(Receipts for Escrow Funds must be attached to the Escrow Reporting Page 14.)**

**All grant funds must be placed in an interest bearing account.** Prior grant awards not expended by September 30 of the award year must be returned to the State.

I, the undersigned, attest to the fact that I have expended funds as per the previous grants or I have submitted in writing prior approval to amend the previous grant(s), and that the figures found in the above Annual Expenditure Report for EMSOF Previous Years are correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Shelton Vance or Comptroller must sign)**





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**If you currently have grant funds in escrow, you must complete this section.**

Use this form to indicate monies previously awarded that have been escrowed for an identified large purchase. (Example: Purchasing a new ambulance or radio system that cost more than your grant amount.) **Escrow funds are meant to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.**

**Current Escrow Balance, including interest:**

	<b>Escrow Amount</b>	<b>Interest Earned</b>	<b>Total with Interest</b>
<b>FY 2017</b>	\$	\$	\$
<b>FY 2018</b>	\$	\$	\$
<b>FY 2019</b>	\$	\$	\$
<b>Total for FY'17, FY'18, and FY'19</b>			\$

***If funds received prior to FY 2017 are still in escrow, these funds must be expended immediately (within 30 days) or returned to the State Department of Health. This grant application will be placed on hold until proof of compliance is submitted and approved.***



Mississippi Emergency Medical Services Operating Fund

**Contract for Supplemental Emergency Medical Services**

For the purposes of providing expanded emergency medical services, and in consideration for the mutual covenants contained herein, it is hereby agreed by and between **Madison County** (hereinafter referred to as the grantee) and the Emergency Medical Services Program of the Mississippi State Department of Health (hereinafter referred to as the Department) as follows:

**The Grantee agrees that:**

1. Funds received from the Department will be used for the provision of emergency medical services within the Grantee's district in accordance with the specifications set forth in the application and hereby incorporated into and made a part of the contract.
2. Funds received from the Department pursuant to this contract shall be used solely in addition to existing annual emergency medical budgets of the Grantee.
3. The Grantee will maintain its present level of funding for existing emergency medical services throughout the contract.
4. No funds received from the Department shall be used for the payment of any attorney's fees.
5. Financial and progress reports will be submitted by the Grantee to the Department on an annual basis or as requested by the Department. The annual reports for the previous year's funds must be submitted to the Department as part of this application.
6. Emergency medical services will be delivered in compliance with the licensing requirements and regulations of the Department.
7. The Grantee agrees to permit reasonable program review and evaluation by the Department, to provide access to its records, and to cooperate in any other reasonable request for program information.

**The Department agrees that:**

1. Funds appropriated to the Department for the Emergency Medical Services Operating Fund shall be distributed to Grantee for the support of emergency medical services.
2. The Grantee shall receive funds equal to Grantee's proportionate share of the Emergency Medical Services Operating Fund based on its general population in relation to the total population of the state.

**It is mutually agreed by both parties:**

1. This contract shall commence on **October 1, 2019**, and remain in effect until **September 30, 2020**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2020**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

<b>Signed</b>	
<b>Applicant/Grantee</b> ( <i>Shelton Vance</i> ) _____	<b>Date:</b> _____
<b>Applicant/Grantee</b> ( <i>Greg Pafford</i> ) _____	<b>Date:</b> _____
<b>For State Department of Health Use Only</b>	
Director, Emergency Medical Services _____	<b>Date:</b> _____
Director, Emergency Planning & Response _____	<b>Date:</b> _____
Director, Health Protection _____	<b>Date:</b> _____
CFO, MSDH _____	<b>Date:</b> _____



Mississippi Emergency Medical Services Operating Fund

## ***Grant Recap Sheet***

### **Checklist**

- Authorized Agent and EMS Operations Manager attended Grantee Meeting.
- All contact information on page 2 has been verified or any changes noted.
- Official budget has been attached to page 3.
- Official proposed budget has been attached to page 4.
- Grant Narrative (Pages 6-10) have all been completed as needed to avoid any processing delay of your application.
- Escrow (Page 11) amount listed is for use of proposed grant funds only. No local dollars.
- Annual Expenditure Report (page 13) has all receipts, vehicle titles and letters of modification attached.
- Annual Expenditure Report (page 13) has been signed by the comptroller or authorized agent.
- Escrow Report Page (page 14) is completed and all funds are reported appropriately. Include interest as a separate entry.
- All grants funds are being deposited in an interest bearing account with the authorized agent.
- Contract page is signed by Authorized Agent (County Administrator, President of the Board of Supervisors, Chancery Clerk, Mayor, President EMS District).
- Contract page is signed by primary 911 EMS Agency or Agencies authorized contact (Operations Manager).
- Do Not Expend** any grant funds until they are received by the authorized governmental agency.

**Return the application by 5:00 p.m. November 8, 2019:**

**Mississippi State Department of Health  
Bureau of Emergency Medical Services  
ATTN: EMSOF Grant Administrator  
P. O. Box 1700  
Jackson, Mississippi 39215-1700**

Should you have any questions regarding this application or the EMSOF program, please contact: **Billie Collier at 601-576-7380, or via email at [billie.collier@msdh.ms.gov](mailto:billie.collier@msdh.ms.gov).**





Mississippi Emergency Medical Services Operating Fund

**Madison County 57939**

**For Department Use Only: (Do not write on this page)**

Review	BEMS	OEPR	HP
Comments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Date			
Returned	____/____/____	____/____/____	____/____/____

**Grant Administrator Recommendations (Please initial.)**

\_\_\_\_\_ Full approval  
 \_\_\_\_\_ Approval with budget modifications  
 \_\_\_\_\_ Conditional approval  
 \_\_\_\_\_ Non-approval  
 \_\_\_\_\_ Referral to EMS Advisory Council  
 \_\_\_\_\_ Comments: \_\_\_\_\_

**Date and subject of any additional communications with applicant**

**Date:** \_\_\_\_\_ **Subject:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proposed use of funds:**

\$ _____	Personnel/Training	\$ _____	Ambulance
\$ _____	Regionalization (_____ District)	\$ _____	ALS Expenditures
\$ _____	Commodities	\$ _____	Communications
\$ _____	BLS Equipment	\$ _____	First Response
\$ _____	Escrow	\$ _____	Other

M#: 7000000915 CC: 45 AD: 2020

2019 Notes	2020 Notes	Recipient	Escrow Notes