



FY 2023



Emergency Medical Services

Operating Fund (EMSOF)

Grant Application

Madison County, \$66559

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 11, 2022



Mississippi Emergency Medical Services Operating Fund

Application for Financial Assistance

Step 1: Applicant Information

Applicant

List any changes or additional information below:

Name: Madison County

Address: 125 West North Street

City: Canton, MS 39046

Phone: 601-855-5530 Fax: 601-859-5875

MAGIC Vendor # _____

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: 601-855-5530 Fax: 601-859-5875

Title: County Administrator *BOS

Email: shelton.vance@madison-co.com Sheila.jones@madison-co.com

Minor: Norman@Madison-co.com

Name: Greg Higginbotham

Address: 125 West North Street

City: Canton State: MS Zip: 39046

Phone: 601-855-5502 Fax: 601-859-5875

Title: County Administrator

Email: _____

Current EMS Provider(s):

Primary 911 EMS Agency/ies: Pafford _____

EMS Agency Contact: Greg Pafford Freddie Parker _____

EMS Agency Email: greg@pafford.com _____

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

Grant Amount: \$ 66559

Madison County



Mississippi Emergency Medical Services Operating Fund

Step 2: Local Budgetary Accounting for 2022

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 (Local) **paid** for subsidizing/operating emergency medical services during fiscal year 2022. 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 FY2022: \$ 11,300.00

Grant Amount: \$66559

Madison County



Mississippi Emergency Medical Services Operating Fund

Step 3: Local Proposed Budget for 2023

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

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

*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 2023: \$ 11,700.00

Grant Amount: \$66559

Madison County

GLMCLM01 GLHIST2022 CASH DISBURSEMENTS DATA ENTRY GLWCLM97/R4
 Fund 001 GENERAL COUNTY FUND Trans 226587 Amount 11300.00
 Claim 3525 Claim Date 9 27 2022 Release Date 9 30 2022 Status P Source CD
 Bank 100 Check Date 9 30 2022 Check 63291 Ep Cash Acct 000 001
 Voided Reason

Vendor No 16409 Payee PAFFORD EMERGENCY MEDICAL SERVICES
 OUTSTND Addr1 223 HIGHPOINT DRIVE Add 20220927 CGLEASON
 Addr2 Chg 00000000

Page No 1 City RIDGELAND MS 39157 1099 Form M Type 1

For Investments CD No	Maturity Date	Rate
Account	Description	Invoice InvoiceDate Amount
001240750	GRANTS & SUBSIDIES	994 9 27 2022 11300.00

Copyright 2009, Delta Computer Systems, Inc. - All Rights Reserved 11/30-GNJ
 F13-MODE F14-PAPERLINK
 F3-Next_Claim,PAGE-UP_for_Prev_Claim F4-Prev_Detail F5-Next_Detail F13-Mode

General Ledger Budgeted Expenditures
2022 - 2023 Fiscal Year through October

Obj. Description	Adjusted Co Date	Encumbrance	Total	Budget	Prorated Budget	Percent to Date	Unencumbered Balance
001-240 GENERAL COUNTY FUND							
AMBULANCE SERVICE							

750 GRANTS & SUBSIDIES			11,700.00	975.00			11,700.00
GRANTS & SUBSIDIES			11,700.00	975.00			11,700.00
DEPARTMENT TOTAL			11,700.00	975.00			11,700.00
FUND TOTAL			11,700.00	975.00			11,700.00
REPORT TOTAL			11,700.00	975.00			11,700.00

8.33



Mississippi Emergency Medical Services Operating Fund

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>1. Personnel Expenses - 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>2. Contractual Services - 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>3. Commodities - 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>4. Equipment - List each non-expendable item to be purchased as shown:</p> <ul style="list-style-type: none">• Justify how each item of equipment relates to EMS activities.• 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)
<p>5. Capital Outlay other than Equipment - 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>6. Escrow - 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>7. Other - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council. (Go to Page 12 to complete)</p>

Grant Amount: \$66559

Madison County



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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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2. Contractual Services

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

Name of EMS District: _____

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

Cost: \$ _____

- Other:** _____

Cost: \$ _____

Justification Narrative:

Grant Amount: \$66559

Madison County



Mississippi Emergency Medical Services Operating Fund

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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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.

If this equipment is a response truck, ATV, etc., provide the Mississippi licensed EMS agency name/contact information that will permit and house this vehicle.

Provide detailed training plan for this equipment.

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

**Grant Amount: \$ 66559
Madison County**



5. Capital Outlay other than Equipment

Item: _____ **Cost: \$** _____

Justification:

Grant Amount: \$ 66559
Madison County



Mississippi Emergency Medical Services Operating Fund

6. Escrow

Amount to be escrowed from this grant only: \$ 66,559

Please provide a brief explanation of how FY 2022 funds will be used and/or justification for escrowing these funds.

BECAUSE OF THE GROWING DEMAND FOR AMBULANCE SERVICES IN MADISON COUNTY, THE 2023 EMSOF FUNDING, ALONG WITH THE REMAINDER OF THE 2022 EMSOF FUNDING, WILL BE ESCROWED TO POSSIBLY EQUIP AN ADDITIONAL AMBULANCE WITH NEW MEDICAL EQUIPMENT THAT WILL HELP COVER EMERGENCY MEDICAL CALLS DURING PEAK CALL TIMES WHICH WILL HELP REDUCE THE LONGER RESPONSES DUE TO THE SHORTAGE OF AVAILABLE AMBULANCES DURING HIGH CALL PERIODS. THE TYPE OF EQUIPMENT NEEDED TO EQUIP THE ADDITIONAL AMBULANCE AT THIS TIME IS UNKNOWN.

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. Provide a detailed justification for how this item will be used to enhance EMS direct patient care.

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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 \$57939.33 was awarded in 2022.

Attach copies of receipts for all expenditures made during FY 2022.

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:

	Escrow Amount	Interest Earned	Total with Interest
FY 2019	\$	\$	\$
FY 2020	\$	\$	\$
FY 2021	\$	\$	\$
FY 2022	19,151.28	52.60	19,203.88
Total for FY'19, FY'20, FY'21, & FY '22			\$ 19,203.88

If funds escrowed prior to FY 2019 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.

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Madison County

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-000-001	CASH IN BANK						
CD STRYKER SALES	POWER-PRO XT AMBULANC	59714	220436-	1 11/01/2021			59,942.28DB
CD STRYKER SALES	STRETCHERS (3)	59714	220436-	2 11/01/2021			24,542.28DB
CD HENRY SCHEIN, INC.	LIFELINE ARM CPR DEVI	59653	220438-	1 11/01/2021			92.28DB
CR MADISON COUNTY	INTEREST INCOME	220759	220780-	7 02/25/2022	7.24		99.52DB
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	221120	221159-	1 04/08/2022		66,559.00	66,558.52DB
CR SOM-DEPARTMENT OF HEALTH	EMSOFF GRANT	221120	221159-	2 04/08/2022			66,558.52DB
CR MADISON COUNTY	INTEREST INCOME	221009	221046-	7 04/22/2022	.03		66,558.52DB
CR MADISON COUNTY	INTEREST INCOME	221754	221703-	7 07/28/2022	25.49		66,584.04DB
CD SHANK COMMUNICATIONS CO	NX-5400K3 KENWOOD 700	63308	226540-	1 09/30/2022		14500.00	52,184.04DB
CD J&M RESCUE	LP-15 LIFEPAK PATIENT	63240	226583-	1 09/30/2022		33000.00	19,184.04DB
CR MADISON COUNTY	INTEREST INCOME	222135	222092-	7 09/30/2022	19.84		19,203.88DB
					66611.60	107350.00	19,203.88DB
014-000-190	FUND BALANCE						
014-000-268	STATE GRANT NON CAP GEN GOV	221120	221159-	1 04/08/2022			-59,942.28CR
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	221120	221159-	2 04/08/2022		66559.00	-66,559.00CR
CR SOM-DEPARTMENT OF HEALTH	EMSOFF GRANT	221120	221159-			66559.00	-66,559.00CR
						66559.00	-66,559.00CR
014-000-330	INTEREST INCOME						
CR MADISON COUNTY	INTEREST INCOME	220759	220780-	7 02/25/2022	7.24		0.00
CR MADISON COUNTY	INTEREST INCOME	221009	221046-	7 04/22/2022	.03		-7.24CR
CR MADISON COUNTY	INTEREST INCOME	221754	221703-	7 07/28/2022	25.49		-7.27CR
CR MADISON COUNTY	INTEREST INCOME	222135	222092-	7 09/30/2022	19.84		-32.76CR
						52.60	-52.60CR
014-000-387	TRANSFERS IN						
014-000-389	BEGINNING CASH						0.00
014-232-610	PROFESSIONAL SUPPLIES						0.00
014-232-919	OTHER MACHINERY & EQUIP						
CD STRYKER SALES	POWER-PRO XT AMBULANC	59714	220436-	1 11/01/2021		35400.00	0.00
CD STRYKER SALES	STRETCHERS (3)	59714	220436-	2 11/01/2021			35,400.00DB
CD HENRY SCHEIN, INC.	LIFELINE ARM CPR DEVI	59653	220438-	1 11/01/2021	24450.00		59,850.00DB
CD SHANK COMMUNICATIONS CO	NX-5400K3 KENWOOD 700	63308	226540-	1 09/30/2022	14500.00		74,350.00DB
CD J&M RESCUE	LP-15 LIFEPAK PATIENT	63240	226583-	1 09/30/2022	33000.00		107,350.00DB
					107350.00		107,350.00DB

INVOICE

SHIP TO: 1287131
 MADISON COUNTY BOARD OF SUPERVISORS
 146 W CENTER ST
 CANTON MS 39046-3735
 15960

MAKE PAYMENT TO:
 STRYKER SALES, LLC
 P.O. BOX 93308
 CHICAGO, IL 60673-330
 PH - 1-800-733-2393



220436

CONTACT:
 STRYKER MEDICAL
 1901 Romance Rd Parkway
 Portage, MI 49002
 Phone Number: (800) 327-0770
 Fax Number: (866) 551-2618
 www.stryker.com

BILL TO: 1287128
 MADISON COUNTY BOARD OF SUPERVISORS
 PO BOX 608
 CANTON MS 39046-0608

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
3534555 M	09/29/21	210464	RIEKHOF, JULIE	9855527 SL	1 of 1

TERMS: Net 30 days SHIPPING METHOD:

SHIPPING INSTRUCTIONS DELIVERY INSTRUCTIONS

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	PROMO CODE	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.000	3 New AT units sold Kenco delivered 6508 MTS PWRPRO COT HIGH CNFIG	656805550003	07613327513271		2102020700002 2102020700007 2102020700008	3	11,800.0000	35,400.00

*Approved 10/13/2021
Minor Team*

Sina rec'd 10/12/2021

RECEIVED
 OCT 6 2021
 BY: _____

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE. Subject to applicable shipping and handling charges.	CURRENCY	SUBTOTAL	SALES TAX	TOTAL
	USD	36,400.00		35,400.00

FINANCE CHARGE OF 1 1/2% (ANNUAL PERCENTAGE RATE IS 18%) IS ADDED TO ALL PAST DUE ACCOUNTS.
 * Lease payment plans are available. If interested, please contact A/R immediately to start the application process.



SHIP TO: 03777647
 Madison County
 146 W Center St
 Canton, MS 39046-3735

220438
 EQUIPMENT INVOICE

BILL TO: 03777646
 Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

16162

Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

REFERENCE#	19932600
INVOICE#	98844877
INVOICE DATE	09/16/2021
FED ID# 11-3136595 DUNS#01-243-0880	
CENTER	HENRY SCHEIN MATRX M
ORDER#	EQ21091300133
CUSTOMER PO	210467
BALANCE DUE	\$24450.00

Please detach and mail above with your payment

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
SR Type: Office Expansion						
1	7002234	AT091421AT/IN DEFIBTECH LL Lifeline ARM		3	8150.00	24450.00
		S/N: 500015299				
		S/N: 500014566				
		S/N: 500014594				

RE-PRINT

REFERENCE# 19932600	Labor	.00
INVOICE# 98844877	Equipment & Parts	24450.00
INVOICE DATE 09/16/2021	SUB TOTAL	24450.00
ORDER# EQ21091300133	Shipping & Handling	
	Tax	
	ORDER TOTAL	24450.00
	Less Deposit	
	BALANCE DUE	\$24450.00

Customer Service 1-800-645-6594
 Option 1 for Equipment; Option 5 for Credit and Billing
 ** See reverse side for Terms Of Sale **
 Page: 1

SHANK COMMUNICATIONS CO., INC.
 105 E. PORTER ST.
 JACKSON, MS 39201

INVOICE

Invoice Number: 108108
 Invoice Date: Sep 19, 2022
 Page: 1

12728

Voice: 601-355-5023
 Fax: 601-355-5050

Duplicate

226540

Bill To:
 MADISON COUNTY SUPERVISORS
 ATTN: ACCOUNTS PAYABLE
 P.O. BOX 608
 CANTON, MS 39046

Ship to:
 MADISON COUNTY
 CENTRAL RECEIVING
 146 WEST CENTER ST
 CANTON, MS 39046

Customer ID MADISONBOS	Customer PO 220408	Payment Terms Net 30 Days	
Sales Rep ID 23	Shipping Method Cust. Pickup	Ship Date	Due Date 10/19/22

Quantity	Item	Description	Unit Price	Amount
10.00	NX-5400K3	KENWOOD 700/800MHZ DIGITAL PORTABLE 2/WAY RADIO WITH ALPHANUMERIC DISPLAY AND FULL KEYPAD.	1,450.00	14,500.00
10.00		NX-5900 KENWOOD P25 700/800MHZ MOBILE RADIO PACKAGE. (BACKORDER).		

APPROVED 9/22/2022
M. J. Thomas

Subtotal	14,500.00
Sales Tax	
Total Invoice Amount	14,500.00
Payment/Credit Applied	
TOTAL	14,500.00

Check/Credit Memo No:

Overdue invoices are subject to finance charges.

J&M RESCUE

139 Highway 293
Tillar, AR 71670

Phone # 870-814-4301
jm_rescue@yahoo.com

Invoice

Date	Invoice #
9/16/2022	440712

15943

226583


Bill To
Madison County Board of Supervisors 146 West Center St Canton, MS 39046

Ship To

P.O. Number

QUOTE

PURCHASE ORDER # 220407

Quantity	Item Code	Description	U/M	Price Each	Amount
2	LP15 Monitor	W/ Carry Case, all cables/connectors & 2 Lithium-Ion Batteries 1 Year Parts & Labor Warranty Sales Tax		16,500.00	33,000.00
				0.00%	0.00
		PN- V15-2-001603 1) SN- 41301071 PROPERTY #11131 2) SN- 42064639 PROPERTY #11132 APPROVED 9/19/2022  014-232-919			

Make All Checks Payable to:
J&M Rescue
139 Hwy 293
Tillar, AR 71670

Fax #: 866-416-5605

Total \$33,000.00

General Ledger Budgeted Expenditures
2022 - 2023 Fiscal Year through October

Obj. Description	Adjusted to Date	Encumbrance	Total	Budget	Prorated Budget	Percent to Date	Unencumbered Balance
014-232 EMSOF GRANT						8.33	
----- MEDICAL SERVICES -----							
610 PROFESSIONAL SUPPLIES							
----- CONSUMABLE SUPPLIES -----							
014-232 EMSOF GRANT							
----- MEDICAL SERVICES -----							
919 OTHER MACHINERY & EQUIP		15,500.00	15,500.00				-15,500.00
CAPITAL OUTLAY & OTHER		15,500.00	15,500.00				-15,500.00
DEPARTMENT TOTAL		15,500.00	15,500.00				-15,500.00
FUND TOTAL		15,500.00	15,500.00				-15,500.00
REPORT TOTAL		15,500.00	15,500.00				-15,500.00



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. If you are a continuing recipient of grant funds, you must spend => the previous year reported amount.
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, 2022** and remain in effect until **September 30, 2023**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2023**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Signed GREG HIGGINBOTHAM
Applicant/Grantee (Shelton Vance) Date:
Applicant/Grantee (Greg Pafford Freddie Parker) Date:
For State Department of Health Use Only
Director, Emergency Medical Services Date:
Director, Emergency Planning & Response Date:
Director, Health Protection Date:
CFO, MSDH Date:



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 12, 2022:

**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: **EMSOF Grant Administrator at 601-576-7380.**

**Grant Amount: \$ 66559
Madison County**



Mississippi Emergency Medical Services Operating Fund

Grant Amount: \$ 66559
Madison County
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

Notes	Notes	Recipient	Escrow Notes

