



FY 2024



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

Madison County, \$66557

This application must be returned to:

Mississippi State Department of Health
Bureau of Emergency Medical Services
310 Airport Rd S
Pearl, Mississippi 39208
Attn: EMSOF Grant Administrator

No later than: 5:00 PM, Friday, November 10, 2023





Mississippi Emergency Medical Services Operating Fund

Application for Financial Assistance

Step 1: Applicant Information

Applicant

Name: Madison County

Address: 125 West North Street

City: Canton, MS 39046

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

MAGIC Vendor #

Authorized Agent

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

Name: Mr. Greg Higginbotham

Address: 125 West North Street

City: Canton, MS 39046

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

Title: County Administrator *BOS

Email: ~~shelton.vance@madison-co.com~~

List any changes or additional information below:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Title: _____

Email: greg.higginbotham@madison-co.com

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.)



Mississippi Emergency Medical Services Operating Fund

Step 2: Local Budgetary Accounting for 2023

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 2023. 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 FY2023: \$ 16,371.75

GLMCLM01 GLHIST2023 **CASH DISBURSEMENTS DATA ENTRY** **GLWCLM97/R4**
Fund 001 GENERAL COUNTY FUND **Trans 237379 Amount 16371.75**
Claim 4216 Claim Date 9 29 2023 Release Date 9 29 2023 Status P Source CD
Bank 100 Check Date 9 29 2023 Check 68726 Ep Cash Acct 000 001
Voided Reason
Vendor No 16409 Payee PAFFORD EMERGENCY MEDICAL SERVICES
OUTSTND Addr1 223 HIGHPOINT DRIVE Add 20230929 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 1103 9 29 2029 16371.75

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F13-MODE F14-PAPERLINK
F3-Next_Claim,PAGE-UP_for_Prev_Claim F4-Prev_Detail F5-Next_Detail F13-Mode



Mississippi Emergency Medical Services Operating Fund

Step 3: Local Proposed Budget for 2024

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 2024: \$ 116,371.75

Obj.	Description	Adjusted to Date	Encumbrance	Total	Budget	Prorated Budget	8.33 Percent to Date	Unencumbered Balance
001-240	GENERAL COUNTY FUND							
	AMBULANCE SERVICE							
750	GRANTS & SUBSIDIES				22,600.00	1,883.33		22,600.00
	GRANTS & SUBSIDIES				22,600.00	1,883.33		22,600.00
	DEPARTMENT TOTAL				22,600.00	1,883.33		22,600.00
	FUND TOTAL				22,600.00	1,883.33		22,600.00
	REPORT TOTAL				22,600.00	1,883.33		22,600.00



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>



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)



Mississippi Emergency Medical Services Operating Fund

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:



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.



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.

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).



Mississippi Emergency Medical Services Operating Fund

6. Escrow Amount to be escrowed from this grant only: \$66,557.00

Please provide a brief explanation of how FY 2024 funds will be used and/or justification for escrowing these funds.

PAFFORD AMBULANCE SERVICE HAS ASKED MADISON COUNTY TO ESCROW THIS YEAR'S EMSOF FUNDING (\$66,557.00) SO IT CAN BE ADDED TO THE EMSOF FUNDING IN THE NEXT COUPLE OF YEARS TO REPLACE AND UPGRADE THE PATIENT MONITOR/DEFIBRILLATORS WHICH ARE ASSIGNED TO EACH AMBULANCE THAT COVERS MADISON COUNTY. SINCE EACH MONITOR IS SUBJECT TO 24/7 EVERYDAY USE, THEY ROUTINELY NEED TO BE REPLACED WITH NEWER MODELS TO KEEP THEM RELIABLE FOR EVERYDAY LIFE-SAVING SERVICE.

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)



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 \$ was awarded in 2023.

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: _____
(Greg Higginbotham or Comptroller must sign)

General Ledger Account Detail
 10/ 1/2022 thru 09/31/2023

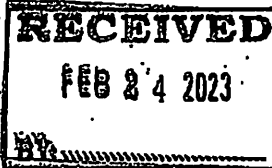
Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-232-610	PROFESSIONAL SUPPLIES						0.00
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD SHANK COMMUNICATIONS CO	NX-5900 KENWOOD 700/8	65825	232997-	1 03/20/2023	15500.00		15,500.00DB
CD SHANK COMMUNICATIONS CO	MOBILE RADIO PACKAGES	65825	232997-	2 03/20/2023			15,500.00DB
					15500.00		15,500.00DB

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

INVOICE

Invoice Number: 108788
 Invoice Date: Feb 17, 2023
 Page: 1

12728



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

Duplicate

232997

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 3/19/23

Quantity	Item	Description	Unit Price	Amount
10.00	NX-5900K	KENWOOD 700/800MHZ P25 MOBILE RADIO PKG.	1,550.00	15,500.00
10.00	KWD-5100CV	P25 CONV. LICENSE.		
10.00	KWD-5101TR	P25 PHASE 1 TRUNKING LICENSE.		
10.00	KWD-5102TR	P25 PHASE 2 TRUNKING LICENSE.		

Subtotal	15,500.00
Sales Tax	
Total Invoice Amount	15,500.00
Payment/Credit Applied	
TOTAL	15,500.00

Check/Credit Memo No:

Overdue invoices are subject to finance charges.

P U R C H A S E O R D E R
MADISON COUNTY BOARD OF SUPERVISORS
P.O. BOX 608
CANTON, MISSISSIPPI 39046
601-855-5534

: PO No : 220408 :

Req. No 220455
Page 1

: T O:-----	: S H I P T O:-----
: 12728	: MADISON COUNTY
: SHANK COMMUNICATIONS CO	: CENTRAL RECEIVING
: 105 E PORTER ST	: 146 WEST CENTER STREET
: JACKSON MS 39201	: CANTON, MS 39046

: Date Ordered :	Date Required :	Department :	Entered by:
: 8/ 3/2022 :	: 9/ 3/2022 :	: 232 MEDICAL SERVICES :	: KBUCKNER :

Special Ins: LOWEST OF TWO QUOTES

Quantity:	Item Description	Unit Cost	Extension
10.00:014232919:	NX-5400K3 KENWOOD 700/800 MHZ :	1450.00EA:	14500.00:
:	:DIGITAL PORTABLE RADIO W/ PHAS:	:	:
:	:AND PHASE II TRUNKING LICENSE :	:	:
:	:KEY PAD. INCLUDES 4000MAH LIPO:	:	:
:	:ANTENNA, RAPID RATE CHARGER AN:	:	:
:	:CARRY CLIP	:	:
10.00:014232919:	NX-5900 KENWOOD 700/800MHZ MOB:	1550.00EA:	15500.00:
:	:RADIO DIGITAL P25 WITH ALPH/NU:	:	:
:	:DISPLAY, P24 PHASE I & II TRUN:	:	:
:	:LICENSE. INCLUDES PTT MIC, POW:	:	:
:	:MOUNTING BRACKET AND INSTALLAT:	:	:
:	:HARDWARE.	:	:

00000000 Total \$30,000.00

Signed: *Kesha Jackson*
Kesha Jackson
Purchase Clerk
601-855-5534
kesha.jackson@madison-co.com

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPMENTS AND INVOICES
INVOICE AMOUNTS GREATER THAN PURCHASE ORDER AMOUNT CANNOT BE PAID

Requisition 0220455 Date 8/ 3/2022
MADISON COUNTY
P O BOX 608
CANTON,MS. 39046
(601)855-5500
REFER TO PURCHASING OFFICE

MEDICAL SERVICES
MINOR NORMAN

Vendor: 12728
SHANK COMMUNICATIONS CO
105 E PORTER ST

JACKSON MS 39201

Ship To: VIA:
MADISON COUNTY
CENTRAL RECEIVING
146 WEST CENTER STREET
CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
10.00	:014232919 NX-5400K3 KENWOOD 700/80: :DIGITAL PORTABLE RADIO W/ PHASE I :AND PHASE II TRUNKING LICENSE AND DTMF :KEY PAD. INCLUDES 4000MAH LIPO BATTERY, :ANTENNA, RAPID RATE CHARGER AND BELT :CARRY CLIP	1450.00	EA:	14500.00
10.00	:014232919 NX-5900 KENWOOD 700/800M: :RADIO DIGITAL P25 WITH ALPH/NUMERIC :DISPLAY, P24 PHASE I & II TRUNKING :LICENSE. INCLUDES PTT MIC, POWER CABLE, :MOUNTING BRACKET AND INSTALLATION :HARDWARE.	1550.00	EA:	15500.00

Total

\$30,000.00

Approved By: *Minor Norman*



Mississippi Emergency Medical Services Operating Fund

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 2021	\$ - 0 -	\$ - 0 -	\$ - 0 -
FY 2022	\$ 3703.88	\$ 180.59	\$ 3884.47
FY 2023	\$ 66559.00	\$ 1209.54	\$ 67768.54
Total for FY'21, FY'22, & FY '23			\$ 71,653.01

If funds escrowed prior to FY 2021 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.



Master Medical Equipment
 PO Box 11476
 Jackson, TN 38308
 US
 866-468-9558

QUOTATION

Order Number	
1053430	
Order Date	Page
08/17/2023 10:12:55	1 of 1

Quote Expires On: 09/16/2023

Bill To:
 Madison County Board of Supervisors
 146 W Center St.
 Canton, MS 39046

Ship To:
 Madison County Board of Supervisors
 223 Highpoint Dr.
 Ridgeland, MS 39157

7692465337

Customer ID: 35626

Requested By: Minor Norman

PO Number	Ship Route	Account Manager	Sales Representative
		GRANT.COOPER	Grant Cooper

Quantities		Item ID	Pricing	Unit Price	Extended Price
Ordered	UOM	Item Description	UOM		
19	EA	BT2146-00000 McGRATH MAC handle 2.5 LCD Color Display	EA	1,553.0000	29,507.00

Delivery Instructions:

Total Lines: 1

SUB-TOTAL: 29,507.00
TAX: 0.00
AMOUNT DUE: 29,507.00
 U.S. Dollars

If you are eligible for exemption from sales tax, please share your sales tax exemption documents with MME before you finalize your order. Otherwise, applicable sales tax will be added to the invoice.

Please note that all returns and refunds are subject to MME's return and refund policy which may be found at <https://www.mmemed.com/returns-reunds/>

Requisition 0230525 Date 9/18/2023
MADISON COUNTY
P O BOX 608
CANTON, MS. 39046
(601)855-5500
REFER TO PURCHASING OFFICE

MEDICAL SERVICES
MINOR NORMAN

Vendor: 16162
HENRY SCHEIN, INC.
DEPT CH 10241

Ship To: VIA:
MADISON COUNTY
CENTRAL RECEIVING
146 WEST CENTER STREET
CANTON, MS 39046

PALATINE IL 60055 0241

Quantity	Description of Supplies, Equip, Srvc:	Unit Cost	EA:	Extended
21.00	:014232610 SAPPHIRE IV PUMP W/ CLAM:	1949.00	EA:	40929.00

Total \$40,929.00

Approved By: 

HENRY SCHEIN®
 MEDICAL 1 EMS
 135 Duryea Road • Metville, NY 11747
 1.800.472.4346
 www.henryschein.com



Ship/Sold-To: 3777647
 Madison County
 146 W Center St
 Canton, MS 39046-3735

INVOICE

Bill-To: 3777646
 Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

16162
 010000377764655748258110000000040929000921233

240122

10098 1 MB 0.561 E0093X 10178 D11806099512 S2 P9908780 0001:0001



MADISON CO BD OF SUPERVISORS
 PO BOX 608
 CANTON MS 39046-0608

Invoice# 55748258	Invoice Date 09/21/23	Due Date 10/21/23	Invoice Total \$40929.00
Purchase Order# 230480		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B#	

Please detach here and mail above with your payment

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM	
QTY'S ARE CORRECT PER JOEY MOORE SALES REP										
1	702-0181	EA	Sapphire Multi-Therapy Pump QTY'S ARE CORRECT PER REP JOEY MOORE. PDENT	21	21	1,949.00	40,929.00			
MERCHANDISE TOTAL							\$40,929.00			
INVOICE TOTAL							\$40,929.00			

RECEIVED
 OCT 03 2023
 BY:

Please refer to our standard Terms of Sale and disclosures at <https://www.henryschein.com/us-en/medical/LegalTerms.aspx>, including customer obligations regarding discounts/rebates. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3777647	Bill To# 3777646	Invoice# 55748258	Invoice Date 09/21/23	Invoice Total \$40929.00	CODE STATUS KEY S-Special Schain Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately S-School Kit SM-Shipped from Multiple Buildings T-Tearable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, RZ, GR-DSCSA CODES
Order# 45747440	Order Date 09/19/23	# of Boxes	PO# 230480		

Please remit payments to: Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241 US

Page 1 of 1



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, 2023** and remain in effect until **September 30, 2024**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2024**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Signed	
Applicant/Grantee (<i>Greg Higginbotham</i>) _____	Date: _____
Applicant/Grantee (<i>Greg Pafford</i>) _____	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. :

**Mississippi State Department of Health
Bureau of Emergency Medical Services
ATTN: EMSOF Grant Administrator
310 Airport Rd S
Pearl, Mississippi 39208**

Should you have any questions regarding this application or the EMSOF program, please contact: **EMSOF Grant Administrator at 601-576-7380.**



Mississippi Emergency Medical Services Operating Fund

Grant Amount: \$
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