

FY 2025 Emergency Medical Services Operating Fund (EMSOF) Grant Application

Thank you so much for submitting your applications!

*This application must be submitted to:
Mississippi State Department of Health
No later than: 5:00, November 08, 2024*

Application for Financial Assistance

Step 1: Applicant Information

Applicant *

Madison County

Physical Address *

125 West North Street Canton, MS 39046

Mailing Address *

P.O. Box 608 Canton, MS 39046

Magic Vendor #

Authorized Agent Information

Authorized Agent *

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

Gregg Higginbotham

Authorized Agent Address *

125 West North Street Canton, MS 39046

Authorized Agent Phone # *

▼ +1 (601) 855-5502

Authorized Agent Fax #

▼ +1 (601) 859-5875

Authorized Agent Email *

greg.higginbotham@madison-co.com

Primary 911 Contact Information

Primary 911 EMS Agency/ies *

Pafford Emergency Medical Services

Name of EMS Agency Contact *

Greg Pafford

EMS Agency Email *

greg@pafford.com

EMS Agency Phone Number *

▼ +1 (601) 640-1000

Additional Contact

Minor Norman

Contact Email

minor.norman@madison-co.com

Contact Phone Number

▼ +1 (601) 906-3000

Step 2: Local Budgetary Accounting for 2024

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 2024. 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 FY 2024:

16371.75

Step 3: Local Proposed Budget for 2025

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

Attach a copy of your 2025 budget printout for projected expenses for subsidizing/operating emergency medical services in fiscal year 2025.

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 2025:

22600.00

Step 4: Grant Budget Narrative

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.

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.

2. Contractual Services - Itemize all individual contracts and justify the services provided. (This is where payments to EMS Districts would be justified and listed.)

3. Commodities - Categorize and give cost of all supplies. You may not purchase supplies for which you bill patients with grant funds.

4. Equipment - List each non-expendable item to be purchased as shown:

- Justify how each item of equipment relates to EMS activities.
- Explain what steps you have taken or will take to ensure that you receive the best value for least cost, consistent with state and federal purchasing regulations.

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 costs to be incurred and the relationship to EMS activities. (Example: Building a new station to offer better coverage of the county...)

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.

7. Other - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council.

1. Personnel Expenses

Training (Must be BEMS Approved Course or CEUs)

Training:

Please provide Name of training, CEU Hrs, #Students, Tuition Amount, Total

NA

Travel for Training:

Please provide Name of training, Location, Lodging/Meals, Millage, Total Cost

NA

Personnel

License # (improves level of service licensure)

Cost:

Payroll & Benefits

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

2. Contractual Services

EMS District Dues (To be paid for with FY 2025 grant funds.)

Name of EMS District:

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

EMS District Dues:

Other:

Other Cost:

Justification Narrative:

3. Commodities

Non-Disposable Supplies Only.

Commodities

Item Description, Quantity, Amount Each, Total

NA

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

4. Equipment

Equipment

Item Description, Quantity, Amount Each, Total

NA

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 the best value for least cost (while following State and federal purchasing regulations).

5. Capital Outlay other than Equipment

Item, Cost, and Justification

NA

6. Escrow

Amount to be escrowed from FY2025 Only:

66557.00

Please provide a brief explanation of how FY 2025 funds will be used and/or justification for escrowing these funds.

Madison County's ambulance provider, Pafford Ambulance Service, wants to escrow this year's EMSOF grant along with last year's grant so they will soon be able to replace and upgrade the patient monitor/defibrillators which are assigned to each ambulance that covers Madison County.

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 1-2021 = \$3,000.00

Grant Year 2-2022 = \$3,000.00

Grant Year 3-2023= \$3,000.00

Total Escrow = \$9,000.00

Current Grant Year-2025 = \$3,000.00

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

7. Other

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.

Cost:

Please detail other items requesting to be purchased:

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.*

Attach copies of receipts for all expenditures made during FY 2024.

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 a 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 purchase of an ambulance.

(Receipts for Escrow Funds must be attached to the Escrow Reporting area)

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 unless a copy of an approved modification letter is attached.

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:

FY 2021 Escrow *

Escrow Amount, Interest Earned, Total with Interest

FY 2022 Escrow *

Escrow Amount, Interest Earned, Total with Interest

FY 2023 Escrow *

Escrow Amount, Interest Earned, Total with Interest

FY 2024 Escrow *

Escrow Amount, Interest Earned, Total with Interest

Total For FY'21, FY'22, FY'23, FY'24 *

If funds received 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.

69888.77

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 this 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, 2024, and remain in effect until September 30, 2025.
2. Funds shall be disbursed to the Grantee in a single payment before June 1, 2025.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Grant Upload Check list:

Please label and highlight each document for easy identification.

- **Agencies or EMS Districts W-9**
- **Sign Contract documents (These documents were included in the email sent with link to the application. Please print sign and upload)**
- **Official budget (Please see Step 2)**
- **Official proposed budget (Please see Step 3)**

- **Signed FY 2024 Expenditure Report (Must include all proof of payments "Highlighted General Ledger Reports", Invoices, vehicle titles, letters of modification attached.) (Please see Step 5)**
- **FY 2025 Quotes**
- **Evidence of collaboration will be a memorandum or letter of support for the application from the licensed ambulance service provider(s) and/or county EMS regulatory programs**

Upload all supporting documents for this application *

Drag and drop files here or browse files

Final Statement

At the core of everything we do to serve are the citizens of Mississippi. We are grateful for all that you do to provide care and support throughout our great state.

If you have any questions regarding this application or the EMSOF program, please contact:


Alexandria Amos at 601-933-7952; via email at alexandria.amos1@msdh.ms.gov

Billie Collier at 601-933-7648; via email at billie.collier@msdh.ms.gov

Teresa Windham at 662-316-5727; via email at teresa.windham@msdh.ms.gov

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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 «Recipient» (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.
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Signed
Applicant/Grantee («authorized agent Full_Name») [Signature] Date: 10/31/24
Applicant/Grantee («primary 911_Contact») _____ Date: _____
For State Department of Health Use Only
Director, Emergency Medical Services _____ Date: _____
Assistant Senior Deputy _____ Date: _____
CFO, MSDH _____ Date: _____



Mississippi Emergency Medical Services Operating Fund

Step 5: Annual Expenditure Report for EMSOF Previous Years

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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 unless a copy of an approved modification letter is attached.

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: 10/31/24

(«Full_Name» or Comptroller must sign)

«Recipient»