

ATTACHMENT A



GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION EMS TRAUMA-RELATED EQUIPMENT GRANT APPLICATION FORM			
Name of Grant: FY 2024 EMS GTCNC EMS Trauma Related Equipment Grant			
Applying Organization Legal Name: Hall Co. Fire Rescue			
Doing Business As "DBA" (if differs from Legal Name):			
Mailing Address: PO Box 907730			
Payment Address*: PO Box 907730 <i>*Address must be verified & approved by State of Georgia.</i>			
City: Gainesville	State: GA	ZIP Code: 30501	County: Hall
Phone: 770-531-6838	Fax: 770-531-6845	E-mail: bogletree@hallcounty.org	
Federal Tax ID Number:		586000836	
GA EMS Provider License Number:		069-07	
EMS DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Interim Fire Chief Jerry Smith			
Phone: 770-531-6838		E-mail: jesmith@hallcounty.org	
CONTACT FOR FURTHER INFORMATION ON APPLICATION (If Different from Person(s) listed above)			
Name/Title: Hall County Finance, Grants Division			
Phone: 770-535-5503		E-mail: sgreen@hallcounty.org	
Please answer each question:			
QUESTION	ANSWER FIELD		
Is the original signed and notarized affidavit listing and affirming all seven (7) conditions detailed in Attachment B and on the Applying Organization's letterhead included in this completed application?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Total number of licensed ambulances for applying organization?	Total Number: <u>22</u>		
Number of "peak demand staffed" 911 response ambulances for this 911 zone? <i>Peak Demand Staffed: The peak number of ambulances that are scheduled and staffed on a consistent basis.</i>	"Peak Demand Staffed" Number: <u>16</u>		
For which county is the Applying Organization requesting funds? <i>*A separate application is required for each county</i>	County: <u>HALL</u>		
<i>I certify the information contained in the submitted application is true and accurate to the best of my knowledge and that I have submitted this application on behalf of the Applying Organization.</i>			
SIGNATURE:	TITLE:	DATE:	

All awarded funds are State Funds.

ATTACHMENT B

“I am the Authorized Agent for Hall Co. Fire Rescue(Applying Organization). I, Int. Fire Chief Jerry Smith (print name), do affirm the following listed equipment has been/will be purchased and placed in service. I, Int. Fire Chief Jerry Smith (print name), agree to the following items listed below (type out all items listed in Attachment B add additional rows if needed).”

Item(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
Total Cost of All Items Purchased			

1. I am the Authorized Agent for this Ambulance Service. We are the zoned 911 provider in the County we are requesting the grant for. Agree to utilize these grant dollars for trauma-related services with the 911-zone EMS agency described in the application for the grant.

2. Agree that if there is equipment purchased with grant dollars and is to be sold, the Georgia Trauma Commission will approve the disposal before the disposal is affected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911-zone EMS Agency.

3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the local 911-zoned EMS Response system.

4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically, for CY 2024-2025, the organization agrees to participate in its respective EMS Region trauma system plan; and all Regional Trauma Advisory Committee meetings.

5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.

6. Applying organization agrees to make available, at all reasonable times during FY 2024, the records for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
7. Applying organization shall preserve and make available its records for a period of five (5) years from the date of final payment under this agreement or for such period (if any) as is required by applicable statute.

AFFIDAVIT OF AUTHORIZED AGENT

Personally appeared before me, the undersigned officer duly authorized to administer oaths, the affiant, after being duly sworn, stated under oath as follows:

1. THAT the affiant is the Authorized Agent for the Applying Organization, is over the age of eighteen years, and has personal knowledge of the facts contained in this Affidavit.
2. THAT the Applying Organization is the zoned 911 provider in the County for which grant funds are requested.
3. THAT the Applying Organization understands that peak staffed 911 response ambulance means the peak number of ambulances that are scheduled and staffed on a consistent basis.

_____ Date: _____
Signature of Affiant

State of Georgia
County of Hall
Signed and sworn to (or affirmed) before me on _____
Date
by _____,
Printed name(s) of individual(s) making statement
who proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.
 Personally Known or
 Produced Identification
Type of ID _____

Signature of notary public

(Name of notary, typed, stamped or printed)
Notary Public State of Georgia
My commission expires: _____

Stamp/Seal