



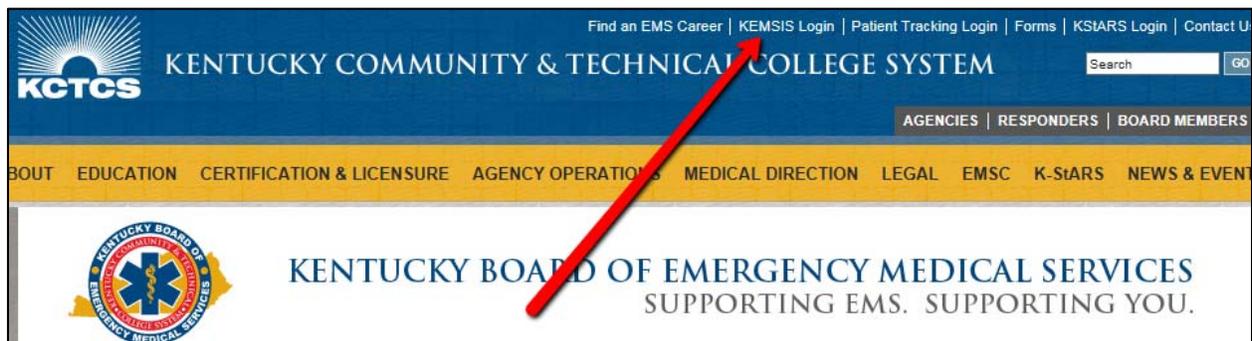
Kentucky Board of Emergency Medical Services

Ambulance Grant Funding Program

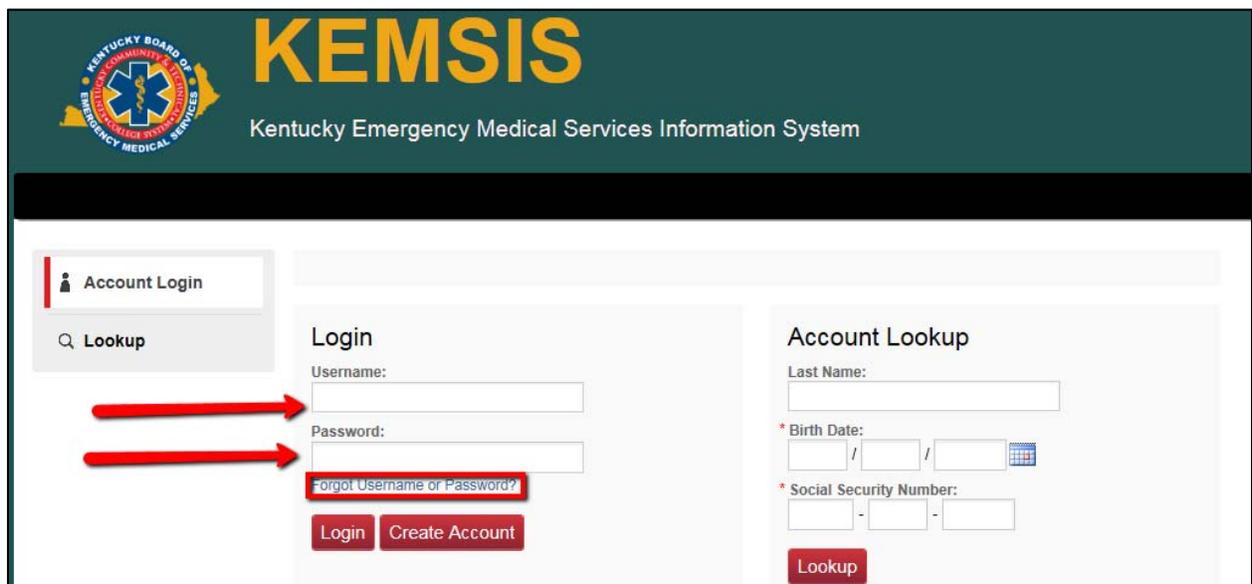
Instructional Document: Form G-2 Application for Funds

September 29, 2015

1. Open the KBEMS website using your Internet browser (Chrome or Firefox preferred) and enter <http://kbems.kctcs.edu> or simply use a search engine for KBEMS. Once you're at that home page, click the KEMSIS Login link at the top of the page.



2. Type in your Username and Password. If you need assistance with your account, click the Forgot Username or Password link. You may also use the Account Lookup feature.



3. Click on the Applications tab.

The screenshot shows a user interface for a personal account. On the left is a sidebar menu with options: My Account, Profile, Issued Application, Documents, Applications (highlighted with a red arrow), Service, and Lookup. The main content area has a yellow banner that says "You are logged in. Welcome Johnny Gage." Below this is a "My Account" section with a sub-header and a note: "For more details on any item, click the links on this page or in the left menu." A profile card for Johnny Gage is visible, showing a photo of a person in a blue hard hat, the name "Johnny Gage", and details: "Advanced EMT", "Number: 1117039", "Issued: 01/14/2013", and "Expiration: 12/31/2015". To the right of the profile card is a summary box with a checklist icon and the text "No forms pe" and "2 Items wa".

4. Click the View Service Applications button for the applicable license.

The screenshot displays the "Available Applications" section. It includes a header, a sub-header, and a paragraph: "Click 'View My Applications' to view your personnel applications, or click one of the 'View Service Applications' buttons to view the service licenses you can apply to for that service." Below this are two application cards. The first card features a photo of Johnny Gage Jr., his name "Gage Jr., Johnny Roderick (1117039)", and dates: "Issue Date: 01/14/2013" and "Expiration Date: 12/31/2015". A red button labeled "View My Applications" is on the right. The second card features a star icon, the text "EMERGENCY! (Test Agency) (9999)", and "Carson, California 90745 -- Expires: 12/17/2016". A red button labeled "View Service Applications" is on the right. A red arrow points from the "View Service Applications" button in the second card towards the right.

5. Find and select the Ambulance Grant Funding Form G-2 FY2016-2017 then click the Apply Now button. The G-2 is due by January 31, 2016.

The screenshot shows the details for the "EMERGENCY! (Test Agency) (9999)" application. It includes the agency name and address: "Carson, California 90745 -- Expires: 12/17/2016". Below this is a table with two columns: "Applications" and "Action". The first row in the table is for "Ambulance Grant Funding Form G-2 FY2016-2017". The description for this application is: "This Ambulance Grant Funding Form G-2 FY2016-2017 is the Application for Funds. The G-2 requires attachment of the G-1 and Sub W-9 both of which are available on the KBEMS Forms page. Application period ends January 31, 2016." A red button labeled "Apply Now" is located in the "Action" column. A red arrow points from the "Apply Now" button towards the right. At the bottom right of the application card, it says "124 days until application period closes".

6. Begin to complete the Ambulance Grant Form G-2. Some items are filled out for you and may not be edited. Any item marked with a red asterisk (*) is required.

Ambulance Grant Form G-2
Instructions
<p style="text-align: center;">KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES AMBULANCE BLOCK GRANT PROGRAM FY2016-2017 AGENCY APPLICATION (FORM G-2)</p>
Agency Information
<p>* Service Name: EMERGENCY! (Test Agency)</p> <p>Service Number: 9999</p> <p>Service Contact: <input type="text"/></p>

7. You must specify a Tier on the application. A list of tiers is available on the Grant Information page of the KBEMS website or you may read the description for each.

personnel that fall under Tier I. In addition, Tier II eligible services shall be authorized to spend awarded funds on pre-approved educational tools and items;

- **TIER I** - A Tier I applicant shall be an agency that maintains a primary EMS 911 ground ambulance service that is substantially compliant with 202 KAR 7:501 but has documented violations requiring on-going plans of correction that are addressed and may be eliminated by the award of EMS grant funds. (202 KAR: 7:520, Section 2 (a))
 - Tier I services shall be authorized to spend awarded funds on items, equipment, and training for personnel only if those purchases are necessary for the agencies to meet the minimum requirements of 202 KAR 7:501;

* Select Your Tier:

Tier III

Tier II

Tier I



8. You must list the quantity, description, cost per unit, and total cost for each item you plan to purchase with the grant funds. There are ten rows available but you are not required to complete all ten rows. For example, if you plan to purchase an item equal to or exceeding the amount of grant funds, you will only use a single row.

Item Details			
Item 1 Qty: <input type="text"/>	Item 1 Description: <input type="text"/>	Item 1 Cost Per Unit: <input type="text"/>	Item 1 Total Cost: <input type="text"/>
Item 2 Qty: <input type="text"/>	Item 2 Description: <input type="text"/>	Item 2 Cost Per Unit: <input type="text"/>	Item 2 Total Cost: <input type="text"/>
Item 3 Qty: <input type="text"/>	Item 3 Description: <input type="text"/>	Item 3 Cost Per Unit: <input type="text"/>	Item 3 Total Cost: <input type="text"/>

9. Don't forget to add the total cost column and place it in the Items Total Cost box.

Item 10 Qty: <input type="text"/>	Item 10 Description: <input type="text"/>	Item 10 Cost Per Unit: <input type="text"/>	Item 10 Total Cost: <input type="text"/>
			* Items Total Cost: <input type="text"/>



10. The narrative text area is where you'll describe what you plan to do with the funds, with more detail than in the section above. Be detailed and specific but to the point.

Narrative
<p>Each application shall include an itemized list of items intended to be purchased with EMS grant funds and a narrative justification for the purchase of those items. An application that does not include the itemized list or the narrative justification shall be returned by the board office and shall not be timely filed if the applicant does not resubmit the revised application by the filing deadline established in subsection (2) of this section. (202 KAR 7:520, Section 3 (3).)</p>
* Narrative: <input type="text"/>

11. You are required to add the county's G-1 to this online application as well as the KCTCS Sub W-9 if payment information has changed from the prior year. To add the G-1 and Sub W-9, click the red Add button.

Attachments

In order to process the Ambulance Block Grant Application, you MUST attach a copy of the G-1 to this application. If payment information has changed from the prior year, we must also have a KCTCS Sub W-9 completed and on file for the distribution of funds. The Sub W-9 must include direct deposit information. Both forms (G-1 and KCTCS Sub W-9) are available on the KBEMS website [here](#).

To attach your documents, click the Add button below, follow the prompts, and select Ambulance Grant as the Document Type.

Edit	Name	File Name	Document Type
	None		

 **Add**

12. Type in the name of the document “_____ County G-1” then click the Browse button to find the document on your computer. After selecting the document, choose **Ambulance Grant** for document type, then click the red Add button.

File Upload

* Name:  **1.**

File:  **2.**

* Document Type:  **3.**

 **4.**

13. The document you added will appear in the file list. If you need to make a change to the name or document type, click the small paper and pencil icon. If you need to add the Sub W-9 form, click the red Add button and repeat the previous steps.

Edit	Name	File Name	Document Type
	EMERGENCY G-1 Sample	EMERGENCY G-1 Sample.pdf	Ambulance Grant

 **Only to edit name or document type.**

14. You will need to answer whether or not you have attached the G-1 (**this is a required document – it MUST be attached**) and the Sub W-9 (**this is a required document if payment information has changed since the prior year**).

* Have you attached the Form G-1?:
 Yes
 No

* Have you attached the KCTCS Sub W-9?:
 Yes
 Not Applicable

15. Read the acknowledgement section and enter your KEMSIS Username and Password to electronically sign the document. You may use the SAVE button if you need to come back to the G-2 later or the SUBMIT button to finish.

* Username :

* Password :

I hereby certify that the information provided on this application is complete and true. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I fail to provide all information requested on this application. By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with EMS Agencies and Responders as of January 1, 2015. I will make sure the email address on file in KEMSIS is current, accessible, and checked regularly.

 Save  Submit

16. We will send an email to confirm receipt of your submission along with an electronic copy of the application.