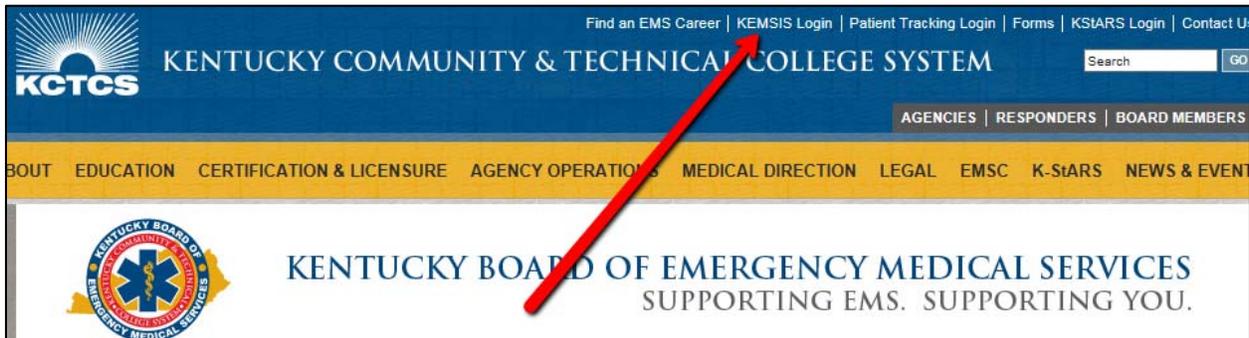




Kentucky Board of Emergency Medical Services

Ambulance Grant Funding Program
Instructional Document: Form G-4 Accountability of Funds
September 30, 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 'My Account' page. At the top, a yellow banner reads 'You are logged in. Welcome Johnny Gage.' Below this, the 'My Account' section is displayed. On the left, a navigation menu includes 'My Account', 'Profile', 'Issued Application', 'Documents', 'Applications', 'Service', and 'Lookup'. A red arrow points to the 'Applications' tab. The main content area shows a profile for 'Johnny Gage', an 'Advanced EMT' with license number 1117039, issued on 01/14/2013 and expiring on 12/31/2015. A small photo of Johnny Gage in a blue hard hat is visible. To the right, a summary box indicates 'No forms pe' and '2 Items wa'.

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

The screenshot shows the 'Available Applications' section. It includes a header, a sub-header, and a paragraph of instructions: '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, there are two application cards. The first card is for 'Gage Jr., Johnny Roderick (1117039)' with an issue date of 01/14/2013 and an expiration date of 12/31/2015, and a 'View My Applications' button. The second card is for 'EMERGENCY! (Test Agency) (9999)' located in Carson, California 90745, expiring on 12/17/2016, and has a 'View Service Applications' button. A red arrow points to this button.

5. Find and select the Ambulance Grant Funding Form G-4 FY2016-2017 then click the Apply Now button. The G-4 is due by March 15, 2016.

The screenshot shows a table with two columns: 'Applications' and 'Action'. The table contains one row for 'Ambulance Grant Funding Form G-4 FY2014-2015'. The description for this application states: 'This Ambulance Grant Funding Form G-4 FY2014-2015 is the Accountability of Funds document. The G-4 requires attachment of corresponding transactions such as receipts, bank statements, etc for the grant period July 1, 2014-June 30, 2015. This must be submitted by March 15, 2016.' A red arrow points to the 'Apply Now' button in the 'Action' column. Below the description, it says '168 days until application period closes'.

6. Begin to complete the Ambulance Grant Form G-4. 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-4
Instructions
<p style="text-align: center;">KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICE</p> <p style="text-align: center;">AMBULANCE BLOCK GRANT PROGRAM</p> <p style="text-align: center;">FY2014-2015 ACCOUNTABILITY OF FUNDS (FORM G-4)</p> <p>This Accountability of Funds form (KBEMS G-4) is due with the G-1 and G-2 for the fiscal year, two years prior to the current grant period. The previous fiscal year for this grant cycle is July 1, 2014 through June 30, 2015.</p> <p>Both sections 1 and 2 must be completed.</p>
Agency Information
<p>* Service Name: EMERGENCY! (Test Agency)</p> <p>Service Number: 9999</p>

7. You must specify whether or not you have combined or plan to combine grant funds for multiple years. You must also enter the details of the items purchased. This list should match your agency's previous grant for the period July 1, 2014-June 30, 2015.

Section #1: Proof of Expenditure of Funds								
<p>Please indicate which items you have purchased with the Ambulance Block Grant Funds since July 1, 2014 and through June 30, 2015. These items must match those listed on your G-2 Application for Funds for Fiscal Year July 1, 2014-June 30, 2015. If you have combined Ambulance Block Grant funds from an earlier or later fiscal year, indicate which years below. Attach receipts for each item in Section 2 below.</p>								
<p>* Have you combined or do you plan to combine funds?:</p> <p><input type="radio"/> No Combining</p> <p><input type="radio"/> Yes: July 1 2013-June 30 2014 & July 1 2014-June 30 2015</p> <p><input type="radio"/> Yes: July 1 2014-June 30 2015 & July 1 2015-June 30 2016</p> <p><input type="radio"/> Yes: July 1 2015-June 30 2016 & July 1 2016-June 30 2017</p>								
<table><tr><td>Item 1 Qty:</td><td>Item 1 Description:</td><td>Item 1 Cost Per Unit:</td><td>Item 1 Total Cost:</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Item 1 Qty:	Item 1 Description:	Item 1 Cost Per Unit:	Item 1 Total Cost:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 1 Qty:	Item 1 Description:	Item 1 Cost Per Unit:	Item 1 Total Cost:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

8. 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"/>



9. In Section 2, you will need to attach documentation of expenditures against the grant for the period July 1, 2014-June 30, 2015. If you have no expenditures due to combining, a letter from the designated county or government official, or other documentation, should be attached. To add your document(s), click the red Add button.

Section #2: Proof of the Availability of Funds

If applicants and agencies maintain carry-over funds in accordance with KRS 311A.155(5), the applicants and agencies must submit proof of the continued availability of those funds. Failure to submit documents accounting for unexpended grant funds by March 15, 2016 shall make applicants and agencies ineligible for further award of Block Grant funds. Such proof may include a bank statement, a letter from the designated county or government official, a budgetary line-item, or other evidence sufficient to account for the unused, carry-over funds.

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			



10. Type in the name of the document “_____ County G-4 AOF” 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:

File:

* Document Type:

1. 

2. 

3. 

4. 

11. 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. You will also need to indicate that you have attached the required documents.

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

Only to edit name or document type.

Add

* I have attached one of the above documents or other proof of the availability of funds to this document.:
 Yes
 No

12. You will need to answer whether or not you have attached the evidence of fund availability identified in step 11 (**this documentation is REQUIRED for submission**).

* I have attached one of the above documents or other proof of the availability of funds to this document.: Yes No

13. 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-4 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**

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