

COUNTY GOVERNMENT APPLICATION KBEMS G-1

KENTUCKY AMBULANCE BLOCK GRANT PROGRAM

FY July 1, 2025–June 30, 2026

	lge-Executive			Count	ty l		
Address							
City		9	State	ZIP			
Phone			Fax	Email			
Section 1: County-Affiliated Kentucky Licensed EMS Agencies:							
The following EMS Agencies are requesting funds from the Kentucky Ambulance Grant Program. All agencies listed meet the							
criteria set forth in 202 KAR 7:520. (NOTE: Each agency applying for funds must submit an online Kentucky Ambulance Grant							
Agency Application (KBEMS G-2) through <u>KEMSIS</u> . This KBEMS G-1 form <u>must</u> be fully completed, signed and attached to each Kentucky Ambulance Grant Application submitted through KEMSIS.)							
	icky Ambulance Grant Ap T	plication submitted throu	igh KEMSIS.)				
EMS	EMS Agency Name		ov Namo			Amount	
Agency License #		EWIS Agency Name			Requested		
LICENSE #							
					1		
Countywide Grand Total:							
Section 2: Acknowledgement							
By signing below, I affirm the following statements:							
1. All agencies listed are licensed as Class I ground ambulance services in the state of Kentucky.							
	 The applicant shall provide documentation on an annual basis, or more frequently, as requested by the office of the 						
2. Th	e applicant shall provide	documentation on an ann	nual basis, or mo	ore frequently, as r	requested by	the office of the	
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Signature of County Judge-Executive (or authorized agent) County Government's KY Vendor Code (9 Characters Long)

Date

Printed Name