



COUNTY GOVERNMENT APPLICATION	KBEMS G-1
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	
FY July 1, 2026–June 30, 2027	

County Judge-Executive	County	
Address		
City	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 [KEMSIS](#). This KBEMS G-1 form must be fully completed, signed and attached to each Kentucky Ambulance Grant Application submitted through KEMSIS.)

EMS Agency License #	EMS Agency Name	Amount Requested
Countywide Grand Total (\$10,000.00 maximum per fiscal court):		

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.
2. The applicant shall provide documentation on an annual basis, or more frequently, as requested by the office of the board, to verify that grant funds have been expended.
3. The applicant understands that the board shall not approve or provide additional funding until the applicant provides documentation required in statement number two (2.) above.
4. The funds used by the applicant shall be used for the purpose authorized by KRS 311A.155 and 202 KAR 7:520 only.
5. Completed applications (**G-1, G-2, & G-4**) must be submitted through [KEMSIS](#) no later than January 31, 2026.
6. Incomplete applications **WILL NOT** be processed.
7. Late applications **WILL NOT** be eligible for funding.
8. The County and licensed EMS agency shall be jointly responsible for ensuring that all purchases and expenditures of grant funds are authorized and allowable pursuant to KRS 311A.155 and 202 KAR 7:520.
9. The County and/or licensed EMS agency shall not misuse funds and that doing so shall subject the applicant to reimbursement of those funds to KBEMS and sanctions pursuant to KRS 311A.155(5) and 311A.050;
10. The county shall not make a false statement or misrepresentation on this application and that falsely certifying shall subject the applicant to reimbursement of funds to KBEMS and sanctions pursuant to KRS 311A.060.
11. I acknowledge, understand, and agree to comply with the requirements and duties of KRS 311A.155 and 202 KAR 7:520.

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Signature of County Judge-Executive (or authorized agent)	Printed Name	County Government's KY Vendor Code (9 Characters Long)	Date
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