ATTACHMENT A

GEORGIA TRAUMA COMMISSION

GEORGIA TRAUMA COMMISSION EMS TRAUMA RELATED EQUIPMENT GRANT APPLICATION FORM			
Name of Grant: FY 2023 EMS GTCNC EMS Trauma Related Equipment Grant			
Applying Organization Legal Name: Effingham County BOC			
Doing Business As "DBA" (if differs from Legal Name): Effingham County EMS			
Mailing Address: 804 S. Laurel St.			
Payment Address: 804 S. LAurel St.			
City: Springfield	**State:** Georgia	**ZIP Code:** 31329	**County:** Effingham
Phone: 912-754-2148	**Fax:** 912-754-8420	**E-mail:** wmcduffie@effinghamcounty.org	
Federal Tax ID Number: 58-6000821			
GA EMS Provider License Number: 051-02			
EMS DIRECTOR OF APPLYING ORGANIZATION			
Name/Title: Wanda McDufie, Director			
Phone: 912-754-2148	**E-mail:** wmcduffie@effinghamcounty.org		
CONTACT PERSON FOR FURTHER INFORMATION ON APPLICATION (If Different from Contact Person(s) listed above)			
Name/Title:			
Phone:	**E-mail:**		

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 Applying Organization's letterhead included in this completed application? Enter "Yes " or "No" in the answer field.	Yes
Does the Applying Organization understand and agree to comply with the eligible equipment parameters detailed in Attachment B of the grant documents? Enter "Yes " or "No" in the answer field.	Yes
Which county or counties is the Applying Organization requesting funds for?	Effingham
We understand that this grant is limited to the number of Ambulances that service the 911 zone in this county. Please provide the number of ambulances that meet this criterion.	11

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 the behalf of the Applying Organization.

SIGNATURE:	**TITLE:** Director	**DATE:** 1-23-2023

This Document is to be completed, printed, signed and submitted as part of the Application Packet. EACH QUESTION MUST BE ANSWERED.

All awarded funds are State Funds.

ATTACHMENT B

GEORGIA TRAUMA COMMISSION

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Director of Effingham County EMS (name your EMS Agency here). I, Wanda McDuffie (print name), do affirm the following listed equipment has been purchased and placed in service. I, Wanda McDuffie (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
King Vision Video System	5	$1536.27	$7681.35
Blades ChanneledSize 3	1 case	$487.80	$487.80
Thermo-Non-con Adtemp	6	$40.79	$244.74
Fingertip Pulse Oximeter	1	$32.40	$32.40
Total Cost of All Items Purchased			$8446.29

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, 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 2023-2024, the organization agrees to participate in its respective EMS Region trauma system plan development; 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 2023, 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 statue.

_____ Date: _____
Signature of Affiant

State of Georgia
County of _____
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 Stamp/Seal
My commission expires: _____