



COUNTY GOVERNMENT APPLICATION	KBEMS G1
KENTUCKY AMBULANCE BLOCK GRANT PROGRAM	
FY July 1, 2024-June 30, 2025	

County Judge-Executive	Mr. Kevin Spraggs	County	Marshall
Address	1101 Main Street		
City	Benton	State	KY
Phone	270-527-4750	Fax	
		Zip	42025
		Email	kevin.spraggs@marshallcountyky.gov

Section 1: County Affiliated; Kentucky Licensed EMS Agencies:

The following EMS Agencies have requested funds from the Kentucky Ambulance Grant Program. All agencies meet the criteria set forth in 202 KAR 7:520. **NOTE:** All agencies applying for funds must submit a separate electronic Agency Application (KBEMS G-2) through the [KEMSIS](#) System. This application must be signed and uploaded with each KBEMS G-2 Agency Application.

License #	Ground Ambulance Agency Name	Amount Requested	AGENCY APPLICATION Attached?
1300	Marshall County Ambulance Service	50,000	Yes
Grand Total		50,000	

Section 2: Acknowledgement

By signing below, I agree to the associated statements:

1. All Agencies 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. Complete applications (**G1, G2, & G4**) must be completed and uploaded to [KEMSIS](#) no later than January 31, 2024.
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 block 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.

1/31/2024 | 9:51 AM CST

DocuSigned by: 	Kevin Spraggs	KY0034035	01-30-25
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Signature of County Judge-Executive (or authorized agent)

Print Name

County Government KY Vendor Number

Date