



EMERGENCY MEDICAL SERVICES PROGRAM 2020 APPLICATION

FULLY COMPLETE ALL SECTIONS

Project Overview

Organization Name:

One-line Description of Project:

Address of Project Site:

Chief Official's Name and Title:

Grant Administrator/Project Contact (must be employed by the applying organization)

Contact Name and Title:

Organization Name:

Address:

City, State, Zip code:

Phone:

Email:

Budget Overview

a. 2020 EMS Program Request:

b. Federal funds committed to project

c. State funds committed to project

d. Local funds committed to project

e. Private/other funds committed to project

f. Subtotal of non-County funds committed to project (lines b+c+d+e)

g. Please indicate if other County funds are committed to the project:

Source

h. **Total Project Cost:**

Has this project received past Northampton County funds? Yes No Amount:
Year:

Will you accept an award less than the amount requested? Yes No

Expected Timeframe (Project may not exceed 12 months from start date)

Proposed Start Date of Activity:

Proposed Completion Date:

EMS Program Project Type

Please identify what project category you are applying for:

Capital Improvement

Vehicle Purchase

Equipment Purchase

Training

1. Project Narrative

Describe the project concisely. Include the scope of work, how the funds will be spent, and the time frame of the project. Identify the need, describe how this project meets the need, and the benefit to the community. Use 500 words or less in the space below.

2. Project Budget, Budget Narrative and Attachments

Use the space below to provide the budget narrative. Please complete and attach the EMS Program Sources and Uses Budget spreadsheet (separate excel document). Your written narrative should be concise and fully explain each budget line item relative to the project.

3. Required Attachments:

Attach a project time line tracking key activities and dates of the project and outcomes.

Attach copies of the organization's previous year's audited or accountant-prepared financial statements.

Attach a brief description of your organization including the mission statement, population served, accomplishments and any other relevant information.

Attach a W-9

Attach documentation of non-profit status

4. Evidence of Matching Funds:

Include evidence of matching funds. Matching funds are cash, goods, and/or services that leverage the revenue listed on the application. Evidence can be demonstrated in the form of award letters from federal and state agencies, private funds commitments, financial institutions, and local government commitments. Matching resources in the form of goods or services in-kind may not exceed 50% of the total project match amount. A minimum of \$1 cash match for every \$1 granted is required.

Certifications and Official Authorization

I, _____, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I also certify that:

I understand all grant funding is provided through the Northampton County local share assessment of gross table games revenue under the Pennsylvania Race Horse Development and Gaming Act, 4 Pa C.S.A §§ 1102, et seq., therefore all projects must comply with applicable PA laws with regard to grant funding. This includes competitive procurement practices.

If selected to receive Emergency Medical Services Program Grant funds, the project will be operated in accordance with all applicable laws and regulations.

I have read this Application and Application Guidelines in its entirety.

I am authorized by the organization identified within to submit this application.

By submitting this application, our organization agrees to reimburse the County of Northampton for any expenditures paid by the County that are determined by NC DCED to be ineligible under EMS Program guidelines.

Signature of Chief Official

Date

Print or type name

Title

To Apply:

Please visit the NCDCEd Grant and Loan Programs web page at <https://www.northamptoncounty.org/CMTYECDV/Pages/Apply-for-Funding.aspx> and download all applicable documents associated with the funding announcement. In addition, **all applicants are required to register in the NCDCEd County Relationship Manager (CRM)** and submit electronic applications through the web. [PLEASE CLICK HERE TO REGISTER](#). Within 1-2 business days after registration, you may upload and submit your electronic application forms through the CRM application. Click on the apply button located next to the applicable funding program on the NCDCEd Grant and Loan Programs web page to access the CRM application.

The deadline for submitting a full application is Friday, June 26, 2020 @ 4:00 P.M