**KENTUCKY DIVISION OF EMERGENCY MANAGEMENT**

FY 2025 RESCUE AID FUND APPLICATION

**PART II ‐ LOCAL EMERGENCY MANAGEMENT DIRECTOR'S**

**REVIEW/COMMENTS/RECOMMENDATIONS**

**Please answer the following questions:**

As the local Emergency Manager, I verify that all quarterly training, membership, and incident reports are on file in my office for the period July 1, 2023 through June 30, 2024.



How many rescue squads in your county are submitting applications for this grant cycle?

Of all the applications submitted from your county, what priority ranking do you give this application? (1, 2, 3 …)

As the local Emergency Manager, I offer this recommendation based upon the following justification:

Yes No

I have reviewed this application and verify that it is complete and contain all of the required attachments and documentation.

Local EM Director Signature

**Revised August 2023**

Date Signed