

SFY 2025



SFY 2025 RESCUE AID FUND PROGRAM GUIDANCE

This document shall serve as the official guidance for the state fiscal year 2025 Rescue Aid Fund Program. Contents include: general grant guidance, grant management, and detailed application instructions. This guidance will be updated on an annual basis and should only be used for SFY 2025.

**Kentucky Emergency
Management**

**Grants Management
Section**



Contents

SFY 2025 Grant Guidance	4
Mission of the Rescue Aid Program.....	4
Statute Establishing the Rescue Aid Program	4
Dates of the SFY25 Cycle	4
Eligible Applicants	5
Application Process.....	5
Review Process.....	5
SY 2025 Grant Management.....	6
Award Process.....	6
Contracting.....	6
Procurement.....	6
County Treasurer Responsibilities.....	7
Advancement Process.....	7
Property Accountability.....	8
SFY 2025 Grant Application.....	9
How to us this Supplement	9
Application Assistance	9
Request for Applications.....	9
Step 1 Applicant Information.....	9
Step 2. Contact Information.....	10
Step 3. Vehicle Information Form.....	10
Step 4. Watercraft information Form.....	10
Step 5. Eligibility Questions.....	11
Step 6. Funding Request	13
Step 6a. Minimum Equipment Funding Request	14
Step 6b. Optional Equipment Funding Request	14
Step 6c. Administration and Training Funding Request.....	15
Step 7. Support Documentation.....	15

Step 7a. Waiver of Equipment Requirement	16
Step 7b. Waiver of Equipment Form.....	16
Step 7c. Waiver of Equipment Endorsements.....	16
Step 7d. Certification and Compliance Agreement.....	16
Step 7e. Upload Documents.....	16
Step 8 Justification Letter	17
Step 9 Local EM: Review, Comments, Recommendations	17
KYEM Area Manager: Review/Comments	17

SFY 2025 Grant Guidance

This document is issued by the Kentucky Division of Emergency Management. It is intended to serve as the guiding tool for search and rescue squads that intend to apply for state fiscal year (SFY) 2025 Rescue Aid Fund Program. When completing the application, applicants should ensure they are using this grant guidance along with the SFY25 Search and Rescue Aid Fund Program application. Applications that are returned on previous fiscal year applications will not be accepted.

Mission of the Rescue Aid Program

The mission for the Rescue Aid Fund Program is to work collaboratively with Search and Rescue (SAR) chiefs, local emergency managers, the SAR Rescue Aid Committee, and Kentucky Division of Emergency Management (KYEM) staff, to ensure squads that are eligible receive equal consideration for future funding.

Statute Establishing the Rescue Aid Fund Program

KRS 39F.100 establishes the Rescue Aid Fund Program. The program is intended to:

- (1) Reduce and prevent the loss of life by creating a better equipped, trained, and coordinated rescue force throughout the Commonwealth.
- (2) Upgrade the capabilities of local rescue squads by providing financial assistance to be used to purchase equipment and obtain training.
- (3) Encourage the development of rescue squads where none exist.

Dates for the SFY25 Cycle

PHASE 1 – October 1, 2024

OPENING OF THE FY25 GRANT CYCLE

PHASE 2 – October 1 through October 31, 2024

COMPLETE APPLICATION (Applications must be submitted **no later than** close of business on October 31, 2024)

PHASE 3 - November 1 – November 15, 2024

KYEM AREA MANAGER REVIEWS CONDUCTED

PHASE 4 – November 25, 2024

ADMINISTRATIVE and SAR COMMITTEE REVIEW in PERSON at SEOC

PHASE 5 – November 26, 2024

AWARD NOTIFICATION AND BRIEFINGS

PHASE 6 – December 1, 2024- March 31, 2025

CONTRACT, ELECTRONIC FUND TRANSFER (EFT), PURCHASE ORDER (PO), AND QUOTES TO KYEM AREA OFFICES AND GRANT MANAGER

Funds Advanced to Counties NO LATER THAN (NLT) January 2025 – February 2025 Purchases Made NLT March 2025

Proofs of Payment NLT April 1, 2025

PHASE 7 – May 1, 2025

COMPLETION OF THE SCOPE OF WORK, TAG EQUIPMENT, AND AUDIT

***Dates subject to change.**

Eligible Applicants

Rescue Squads must meet qualifying criteria in KRS 39F.120 (1) – (13). The requirements are specified in the links below.

Kentucky Revised Statute: Chapter 39F Search and Rescue <http://www.lrc.ky.gov/KRS/039F00/CHAPTER.HTM>

Kentucky Administrative Regulations: Title 106

<http://www.lrc.ky.gov/kar/TITLE106.HTM>

Application Process

- Applications, instructions, and all forms will be available at <https://kyem.ky.gov/sargrant/Pages/default.aspx> before the cycle opens.
- If possible, applicants should type the application forms that need to be uploaded. If you choose to handwrite, please print.
- ~~Due to limited grant funds, and in an effort to provide funding to as many teams as possible, requests to fund ATVs, UTVs, and drones will not be considered. SFY 2025~~
- Applications are due by Close of Business (17:00 hours) on October 31, 2024. Late applications will not be accepted.

Review Process

- KRS 39F.130 (4) (a) through (h) sets the evaluation criteria (outlined in the application).
- The application shall be initiated by the SAR Team Leader. The squad shall make the affiliated county aware of the intent to apply since the county will ultimately serve as the grantee.
- After submission, all applications will be forwarded to the applicable local emergency manager (EM). The local emergency management director shall review all applications for completeness and accuracy, prioritize and consolidate the applications, and make recommendations thereon. In the absence of the local director, the County Judge Executive may fill this role.
- Local EM forwards all recommendations to the KYEM Area Manager who shall review them make their own recommendations, and forward documentation to the KYEM Director.
- The KYEM Area Manager will forward all applications to Frankfort, regardless of the eligibility. Applications that are deemed ineligible should be annotated as ineligible.

- The KYEM Director or designee shall forward the applications and justifications to the Rescue Aid Fund Committee. This advisory committee shall meet to assess applications for compliance and to make recommendations to the Director concerning the allocation of funds, assessment of compliance, reallocations of funds, release of equipment, reallocation of equipment, and any other matters assigned by the Director.
- The local EM director shall maintain file copies of all applications and decisions for at least five (5) years.

SFY 2025 Grant Management

Award Process

- The Rescue Aid Fund Committee will hold a funding recommendation meeting in December
- Squads and/or local EMs shall have an opportunity to speak on behalf of their application.
- A funding recommendation and level of funding will be provided to the Director by the committee.
- The Director will make the final decision considering the recommendation of the committee.
- Squads will receive notification of their grant award or ineligibility from the Office of the KYEM Director.
- The purchase of equipment cannot be made until the county grantee signs the **Proof of Necessity Agreement (PON3)** provided by KYEM.
- Award briefings will be mandatory for those who receive Rescue Aid funds.

Contracting

- It is important to note that the county in which the search and rescue squad has an affiliation agreement with will serve as the grantee. The **Proof of Necessity Agreement (PON3)** and advancement of funds will be managed by the county. The county may choose a designated representative to manage the grant; however, management costs are not eligible under this grant.
- The county must submit a duly executed **Proof of Necessity Agreement (PON3)** and the duly executed acceptance of Terms and Conditions, to KYEM.
- The contract must be signed by a representative who has county signature authority and returned to the grantee's KYEM Area Office within 30 days of receipt of the **Proof of Necessity Agreement**.
- The total award amount will be listed on the **Proof of Necessity Agreement (PON3)**. The squad's approved amount and specific equipment will be listed on the award letter.

Procurement

- Funds awarded in the FY25 KYEM Rescue Aid Fund Program will be advanced by KYEM to the county.

- The disbursement of funds will not begin until the KYEM Administrative Branch receives a duly executed **Proof of Necessity Agreement (PON3)** which includes the Terms and Conditions.
- The purchase of equipment cannot be made until the authorized county grantee signs the **Proof of Necessity Agreement (PON3)**.
- Purchases will be made according to the funding amount, item description, and quantity listed on the Rescue Aid Program award letter. Any purchases made outside of the scope are subject to repayment by the grantee.
- Any cost overrun must be approved by the KYEM Director prior to the purchase of equipment. Squads must submit a letter detailing the reason(s) for the overrun request and supporting bid documentation.
- The KYEM Area Manger will retain a copy of the documents for use during the site visit and shall submit the original documents to the KYEM SAR Grant Manager.

County Treasurer Responsibilities

- The county treasurer shall assure purchases are made in accordance with the county purchasing policies and or county procurement code.
- The treasurer shall assure appropriate purchases are made and supporting documentation (purchase orders, invoices, and cancelled checks) is maintained for all purchases.
- The treasurer shall assure timely payment for purchases and provide supporting documentation of the payment to the Rescue Squad for submission to the KYEM Area Manager or facilitate the transfer of the grant funds awarded to the Rescue Squad so that payment may be made by the rescue squad.
- Treasurer shall assure no personal checks or personal credit card purchases are made.

Advancement Process

- KYEM will advance award funds to the grantee.
- The grantee shall order or purchase only the approved equipment, services, or training, and no other within 15 days of the receipt of the advanced payment.
- A written request to KYEM to advance the funds shall be signed by the County Judge Executive or the County Treasurer and be accompanied by a copy of an approved purchase order.
- The squad shall provide a copy of all paid invoices as well as proof of payment, (cancelled check, cash paid receipt, or similar document), within 90 days of the receipt of the grant funds.
- Purchases must be made with an account owned by the squad or county. Any funds not encumbered or expended during the grant period shall be returned to KYEM. Counties should notify their KYEM Area Manager for procedures to return the funds.

No later than April 1, 2025 the senior officer of the rescue squad shall submit to their KYEM Area Manager:

- A completed KYEM 160 form (Revised for Search and Rescue Grant)
- A copy of the invoice(s) for the approved items for purchase under the grant award
- A copy of the cancelled check, cashier's check or other proof of payment of the submitted invoices. A cancelled check is said to be canceled once it has been processed by a financial institution and all accounts have been credited. Once a check has been cancelled, it is stamped, marking the check as being cleared. If cancelled checks are not available a printed bank statement or bank ledger demonstrating the funds as "cleared" is acceptable.
- KYEM reserves the right to request additional information to ensure state allowable cost and auditing compliance.
- Any grantee who fails to meet this requirement will be considered out of compliance.

Property Accountability

- Property accountability is mandated by the Kentucky Finance Cabinet and grant regulations. The inability or failure to adhere to these regulations can result in revocation of grant funds and equipment.
- The Senior Rescue Squad Officer and KYEM Area Manager will physically tag all equipment with a purchase price of \$300.00 or more.
- A photo must be taken of all purchased equipment that exceeds a purchase price of \$300.00. The asset tag must be visible in the photograph.
- The equipment tracking sheet shall be properly completed with the following information: equipment name, tag number, and serial number if applicable.
- Within 30 days of the site visit, the KYEM Area Manager shall provide the KYEM Property Manager with copies of the photos and a completed equipment tracking sheet with the appropriate information.

SFY 2025 Grant Application Instructions

How to use this Supplement

This supplement is intended to assist the applicant with completing the SFY24 application. It is highly suggested that the applicant use this supplement line by line when completing the application. This specific set of instructions walk the applicant through each step of application process and eligibility determination.

Application Assistance

Applicants who need assistance or have questions pertaining to eligibility should contact their KYEM Area Office.

Request for Applications

- **Request for Applications** – Applicants should be aware of the key application dates and the criteria for applying for the grant. Eligibility questions should be directed to the appropriate KYEM Area Manager.

Step 1. Applicant Information

- **Name of Rescue Squad** – Please insert the duly authorized, recognized, or incorporated name of the rescue squad for which this application is being submitted.
- **Address of the Primary Physical Location** – Please provide the physical address of the rescue squad headquarters station. Post Office Box addresses are not an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip where the rescue squad is located.
- **Mailing Address** – Please insert the address where the rescue squad receives mail. Post Office Box addresses are an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip for the rescue squad mailing address.
- **Name of Chief Rescue Officer** – Please insert the name of the Chief, Captain, or other lead official. This is the individual that has the authority to act and answer on behalf of the rescue squad.
- **Administrative Phone** - Please provide the telephone number for the telephone that is located at the headquarters station of the rescue squad. If there is no telephone at that location, please provide a telephone number and indicate where the telephone is located.
- **Email Address** – Please provide an email address for the rescue squad. If the rescue squad does not currently have an email address, the squad is encouraged to go to Gmail and establish an email address for the rescue squad. KYEM communicates with rescue squads are primarily via email.
- **24-Hour Contact** – please provide a telephone number where the Chief Rescue Officer can be contacted 24 hours a day, 7 days a week. Please provide multiple numbers if necessary.
- **Please indicate whether the rescue squad is operated by:**
 - City and/or County Government – This selection should be marked if the rescue squad is funded by the fiscal court or city council and if the equipment is titled to the local governmental entity.
 - Fire Department – This selection should be marked if the rescue squad is a unit of a local fire department.
 - Taxing District – This selection should be marked if the rescue squad is funded by a rescue squad taxing district created under KRS 39F.160 and overseen by a taxing district Board of Directors.

- State Government - This selection should be marked if the rescue squad is funded by an entity of state government if the equipment owned and operated by the rescue squad is titled to a state governmental entity.
 - For-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a for-profit corporation or LLC and on file with the Kentucky Secretary of State as such.
 - Not for-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a non-profit corporation or LLC and on file with the Kentucky Secretary of State as such.
 - Individually owned – This selection should be marked if the rescue squad is owned by a single individual or a group of partners.
 - Other – This selection should be marked if none of the other selections apply. If this selection is chosen, please document fully the type of organization that owns and controls the rescue squad.
- **Area Served** – In the blank space provided, please describe the squad’s area of response. For example, “Our response area is limited to the boundaries of XYZ County”. Remember - If the response area covers multiple counties, the rescue squad must have an affiliation agreement in place with each county in which the squad operates.

Step 2. Contact Information

- **Rescue Squad Contact Information** – Provide the information for the two (2) senior officers or staff members of the rescue squad. Two (2) selections must be provided.

Step 3. Vehicle Information Form

- **For each vehicle owned or operated by the rescue squad, please provide the following information.**
 - “Vehicle ID” - Please indicate what the vehicle is called. For example, “Rescue 4” or “Chief 1”.
 - “Model Year of Vehicle” – Please indicate the model year of the vehicle.
 - “Make of Vehicle” – Please indicate the manufacturer of the vehicle.
 - “Vehicle Identification Number” – Please list the VIN number for this vehicle.
 - “License Number” – Please list the license tag number for this vehicle.
 - “General Purpose of the Vehicle” – Please indicate what the general purpose is for this vehicle. For example, “Cave Rescue” or “General Rescue” or “Command Vehicle”.
 - If the rescue squad has more than six (6) vehicles, please print the form from the website, as needed, so as to list all of the vehicles owned or operated by the rescue squad.

Step 4. Watercraft Information Form

- **For each watercraft owned or operated by the rescue squad, please provide the following information.**
 - “Watercraft ID” – Please indicate what the watercraft is called. For example, “Rescue 1” or “Jet Ski 4”.
 - “Model Year of Watercraft” – Please indicate the model year of the watercraft.
 - “Manufacturer of Watercraft” – Please indicate the manufacturer of the watercraft.
 - “Watercraft Serial Number” – Please list the serial number for the watercraft.
 - “Watercraft Registration or License Number” – Please list the license number for the watercraft.

- “Length of the Watercraft” – Please indicate the length of the watercraft.
- “Type of Watercraft” – Please list the type of watercraft. For example, “jet ski” or “pontoon boat”.
- “General Purpose of the Watercraft” – Please indicate what the general purpose is for the watercraft. For example, “Dive Operations” or “General Purpose” or “Dragging and Recovery Operations”.
- If the rescue squad has more than four (4) watercrafts, please the form from the website as needed to list all of the watercraft owned or operated by the rescue squad.

Step 5. Eligibility Questions

1. Please indicate as to whether the rescue squad holds a current “Affiliation Agreement” with the local government(s) and emergency management agency (or agencies) in the areas which they operate. PLEASE NOTE – You must include a copy of the current “Affiliation Agreement” with this application. The expiration date on the agreement must exceed the date on which this application is signed but may not exceed one (1) year from the date it was originally signed. If the rescue squad is given a rescue squad aid grant and the “Affiliation Agreement” expires prior to the award of funds, you will be asked to provide an updated document prior to funds being disbursed. Please make certain that the “Affiliation Agreement” addresses all the areas outlined in KRS 39F.120 (9). “Affiliation Agreements” that do not address the areas outlined in KRS 39F.120 (9) will be considered deficient and will render the application ineligible for funding consideration.
2. Please indicate whether the rescue squad has written bylaws and standard operating procedures. PLEASE NOTE – A copy of the current “Bylaws and Standard Operating Procedures” must be on file at the KYEM Area Office. Please make certain that the “Bylaws and Standard Operating Procedure” address all the areas outlined in KRS 39F.120 (1), (2), and (3).
“Bylaws and Standard Operating Procedures” that do not address the areas outlined in KRS 39F.120 (1), (2), and (3) will be considered deficient and will render the application ineligible for funding consideration.
3. Please indicate if the rescue squad is a part of another agency such as a fire department or emergency medical services agency.
4. If the rescue squad is a part of another agency, please indicate whether there are 12 individuals that are dedicated to the rescue mission within the organization. In other words, are there 12 people whose primary function is the provision of rescue squad services? PLEASE NOTE – This does not preclude their use for mutual aid requests with other emergency service agencies within the squad’s political jurisdiction. If the rescue squad personnel are subject to use for mutual aid, the rescue squad should have Mutual Aid Agreements in place with rescue squads in contiguous political jurisdictions that can provide rescue squad services in the event your rescue squad personnel are not available for response or should there have multiple rescue squad calls at the same time.
5. Please indicate whether the rescue squad charges for service. In other words, when the squad responds to a call, do you send the individual requesting assistance, including their insurance agency, a bill for any of the services rendered by the rescue squad, including vehicle extrication. “Charges for service” does NOT include funds derived from membership drives, bucket brigades,

- or other fund-raising efforts such as raffle ticket sales or chili suppers.
6. Please provide the number of citizens (population) the area served by the rescue squad based on the map and service area description as requested on page 1 of this application.
 7. Please indicate how many rescue missions the rescue squad responded to between July 1, 2023 and June 30, 2024. If the squad's standard operating procedure defines it as a rescue mission, it should be included in this number.
 8. Please indicate the longest response time for the rescue squad for the service area description requested on page 1 of this application. A response time is the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call.
 9. Please indicate the average response time for the rescue missions listed in Item Number 7 on this page. A response time is the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call. You can obtain your average response time by adding the response times for each run and then dividing that number by the total number of responses.
 10. Please indicate the total hours of training that were completed by rescue squad members from July 1, 2023 until June 30, 2024. You must provide the KYEM Search and Rescue Squad Quarterly Training report for all (4) four quarters of SFY 24.
 11. Please indicate the rescue squad's average annual operating budget for the past four (4) years. This may be obtained by adding the total operating budgets for the last four (4) years together and then dividing the sum by four (4).
 12. Please indicate whether the rescue squad is willing to accept partial funding for their request if Kentucky Emergency Management is unable to fund 100% of the request. Please list a percentage you are willing to accept, i.e. 80% of application amount.

Please Check the Type of Rescue Services Provided (Check all that apply)

PLEASE NOTE – You are required to possess the minimum equipment for each of the boxes you check to be eligible to apply for optional equipment. This equipment is listed on the KYEM Form 465 Cumulative Equipment Inventory form.

In addition, the mission statement for the rescue squad must reflect the type of rescue in the boxes checked. Failure to possess the minimum equipment for the type of rescue services checked or failure to have the types of rescue checked in the mission statement of the rescue squad will render the application ineligible for funding consideration.

General Rescue Squad – This rescue squad responds to general rescue calls. It may include, but not necessarily be limited to, extrication, low angle rescue, EMS support services (lift assist or patient extrication from multistory buildings), and traffic control. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 2.

Water Rescue or Recovery Not Utilizing Divers and Not Classified as Swift Water – This rescue squad performs water rescue or victim recovery from bodies of water without utilizing scuba divers as a part of that process. This may include, but not necessarily be limited to, victim rescue from automobiles stranded in deep water, dragging operations, or surface searches for bodies or victims in bodies of water. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 3.

Water Rescue and Recovery Using Divers – This rescue squad may perform any of the missions listed in “Water Rescue or Recovery Not Utilizing Divers” but may also utilize divers as a part of the process. Divers must be certified by one of the agencies outlined in 106 KAR 1:390, Section 5 and the minimum equipment outlined in 106 KAR 1:350, Section 4.

Cave Rescue – This rescue squad performs rescue of individuals trapped or lost in caves. Individuals must have the equipment outlined in 106 KAR 1:350, Section 5.

High Angle Rescue – This rescue squad may perform retrieval of victims or deceased persons from elevated or recessed areas using ropes and other high rescue equipment. Individuals must meet the training requirements outlined in 106 KAR 1:390, Section 8 and possess the minimum equipment outlined in 106 KAR 1:350, Section 6.

Swift Water Rescue - This squad performs swift water rescue to include victim rescue from moving water, dragging operations, or surface searches for victims in bodies of moving water. The minimum equipment for a rescue squad specializing in swift water shall be: (1) all equipment listed in 106 KAR 1:350 Section 3(4) through (23) and the equipment listed in 106 KAR 1:350 section 7.

Search Dog Rescue Squad Which Searches for Lost, Trapped, or Missing Persons – This is an individual or group of individuals that have formed a rescue squad, which is affiliated with the County Government and local Emergency Management Agency, that uses a dog or dogs to search for lost, missing, or trapped persons. This rescue squad must meet the training requirements outlined in 106 KAR 1:390, Section 2, 3 and the minimum equipment outlined in 106 KAR 1:350, Section 8.

Search and Rescue Squad which Searches for Lost, Trapped, or Missing Persons – This rescue squad uses members to perform searches for lost, trapped, or missing persons. Individuals that are members of this rescue squad must meet the training requirements of 106 KAR 1:350 Section 2 and the equipment outlined in 106 KAR 1:390, Section 9.

Equine Search and Rescue Squad - Searches for Lost, Trapped, or Missing Persons. This is a rescue squad that utilizes horses (equines) to search for lost, missing, or trapped persons. The minimum equipment for search teams utilizing horses (equines) is listed in 106 KAR 1:350, Section 10.

Step 6. Funding Request

This part of the application shall be used to distinguish this application between the “Minimum Equipment” type, the “Optional Equipment” type and the “Administration and Training” type of application. Please select Minimum Equipment or Optional Equipment to distinguish the type of grant you are applying for. If you selected Minimum Equipment please move on to the next section, 6a, and skip section 6b. If you selected Optional Equipment please skip the next section, 6a, and move on to section 6b. Note: You may only select one (1) type of grant; you cannot apply for both optional and minimum equipment.

Step 6a. Minimum Equipment Funding Request

This page of the application shall be used to request the “Minimum Equipment” of items listed on the applicable equipment list(s) contained in 106 KAR 1:350. Again – You are required to possess the equipment listed in 106 KAR 1:350 for each of the boxes checked on Page 9 of the application.

To complete this application:

1. Determine the list of equipment you wish to purchase. Make certain the item is on the equipment list(s) shown in 106 KAR 1:350 under the type of rescue you are indicating you are providing.
2. Prioritize the listed equipment beginning with Priority 1 and continuing sequentially for all of the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
 - i. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
 - ii. In the “Item Description” column, please provide a description of the item you wish to purchase.
 - iii. In the “Unit Price” column, please provide the cost for a single item.
 - iv. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in Number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.
6. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the “Kentucky Wireless Interoperability Executive Committee”. This will only be necessary for those projects that are approved for funding.

Step 6b. Optional Equipment Funding Request

This page of the application shall be used to request above and beyond the minimum quantity of equipment listed in the minimum equipment list or additional purchase of any item that is NOT listed on the applicable equipment list(s) contained in 106 KAR 1:350. This equipment is considered to be “Optional” equipment.

To complete this application:

1. Determine the list of equipment you wish to purchase. Optional equipment is equipment not listed on the minimum equipment list or if you are applying for pieces of equipment which will exceed the quantity listed on the minimum equipment list.
2. Prioritize the listed equipment beginning with priority 1 and continuing sequentially for all the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
 - a. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
 - b. In the “Item Description” column, please provide a description of the item you wish to purchase.
 - c. In the “Unit Price” column, please provide the cost for a single item.

- d. In the “Total Cost” column, please indicate the total cost for the item(s) listed.
 (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.

Please note if you are applying for radio equipment, KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the “Kentucky Wireless Interoperability Executive Committee.” This will only be necessary for those projects that are approved for funding.

Step 6C. Administration and Training Funding Request

This page of the application shall be used to request the “Administration and Training” of items listed on the applicable equipment list(s) contained in 106 KAR 1:350. Again – You are required to possess the equipment listed in 106 KAR 1:350 for each of the boxes checked on Page 9 of the application.

To complete this application:

7. Determine the list of Administration items, Training classes or Training Props you wish to purchase.
8. Prioritize the list beginning with Priority 1 and continuing sequentially for all of the items you plan to request.
9. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
 - i. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
 - ii. In the “Item Description” column, please provide a description of the item you wish to purchase.
 - iii. In the “Unit Price” column, please provide the cost for a single item.
 - iv. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
10. Repeat the process shown in Number 3 above for each of the items that you plan to request.
11. When you are finished listing the items for which you plan to request funding, total the cost at the bottom of the page.
12. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the “Kentucky Wireless Interoperability Executive Committee”. This will only be necessary for those projects that are approved for funding.

Step 7. Supporting Documentation

Step 7a. Waiver of Equipment Requirements

- **Request for Waiver of Equipment Requirements** – Squads may consider appealing to the Director of KYEM for a waiver of equipment requirements. Squads should carefully read through the requirements in the waiver form to determine if they meet the criteria to apply for a request to waive equipment requirements.

Step 7b. Waiver of Equipment Form

- The waiver form can be found on the <http://www.kyem.ky.gov/sargrant> website.
- Fully complete the information box at the top of the page.
 - 1 List the piece(s) of equipment for which you are requesting a waiver. If applicable, indicate the quantity you are requesting a waiver for. The description should exactly match the piece of equipment listed on the minimum equipment list.
 - 2 Provide a justification statement which should demonstrate the need for special action.

Step 7c. Waiver of Equipment Endorsements

- The document should be endorsed by the Chief Rescue Officer.
- The document should be endorsed by the County Emergency Manager

Step 7d. Certification and Compliance Agreement

- 1 This document contains very important information. At the top of the document, there is a list of the documents that must accompany the application. Each of the documents must accompany the grant application. Missing or incomplete documents will render the application ineligible for consideration for funding.
- 2 Also, please read the certification and compliance agreement carefully. When you sign this document, you are certifying that your information is correct and that you will comply with the statutes and regulations stipulating the expenditure of the funds, as well as maintenance and accountability of the equipment purchased.
- 3 Ensure that the chief rescue officer and the County Emergency Manager sign and date the bottom of the form.

Step 7e. Upload Documents

This application requires documents to be uploaded to the KYEM Rescue Aid website: <http://www.kyem.ky.gov/sargrant> . Each squad will be required to upload a minimum of seven (7) different documents (more may be required depending on your application). It is recommended that you scan all of the documents into one file and upload as one file.

1. To upload the file please click the “Choose File” button.
2. Navigate to find the file you wish to upload from your desktop.
3. Select the file you wish to upload and click open.
4. The file will be submitted along with the rest of your application when you click “Submit” at the bottom of the page.

Step 8. Justification Statement

1. This page of the application is your opportunity to convince the committee of why you need the equipment previously listed in this application. Be sure to provide documentation to support the need for the equipment requested.
2. Also, please remember the following requirements for items being requested for purchase through the grant:
 - A. Any single item that has a cost in excess of \$100 but not more than \$5,000 requires a written vendor estimate or quote that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
 - B. Any single item that has a single item cost of \$5,000 or more requires written vendor estimate or quotes from at least three (3) different vendors that details the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
 - C. Printed internet pricing will not be considered estimates or quotes.
 - D. If possible, to ensure accuracy of the final purchase price, every effort should be made to obtain cost projections from potential vendors.**
3. Ensure that the chief rescue officer, be it the president, the chief, or squad captain, signs and dates the bottom of the form in the designated areas.

Step 9. Local EM: Review, Comments, Recommendations

An additional form will be sent to the local Emergency Management office via the KYEM Area Office for that city/county. The form can also be found on the <http://www.kyem.ky.gov/sargrant> website. This document is earmarked for completion by the local Emergency Management Director.

1. Under “Please answer the following questions:” section
 - A. Answer the first question as “Yes” or “No”. Please note that these records should be available for review at the local emergency management office upon request.
 - B. The second question should be answered as numeric – 1, 2, 3, etc.
 - (1) This question requires you to prioritize the applications being submitted. If you have only one application, obviously your priority would be one (1). If you have multiple applications, then you must rank them in the order of importance. There can only be a single 1, 2, etc. Every application cannot be ranked as the number one (1) priority.
2. In the space provided, please offer your recommendation in support for or against this application. Please include facts, examples, instances, etc.
3. The local EM Director must sign and date Part II of the application.
4. The local EM Director should then forward the application to their KYEM Area Manager for completion of Part III and forwarding to the State KYEM Office.

Step 10. KYEM Area Manager: Review/Comments

An additional form will be sent to the KYEM Area Office for that particular city or county. The form can also be found on the <http://www.kyem.ky.gov/sargrant> website. This document is earmarked for completion by the KYEM Area Manager.

1. Under “Please answer the following questions:” section
 - a. Answer the first question as “Yes” or “No”. Please note that these records should be available for review at the regional office upon request.

2. The SAR Rescue Aid electronic checklist is required with the application. Ensure a completed printed copy is attached with this application.
3. In the space provided, please offer your recommendation in support for or against this application. Please include facts, examples, instances, etc.
4. The KYEM Area Manager must sign and date Part II of the application.
5. The KYEM Area Office must retain a copy for their records.
6. The KYEM Area Manager should then forward the application to arrive by the posted deadline to:

Dustin Heiser, State SAR
Coordinator Kentucky Emergency
Management 100 Minuteman
Parkway, Suite 103
Frankfort, Kentucky 40601

7. The KYEM Area Manager may wish to print, sign, scan, and email the wet-ink, signed copies of the application and required documents to dustin.heiser@ky-em.org to be maintained in Frankfort along with the other official records associated with the SFY24 Rescue Aid Program.

-END OF GUIDANCE-