

KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
FY 2021 RESCUE SQUAD AID PROGRAM 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, 2019 through June 30, 2020.

Yes
 No

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:

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

Local EM Director Signature

Date Signed