MISSISSIPPI STATE DEPARTMENT OF HEALTH

FY 2026

Emergency Medical Services Operating Fund (EMSOF) Grant Application

This application must be returned to:
Mississippi State Department of Health
Bureau of Emergency Medical Services
Attn: EMSOF Grant Administrator
P. O. Box 1700
Jackson, Mississippi 39215-1700

No later than: **5:00 PM, November 09, 2026**

Application for Financial Assistance

Step 1: Applicant Information

Applicant: List of any changes or additional information below:

Name: City of Vicksburg

Address: P.O. Box 150

City: Vicksburg State: MS Zip: 39181

Phone: 601-636-4533 Fax: 601-631-3778

Authorized Agent
(Must be County Chancery Clerk, County President Board of Supervisors, County Administrator, City Mayor, Executive Director EMS District)

Name: Mr. Willis Thompson

Address: P.O. Box 150

City: Vicksburg State MS Zip: 39181

Phone: 601-634-4533 Fax: 601-631-3778

Title: Mayor

Email: mayorwillisthompson@vicksburg.org

Current EMS Provider(s):

Primary 911 EMS Agency or Agencies: Vicksburg Fire Dept Amb

EMS Agency Contact: Harry L. Martin III

EMS Agency Email: harrym@vicksburg.org

(Please note any changes by attaching necessary documentation.)

(Attach proof for changes made)

(Attach W-9)

(Upload letter or memo as support of collaboration)

Step 2: Local Budgetary Accounting for 2025

Describe what was spent in local dollars (*not* grant dollars) on local EMS last fiscal year.

Attach a copy of the governmental unit printout for **actual** expenses **paid** for subsidizing/operating emergency medical services during fiscal year 2025. Example: AAAA County pays BBB Ambulance Service $100,000.00 per year in subsidy to operate the ambulance service in AAAA County. You would send the printout of the account that shows the $100,000.00 subsidy was paid.

There may be more than one account for subsidizing/operating emergency medical services. Attach copies of <u>all</u> funds expended on emergency medical services by this governmental unit. This is <u>not</u> your budget or grant-fund purchase items, but instead local governmental unit dollars.

Amount spent in local dollars in FY2025: $ 4,112,005.42

(Upload FY 25 Local Dollars documentation)

CITY OF VICKSBURG

YEAR-TO-DATE BUDGET REPORT

FY2025

FOR 2025 13

ACCOUNTS FOR: 0010 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
00102414 AMBULANCE, PERSONNEL								
00102414 54310	SALARIES SUBJECT	2,620,404	0	2,620,404	2,459,781.54	.00	160,622.46	93.9%
00102414 54600	STATE RETIREMENT	375,786	0	375,786	410,501.06	.00	-34,715.06	109.2%
00102414 54700	F I C A EMPLOYER	50,650	0	50,650	43,297.25	.00	7,352.75	85.5%
00102414 54800	MEDICAL/DENTAL I	295,605	0	295,605	324,885.49	.00	-29,280.49	109.9%
00102414 54900	UNEMPLOYMENT CON	470	0	470	.00	.00	470.45	.0%
00102414 54910	WORKER'S COMPENS	72,750	0	72,750	.00	.00	72,750.00	.0%
00102414 54920	LIFE INSURANCE C	4,928	0	4,928	5,640.54	.00	-712.54	114.5%
00102414 54940	VISION INSURANCE	2,987	0	2,987	3,329.11	.00	-342.11	111.5%
TOTAL AMBULANCE, PERSONNEL		3,423,580	0	3,423,580	3,247,434.99	.00	176,145.46	94.9%
00102415 AMBULANCE, SUPPLIES								
00102415 55000	OFFICE SUPPLIES	600	0	600	244.63	.00	355.37	40.8%
00102415 55010	SUPPLIES & EXPEN	4,500	21,610	26,110	23,071.48	1,173.00	1,865.52	92.9%
00102415 55080	MEMBERSHIP FEES	3,500	0	3,500	4,154.40	1,697.92	-2,352.32	167.2%
00102415 55090	MEDICAL SUPPLIES	100,000	120,000	220,000	109,862.76	246.32	109,890.92	50.0%
00102415 55100	CLEANING & JANIT	1,200	0	1,200	5,357.57	.00	-4,157.57	446.5%
00102415 55250	GAS AND OIL	80,000	0	80,000	74,250.43	.00	5,749.57	92.8%
00102415 55350	UNIFORMS & CLOTH	4,000	0	4,000	6,371.05	.00	-2,371.05	159.3%
00102415 55700	MOTOR VEHICLE RE	50,000	0	50,000	157,204.01	.00	-107,204.01	314.4%
00102415 55750	REPAIR & MAINTEN	500	0	500	.00	.00	500.00	.0%
TOTAL AMBULANCE, SUPPLIES		244,300	141,610	385,910	380,516.33	3,117.24	2,276.43	99.4%
00102416 AMBULANCE, SERVICES								
00102416 56010	PROFESSIONAL SER	1,000	0	1,000	653.33	100.00	246.67	75.3%
00102416 56050	COMMUNICATIONS W	9,000	0	9,000	13,058.22	.00	-4,058.22	145.1%
00102416 56090	TRAINING/CONFERE	35,000	23,215	58,215	80,594.55	.00	-22,379.55	138.4%
00102416 56100	TRAVEL EXPENSE	1,000	0	1,000	1,723.25	.00	-723.25	172.3%
00102416 56250	INSURANCE	28,000	0	28,000	.00	.00	28,000.00	.0%
00102416 56300	UTILITIES & WAST	18,000	0	18,000	18,498.86	.00	-498.86	102.8%
00102416 56400	RENTAL EXPENSE	24,000	0	24,000	26,027.45	.00	-2,027.45	108.4%
00102416 56820	CONTRACTOR PROVI	190,000	58,000	248,000	247,485.85	.00	514.15	99.8%
TOTAL AMBULANCE, SERVICES		306,000	81,215	387,215	388,041.51	100.00	-926.51	100.2%

CITY OF VICKSBURG

YEAR-TO-DATE BUDGET REPORT

FOR 2025 13

ACCOUNTS FOR: 0010 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
00102418 AMBULANCE, DEBT SERVICE								
00102418 58210	PRINCIPAL PORTIO	54,233	0	54,233	54,228.71	.00	4.29	100.0%
00102418 58310	INTEREST PORTION	658	0	658	658.88	.00	-.88	100.1%
TOTAL AMBULANCE, DEBT SERVICE		54,891	0	54,891	54,887.59	.00	3.41	100.0%
00102419 AMBULANCE, CAPITAL								
00102419 59210	CAPITAL COMPUTER	0	5,200	5,200	.00	1,495.00	3,705.00	28.8%
00102419 59230	CAPITAL MOVEABLE	0	40,375	40,375	41,125.00	.00	-750.00	101.9%
TOTAL AMBULANCE, CAPITAL		0	45,575	45,575	41,125.00	1,495.00	2,955.00	93.5%
TOTAL GENERAL FUND		4,028,771	268,400	4,297,171	4,112,005.42	4,712.24	180,453.79	95.8%
	TOTAL EXPENSES	4,028,771	268,400	4,297,171	4,112,005.42	4,712.24	180,453.79	

CITY OF VICKSBURG

YEAR-TO-DATE BUDGET REPORT

FOR 2025 13

	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
GRAND TOTAL	4,028,771	268,400	4,297,171	4,112,005.42	4,712.24	180,453.79	95.8%

** END OF REPORT - Generated by Harry Martin **

Step 3: Local Proposed Budget for 2026

Describe what is projected to be spent in local dollars (*not* grant dollars) on local EMS this fiscal year.

Attach a copy of your 2026 budget printout for **projected** expenses for subsidizing/operating emergency medical services in fiscal year 2026.

*There may be more than one account for subsidizing/operating emergency medical services. Attach copies of **all** funds projected to be expended on emergency medical services by this governmental unit. This is **not** your proposed budget for grant-fund purchase items, but instead local governmental dollars.*

Amount projected to be spent in local dollars in FY 2026: $ 4,112,005.42

(Upload Current Budget highlight local dollars)

CITY OF VICKSBURG

YEAR-TO-DATE BUDGET REPORT

FY2026

FOR 2026 13

ACCOUNTS FOR: 0010 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
00102414 AMBULANCE, PERSONNEL								
00102414 54310	SALARIES SUBJECT	2,695,213	0	2,695,213	185,601.55	.00	2,509,611.45	6.9%
00102414 54600	STATE RETIREMENT	408,220	0	408,220	32,618.21	.00	375,601.79	8.0%
00102414 54700	F I C A EMPLOYER	58,731	0	58,731	3,883.53	.00	54,847.47	6.6%
00102414 54800	MEDICAL/DENTAL I	339,690	0	339,690	25,902.33	.00	313,787.67	7.6%
00102414 54900	UNEMPLOYMENT CON	470	0	470	.00	.00	470.45	.0%
00102414 54910	WORKER'S COMPENS	72,750	0	72,750	.00	.00	72,750.00	.0%
00102414 54920	LIFE INSURANCE C	6,160	0	6,160	499.50	.00	5,660.50	8.1%
00102414 54940	VISION INSURANCE	3,626	0	3,626	289.05	.00	3,336.95	8.0%
TOTAL AMBULANCE, PERSONNEL		3,584,860	0	3,584,860	248,794.17	.00	3,336,066.28	6.9%
00102415 AMBULANCE, SUPPLIES								
00102415 55000	OFFICE SUPPLIES	500	0	500	139.61	.00	360.39	27.9%
00102415 55010	SUPPLIES & EXPEN	4,500	0	4,500	4,530.48	.00	-30.48	100.7%
00102415 55080	MEMBERSHIP FEES	4,300	0	4,300	3,360.00	.00	940.00	78.1%
00102415 55090	MEDICAL SUPPLIES	95,000	0	95,000	7,230.68	25,988.71	61,780.61	35.0%
00102415 55100	CLEANING & JANIT	800	0	800	7.62	.00	792.38	1.0%
00102415 55250	GAS AND OIL	80,000	0	80,000	4,934.06	3,034.24	72,031.70	10.0%
00102415 55350	UNIFORMS & CLOTH	4,000	0	4,000	.00	.00	4,000.00	.0%
00102415 55700	MOTOR VEHICLE RE	65,000	0	65,000	2,219.25	.00	62,780.75	3.4%
00102415 55750	REPAIR & MAINTEN	500	0	500	.00	.00	500.00	.0%
TOTAL AMBULANCE, SUPPLIES		254,600	0	254,600	22,421.70	29,022.95	203,155.35	20.2%
00102416 AMBULANCE, SERVICES								
00102416 56010	PROFESSIONAL SER	1,500	0	1,500	80.00	.00	1,420.00	5.3%
00102416 56050	COMMUNICATIONS W	8,000	0	8,000	986.84	1,854.30	5,158.86	35.5%
00102416 56090	TRAINING/CONFERE	34,000	0	34,000	.00	.00	34,000.00	.0%
00102416 56100	TRAVEL EXPENSE	1,000	0	1,000	272.00	.00	728.00	27.2%
00102416 56250	INSURANCE	28,000	0	28,000	.00	.00	28,000.00	.0%
00102416 56300	UTILITIES & WAST	16,000	0	16,000	1,897.57	.00	14,102.43	11.9%
00102416 56360	CONTRACTUAL REPA	2,400	0	2,400	.00	.00	2,400.00	.0%
00102416 56400	RENTAL EXPENSE	15,000	0	15,000	.00	.00	15,000.00	.0%
00102416 56820	CONTRACTOR PROVI	239,500	0	239,500	22,608.33	14,579.00	202,312.67	15.5%

YEAR-TO-DATE BUDGET REPORT

FOR 2026 13

ACCOUNTS FOR: 0010 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
TOTAL AMBULANCE, SERVICES		345,400	0	345,400	25,844.74	16,433.30	303,121.96	12.2%
00102418 AMBULANCE, DEBT SERVICE								
00102418 58210	PRINCIPAL PORTIO	18,244	0	18,244	4,552.98	.00	13,691.02	25.0%
00102418 58310	INTEREST PORTION	53	0	53	20.98	.00	32.02	39.6%
TOTAL AMBULANCE, DEBT SERVICE		18,297	0	18,297	4,573.96	.00	13,723.04	25.0%
00102419 AMBULANCE, CAPITAL								
00102419 59210	CAPITAL COMPUTER	8,000	0	8,000	.00	.00	8,000.00	.0%
00102419 59230	CAPITAL MOVEABLE	69,400	0	69,400	30,375.00	2,143.80	36,881.20	46.9%
TOTAL AMBULANCE, CAPITAL		77,400	0	77,400	30,375.00	2,143.80	44,881.20	42.0%
TOTAL GENERAL FUND		4,280,557	0	4,280,557	332,009.57	47,600.05	3,900,947.83	8.9%
TOTAL EXPENSES		4,280,557	0	4,280,557	332,009.57	47,600.05	3,900,947.83	

CITY OF VICKSBURG

YEAR-TO-DATE BUDGET REPORT

FOR 2026 13

	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
GRAND TOTAL	4,280,557	0	4,280,557	332,009.57	47,600.05	3,900,947.83	8.9%

** END OF REPORT - Generated by Harry Martin **

Step 4: Grant Budget Narrative

On the following pages, describe what is planned to be spent in grant dollars on local EMS this fiscal year.

This is not a narrative of your total budget, just how you intend to spend the grant money. Only the items to be paid for by this grant should be listed. Each item to be purchased or paid for must be listed at an estimated cost. Indicate how each purchase will be an improvement/enhancement to the government EMS units.

The following is an example.

1. **Personnel Expenses -** EMSOF may only be used to pay payroll and benefit differential pay for governmental units for the first year so that a governmental unit improves its' level of ambulance service licensure (i.e., BLS to ALS), staff travel to BEMS approved training opportunities, and tuition for BEMS approved training opportunities. (Go to Page 6 to complete)
2. **Contractual Services -** Itemize all individual contracts and justify the services provided. (This is where payments to EMS Districts would be justified and listed.) (Go to Page 7 to complete)
3. **Commodities** - Categorize and give cost of all supplies. You may not purchase supplies for which you bill patients with grant funds. (Go to Page 8 to complete)
4. **Equipment -** List of each non-expendable item to be purchased as shown: • Justify how each item of equipment relates to EMS activities. • Explain what steps you have taken or will take to ensure that you receive the best value for least cost, consistent with state and federal purchasing regulations. (Go to Page 9 to complete)
5. **Capital Outlay other than Equipment -** EMSOF may be used to purchase capital outlay items that improve local Emergency Medical Services. Explain and justify all costs to be incurred and the relationship to EMS activities. (Example: Building a new station to offer better coverage of the county...) (Go to Page 10 to complete)
6. **Escrow -** Funds may only be escrowed for up to three (3) years. After the three (3) years, the funds must be expended before escrow of funds can occur again. Please provide a brief explanation of how these funds will be used at the end of the three (3) years and/or justification for escrowing these funds. (Go to Page 11 to complete)
7. **Other** - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council. (Go to Page 12 to complete)

1. Personnel Expenses

Training (must be BEMS approved course or CEUs)

Name of Training	CEU Hrs.	# Students	Tuition Amount	Total
			$	$
			$	$
			$	$
			$	$
			$	$

Travel

Name of Training	Location	Lodging/Meals	Millage	Total
		$	$	$
		$	$	$
		$	$	$

Personnel

License # _____ (improves level of service licensure)

Cost: $ _____

Payroll & Benefits (Differential only for first year of upgrade, i.e., BLS to ALS)

_____

_____

_____

2. Contractual Services

☐ EMS District Dues (To be paid for with FY 2025 grant funds.)

Name of EMS District: _____

Attach documentation showing approval in accordance with Miss Code 41-59-53.

Cost: $ _____

☐ Other: _____

Cost: $ _____

Justification Narrative:

3. Commodities

Non-Disposable Supplies Only.

Item Description	Quantity	Amt Each	Total

Provide a detailed description of how the above-mentioned purchases will improve the local EMS agency. All commodities must be utilized for direct patient care.

4. Equipment

Item Description	Quantity	Amt Each	Total

Provide a detailed description of how the items listed above purchases relate to and benefits EMS activities and will improve the local EMS agency. All equipment must be utilized for direct patient care.

If this equipment is a response truck, ATV, etc., provide the Mississippi licensed EMS agency name/contact information that will permit and house this vehicle.

Provide detailed training plans for this equipment.

How did you ensure you received best value for least cost (while following State and federal purchasing regulations).

(Upload equipment quotes)

5. Capital Outlay other than Equipment

Item: _____ Cost: $ _____

Justification:

(Upload Capital Outlay other than Equipment quotes)

6. Escrow

Amount to be escrowed from FY2026 only: $ 13,156.00

Please provide a brief explanation of how FY 2026 funds will be used and/or justification for escrowing these funds.

Escrow funds are to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Example: Purchasing a new ambulance or radio system that costs more than your grant amount.

Radio = $10,000.00
Grant Year 1-2021 = $3,000.00
Grant Year 2-2022 = $3,000.00
Grant Year 3-2023= $3,000.00
Total Escrow = $9,000.00

Current Grant Year-2024 = $3,000.00

Must expend a total of $12,000.00 (Total Escrow + Current Grant Year)

7. Other Cost: $_____

Any purchase listed under this option must be approved by the Emergency Medical Services Advisory Council. Provide detailed justification for how this item will be used to enhance EMS direct patient care.

Step 5: Annual Expenditure Report for EMSOF Previous Years

The annual expenditure report is a financial summary of the previous year's EMSOF award and/or previous funds escrowed. This report must be completed and returned with all other sections of this new application.

No new awards can be granted until this report is completed and signed.

Attach copies of receipts for all expenditures made during FY 2025.

Example 1: You were awarded $5,000.00 last year to purchase an external defibrillator, attach receipt(s) for at least $5,000.00 of the external defibrillator.

- If you spend more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- Attach training documentation (roster, sign in sheet, agenda, objectives, etc.)

Example 2: You are purchasing a new ambulance that costs more than your grant amount.

Ambulance = $80,000.00

- If you spend more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- All purchases of EMS vehicles of any type must include copy of title with receipts.

Example 2:
Grant Year 1 = $5,000.00
Grant Year 2 = $5,000.00
Grant Year 3 = $5,000.00
Total Escrow = $15,000.00
Last Year's Grant = $5,000.00

You must have expended the entire amount of $20,000 for the purchase of an ambulance.

(Receipts for Escrow Funds must be attached to the Escrow Reporting Page 14.)

All grant funds must be placed in an interest-bearing account. Prior grant awards not expended by September 30 of the award year **must be returned to the State unless a copy of an approved modification letter is attached.**

I, the undersigned, attest to the fact that I have expended funds as per the previous grants or I have submitted in writing prior approval to amend the previous grant(s), and that the figures found in the above Annual Expenditure Report for EMSOF Previous Years are correct.

Signature: _____ **Date:** _____
(Authorized Agent must sign)

(Upload proof of payments for purchases)

If you currently have grant funds in Escrow, you must complete this section.

Use this form to indicate funds previously awarded that have been escrowed for an identified large purchase. (Example: Purchasing a new ambulance or radio system that costs more than your grant amount.)

Escrow funds are meant to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Current Escrow Balance, including interest:

	Escrow Amount	Interest Earned	Total with Interest
FY 2022	$	$	$
FY 2023	$	$	$
FY 2024	$	$	$
FY 2025	$	$	$
Total for FY'22, FY'23, FY 24, and FY'25			$

If funds received prior to FY 2022 are still in escrow, these funds must be expended immediately (within 30 days) or returned to the State Department of Health. This grant application will be placed on hold until proof of compliance is submitted and approved.

(Upload bank statements to verify proof of interest)

Agreement for Supplemental Emergency Medical Services

For the purpose of providing expanded emergency medical services, and in consideration of the mutual covenants contained herein, it is hereby agreed by _____ hereinafter referred to as the grantee) and the Emergency Medical Services Program of the Mississippi State Department of Health (hereinafter referred to as the Department) as follows:

The Grantee agrees that:

1. Funds received from the Department will be used for the provision of emergency medical services within the Grantee's district in accordance with the specifications set forth in the application and hereby incorporated into and made a part of the contract.
2. Funds received from the Department pursuant to this contract shall be used solely in addition to existing annual emergency medical budgets of the Grantee.
3. The Grantee will maintain its present level of funding for existing emergency medical services throughout the contract. If you are a continuing recipient of grant funds, you must spend => the previous year's reported amount.
4. No funds received from the Department shall be used for the payment of any attorney's fees.
5. Financial and progress reports will be submitted by the Grantee to the Department on an annual basis or as requested by the Department. The annual reports for the previous year's funds must be submitted to the Department as part of this application.
6. Emergency medical services will be delivered in compliance with the licensing requirements and regulations of the Department.
7. The Grantee agrees to permit reasonable program review and evaluation by the Department, to provide access to its records, and to cooperate in any other reasonable request for program information.

The Department agrees that:

1. Funds appropriated to the Department for the Emergency Medical Services Operating Fund shall be distributed to Grantee for the support of emergency medical services.
2. The Grantee shall receive funds equal to Grantee's proportionate share of the Emergency Medical Services Operating Fund based on its general population in relation to the total population of the state.

It is mutually agreed by both parties:

1. This contract shall commence on **October 1, 2025,** and remain in effect until **September 30, 2026.**
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2025.**
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Mayor

Signed

Applicant/Grantee *(authorized agent's full Name)*_____ **Date:** _____

Applicant/Grantee *(primary 911 Contact)* John Z Martin III **Date:** 11-7-25

For State Department of Health Use Only:

Director, Emergency Medical Services_____ **Date:** _____

Deadline: BEMS by 5 p.m. November 9, 2025

Grant Checklist

☑	Authorized Agent and EMS Operations Manager attended Grantee Meeting.
☑	All contact information on page 2 has been verified or any changes noted.
☑	Submit a letter or memorandum as support of collaboration from the licensed ambulance service provider(s) and /or county EMS regulatory programs.
☑	Official budget has been submitted (page 3).
☑	Official proposed budget has been submitted (page 4).
☑	Grant Narrative (Pages 6-10) have all been completed as needed to avoid any processing delay of your application.
☑	Escrow (Page 11) amount listed is for use of proposed grant funds only. **No local dollars**.
☑	Annual Expenditure Report (page 13) upload all receipts, vehicle titles and letters of modification.
☑	Annual Expenditure Report (page 13) has been signed by the comptroller or authorized agent.
☐	Escrow Report Page (page 14) is completed, and all funds are reported appropriately. Include interest as a separate entry.
☑	All grants' funds are being deposited in an interest-bearing account with the authorized agent (submit copies of bank statement)
☐	Contract page is signed by Authorized Agent (County Administrator, President of the Board of Supervisors, Chancery Clerk, Mayor, President EMS District).
☐	Contract page is signed by primary 911 EMS Agency or Agencies authorized contact (Operations Manager).
☐	**Do not spend any grant funds** until they are received by the authorized governmental agency.

Return the application by 5:00 p.m. November 9, 2025:

Mississippi State Department of Health
Bureau of Emergency Medical Services
ATTN: EMSOF Grant Administrator
P. O. Box 1700
Jackson, Mississippi 39215-1700

Should you have any questions regarding this application or the EMSOF program, please contact:

Alexandria Amos at 601-933-7652; Alexandria.Amos1@msdh.ms.gov

or

Billie Collier at 601-933-7648, or via email at billie.collier@msdh.ms.gov

For Department Use Only: (Do not write on this page)

Review	BEMS	OEMSAC Comments	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Date Returned	____/____/____	____/____/____	____/____/____

Grant Administrator Recommendations (Please initial.)

☐ Full approval

☐ Approval of budget modifications

☐ Conditional approval non-approval

☐ Referral to EMS Advisory Council

Comments: _____

Date and subject of any additional communications with applicant

Date:	**Subject:**
_____	_____
_____	_____
_____	_____
_____	_____

Proposed use of funds:

$ _____	Personnel/Training	$ _____	Ambulance
$ _____	Regionalization (_____District)	$ _____	ALS Expenditures
$ _____	Commodities	$ _____	Communications
$ _____	BLS Equipment	$ _____	First Response
$ _____	Escrow	$ _____	Other

Notes	Notes	Recipient	Escrow Notes