



MISSISSIPPI STATE DEPARTMENT OF HEALTH

September 26, 2024

City of Vicksburg  
P.O. Box 150  
Vicksburg, MS 39181

Dear George Flaggs, Jr.,

On behalf of the Mississippi State Department of Health, Bureau of Emergency Medical Services, I am pleased to inform you that the grant amount for FY 2025 EMSOF has been determined. You qualify for \$13,156 which is the same as last year.

As you prepare your FY 2025 application, please remember the following requirements:

- Funds may not be used to purchase billable supplies.
- Funds must be detailed in the grant application.
- Purchases must be made by and in the name of the grant recipient.
- You must not spend funds until after you have received your deposit.  
Funds cannot be used to reimburse for prior purchases.

Should you have any questions or require any information regarding your grant, please do not hesitate to contact me.

Your continued support of improved emergency medical care for the citizens of Mississippi is greatly appreciated.

Sincerely,

Alexandria D. Amos  
EMSOF Grant Administrator



**FIRE DEPARTMENT • CITY OF VICKSBURG**

POST OFFICE BOX 150  
VICKSBURG, MISSISSIPPI 39181-0150

DERRICK D. STAMPS, Fire Chief

November 1, 2024

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

Re.: Vicksburg Emergency Medical Services Operating Fund Grant

EMSOF Grant Administrator:

The Vicksburg Fire Department intends to use the FY2025 EMSOF funds in the amount of \$13,156 and FY2024 EMSOF funds in the amount of \$13,156, in escrow, toward the purchase of two Stryker Pro XT stretchers at a cost of \$40,375.

Please advise if you need any further information regarding this matter. Thank you for your assistance.

Sincerely,

Harry L. Martin, III  
Associate Fire Chief



Mississippi Emergency Medical Services Operating Fund

**Contract for Supplemental Emergency Medical Services**

For the purposes of providing expanded emergency medical services, and in consideration for the mutual covenants contained herein, it is hereby agreed by and between «Recipient» (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 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, 2024** and remain in effect until **September 30, 2025**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2024**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

**Signed**

Applicant/Grantee («authorized agent Full_Name») _____	Date: _____
Applicant/Grantee («primary 911_Contact») <i>Alan Z. White III</i>	Date: <i>11-1-2024</i>

**For State Department of Health Use Only**

Director, Emergency Medical Services _____	Date: _____
Assistant Senior Deputy _____	Date: _____
CFO, MSDH _____	Date: _____



Mississippi Emergency Medical Services Operating Fund

### 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 2024.***

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 spent 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 spent 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 purchased of an ambulance.***

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

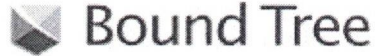
***All grant funds must be placed in an interest bearing account. Prior grant awards not expended by September 30 of the award year must be returned to the State unless a copy of an approved modification letter is attached.***

**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: \_\_\_\_\_

*(«Full\_Name» or Comptroller must sign)*

*«Recipient»*



**Quotation**

Quotation#:

08/26/2024

**Account Number: 214195-SHIP001**

**BILL-TO**

CITY OF VICKSBURG  
PO BOX 150  
VICKSBURG, MS 39181-0150

**SHIP-TO**

CITY OF VICKSBURG  
1617A WALNUT ST  
VICKSBURG, MS 39180-3537

Item	UOM	Description	Qty	Price	Ext.Price
STR6506-R	1/EA	Recertified Stryker Power Pro XT Model 6506	1	\$ 17,000.00	\$ 17,000.00
STR6500-141-000-R	1/EA	Head End O2 Bottle Holder w/pillow Includes 1 holder, straps, and pillow	1	\$ 137.50	\$ 137.50
STR6506-700-004-A-R	1/EA	XPS Wings, 1 Pair	1	\$ 1,465.00	\$ 1,465.00
STR6506-700-001-R	1/EA	Power-LOAD Cot Compatibility Upgrade Kit	1	\$ 1,585.00	\$ 1,585.00
STR6500-002-100-R	1/EA	Cot Communication Board Enables on-board battery charging	1	\$ -	
STR6500-700-060A-R	1/EA	Stryker Directional Wheel Lock	1	\$ -	
DW0242	1/EA	Dewalt Power Pro XT Battery	1	\$ -	
DW0246	1/EA	Dewalt Power Pro XT Battery Charger	1	\$ -	
FRSPALSTRAPPKG	1/EA	P.A.L. Strap All three P.A.L. Strap Sizes: Standard, Large, and X-Large; Compact P.A.L. Strap Carrying Case; Quick Reference Guide	1	\$ -	

**Quote Total \$ 20,187.50**

Boundtree |  
WADE HAYES  
Phone: | Fax:  
225.993.8297

Sales tax will be applied to customers who are not exempt.  
Shipping charges will be prepaid and added to the invoice unless otherwise stated.  
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