

Attachment B:

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Director of ______ (name your EMS Agency here). I, ______ (print name), do affirm the following listed equipment has been purchased and placed in service. I, ______ (print name), agree to the following items listed below (type out all items listed in Attachment B add additional rows if needed)."

| Item(s) Purchased | Number of Units Purchased | Cost of Each Unit | Total Cost |
|-----------------------------------|------------------------------|-------------------|------------|
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| Total Cost of All Items Purchased | | | |

- 1. Agree to utilize these grant dollars for trauma related services with the 911-zone EMS agency described in the application for the grant.
- 2. Agree that if there is equipment purchased with grant dollars and is to be sold, Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another 911-zone EMS Agency.
- 3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the local 911-zoned EMS Response system.
- 4. Applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically for CY 2018, the organization agrees to participate in its respective EMS Region trauma system plan development; and all Regional Trauma Advisory Committee meetings.
- 5. Applying organization agrees it is compliant with the Department of Public Health State Office of EMS data submission requirements. The State Office of EMS will determine compliance.

- 6. Applying organization agrees to make available, at all reasonable times during FY 2018, the records for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
- 7. Applying organization shall preserve and make available its records for a period of five (5) years from the date of final payment under this agreement or for such period (if any) as is required by applicable statue.

| Date: |
|----------------------------------------------------------------------------|
| Signature of Affiant |
| |
| State of Georgia |
| County of |
| Signed and sworn to (or affirmed) before me on |
| Date |
| by, |
| Printed name(s) of individual(s) making statement |
| who proved to me on the basis of satisfactory evidence to be the person(s) |
| who appeared before me. |
| Personally Known |
| or |
| Produced Identification |
| Type of ID |
| |
| Signature of notary public |
| (Name of notary, typed, stamped or printed) |

Notary Public State of Georgia

My commission expires: _____

Stamp/Seal