



**ATTACHMENT B**

"I am the Authorized Agent for \_\_\_\_\_ (*Applying Organization*).

I, \_\_\_\_\_ (*print name*), do affirm the following listed equipment has been/will be 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)."

<b>Item(s) Purchased</b>	<b>Number of Units Purchased</b>	<b>Cost of Each Unit</b>	<b>Total Cost</b>
<b>Total Cost of All Items Purchased</b>			

1. I am the Authorized Agent for this Ambulance Service. We are the zoned 911 provider in the County we are requesting the grant for. 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, the Georgia Trauma Commission will approve the disposal before the disposal is affected.
  - 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. The applying organization agrees to participate in the Georgia Trauma Commission-sponsored trauma system development activities. Specifically, for CY 2025, the organization agrees to participate in its respective EMS Region trauma system plan and attend 50% of the Regional Trauma Advisory Committee quarterly 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. The applying organization agrees to make the records available, at all reasonable times during FY 2025, for inspection or audit by a duly authorized representative appointed by the Commission or the Georgia State Auditor.
7. The 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 the applicable statute.
8. The applying organization is contracted to remain the 911-zone provider through June 30, 2025.

**AFFIDAVIT OF AUTHORIZED AGENT**

Personally appeared before me, the undersigned officer duly authorized to administer oaths, the affiant, after being duly sworn, stated under oath as follows:

1. THAT the affiant is the Authorized Agent for the Applying Organization, is over the age of eighteen years, and has personal knowledge of the facts contained in this Affidavit.
2. THAT the Applying Organization is the zoned 911 provider in the County for which grant funds are requested.
3. THAT the Applying Organization understands that peak-staffed 911 response ambulances the peak number of ambulances that are scheduled and staffed consistently.
4. THAT failure to comply with grant terms may result in a three (3) year Georgia Trauma Commission funding probation period for the Applying Organization.

\_\_\_\_\_  
Signature of Affiant Date: \_\_\_\_\_

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