

State Project Application

1. a. **Jurisdiction** _____ b. **Applicant** _____
c. **Address** _____ d. **City/Zip** _____
e. **Contact Name** _____ f. **Telephone** _____

2. **Proposed Funding**
a. **Jurisdiction** _____
b. **State** _____
c. **Other** (specify) _____
d. **Total** _____

3. **Project**
a. **Description**
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- b. **Proposed Start Date** _____
c. **Proposed Completion Date** _____
d. **Certification/Justification** _____

4. Applicant Certification: I certify this application has been authorized by the governing body of this jurisdiction, the applicant agrees to comply with all regulations under which funds are awarded, all funds will be used only for purposes approved in this application, and any equipment obtained specifically for use by the local EM Director/agency will remain in custody of the local EM agency for use by succeeding Directors.

a. _____ b. _____ c. _____
Name of Applicant's Authorized Representative Title Date

For KyEM OFFICE USE ONLY

Funds Approved (State Share): _____ Application Number: _____

Approval: _____ Date of Approval: _____
Director, Division of Emergency Management
or authorized representative

(Instructions on back)

INSTRUCTIONS

A Project Application shall be completed for any administrative or office equipment purchase exceeding \$500 total cost (\$250 Non-local Share). KyEM approval must be received prior to the expenditure of local funds. It is imperative local EM agencies do not attempt to “split” the cost of an item ordinarily purchased as or considered a “whole” or (one unit) into smaller parts in order to bring the claim within the \$250 limit. If the “splitting” of claims occurs, KyEM reserves the right to disallow the entire claim.

Blocks 1 – 4 will be completed by the applicant EM agency.

1.
 - a. City and/or County jurisdiction name
 - b. Formal name of local EM agency
 - c. Correct mailing address of local EM agency (street, P.O. Box)
 - d. Correct mailing address of local EM agency (city, state. ZIP)
 - e. Person in charge of project and phone
 - f. Person in charge of project and phone
2.
 - a. Enter the amount of funds the jurisdiction is contributing toward this project.
 - b. Enter the amount of funds to be requested from KyEM.
 - c. Enter the amount of funds another organization is contributing toward this project, if any.
 - d. Total project funding.
3.
 - a. Give a brief description of item(s) to be purchased; attach any supplemental information.
 - b. When do you anticipate beginning project?
 - c. When will project be completed?
 - d. Specify need for and benefits to be derived from proposed project. Describe how it will serve the local emergency management agency. Include milestones of project; when will bids be opened; when will items be purchased, etc. Attach a separate sheet if necessary.
4. This must be signed by the local EM director or his/her official representative.