

# Kentucky Division of Emergency Management

## State Project Application

### Special Project Application

### Allocation Expenditure

#### 1. County Info

a. Jurisdiction \_\_\_\_\_

c. Address \_\_\_\_\_

e. Contact Name \_\_\_\_\_

b. Applicant \_\_\_\_\_

d. City/Zip \_\_\_\_\_

f. Telephone \_\_\_\_\_

#### 2. Proposed Funding

a. Jurisdiction \_\_\_\_\_

b. State share \_\_\_\_\_

c. Other (specify) \_\_\_\_\_

d. Total \_\_\_\_\_

e. AEL Number \_\_\_\_\_

#### 3. Project

##### a. Description

b. Proposed Start Date \_\_\_\_\_

c. Proposed Completion Date \_\_\_\_\_

d. Certification /Justification

#### 4. Application 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. \_\_\_\_\_  
Signature of Applicants Authorized Representative

b. \_\_\_\_\_  
Title

c. \_\_\_\_\_  
Date

#### For KYEM Office Use ONLY

Funds Approved (State Share): \_\_\_\_\_ Application Number: \_\_\_\_\_

#### Approval:

Director, Division of Emergency Management or authorized representative

Date of Approval: \_\_\_\_\_

## 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 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 \$250.00 limit. If "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. Mailing address of local EM agency (street, P.O.Box)
  - d. Mailing address of local EM agency (city, state, ZIP)
  - e. Tele[phone number of Person in Charge of Project
  - f. Name of Person in Charge of Project
- 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 toward this project, if any.
  - d. Total project funding.
  - e. AEL number
- 3
  - a. Give a brief description of item(s) to be purchased; attach any supplemental information.
  - b. When do you anticipate beginning this project?
  - c. When will the project be complete?
  - 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.

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