



Attachment B:

1. Provide a copy of applying agency's most recent GA EMS form 1000 Schedule B indicating qualifying replacement ambulance registration as of 01 January 2010.
2. Provide a notarized affidavit on applying agency letterhead that affirms to the following:
 - Agree that this equipment will be maintained in good working order for a period of no less than 5 years.
 - Agree that if this equipment is disposed of or otherwise discontinued a replacement plan will be implemented that is approved by Georgia Trauma Care Network Commission.
 - Agree to utilize this equipment within the 911 zone described in the application for the grant.
 - Agree that if the equipment is sold Georgia Trauma Care Network Commission will approve the disposal before the disposal is effected.
 - Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Care Network Commission to reallocate this equipment to another 911 providers.
 - Agree that these grant monies will not be used to supplant, decrease or reallocate the existing budgeted monies to the local 911 EMS Response system.
 - Agree to insure the unit for appropriate replacement/repair costs and agree to use funds received from any insurance settlement to either replace or repair the unit.
 - The agency receiving this unit agrees to participate in Georgia Trauma Care Network Commission-sponsored programs or initiatives in trauma system development, and to provide all data to the Trauma Commission as requested in this program.
 - Applying agency did bill for services in a manner consistent with CMS regulations and at a level at least equivalent to the current Medicare rates as of 31 December 2009.