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 will be placed into service by June 30, 2018. 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
		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 Stamp/Seal
My commission expires: _____