Kansas Board of Emergency Medical Services

900 S.W. Jackson, Suite 1031, Topeka, Kansas 66612
(785) 296-7296 FAX: (785) 296-6212

KRAF Grant Program CY 2026
Agreement of Service

Complete and return original documents, and retain a copy for your records

As a grantee under the terms of the Kansas Board of Emergency Medical Services Revolving and Assistance Fund (KRAF) Grant Program the undersigned hereby agrees to abide by the following requirements:

1. Awards shall not be transferable. Any funds disbursed pursuant to an award shall be properly used and accounted for at all times. Grantee is to be responsible for the preparation and maintenance of proper accounting records which shall be maintained for a period of not less than five (5) years and which shall be subject to and available for inspection by the Executive Director, State Inspector, or his agent for state audit inspections.

By applying for and accepting the awarded property, the recipient acknowledges their responsibility for a period of five years of receipt to:

1. Ensure the equipment and /or materials are available for annual inspection by a KBEMS representative; and
2. Ensure the equipment and/or materials are maintained in operational order and maintained accountability and maintenance of equipment and/or materials.

For the purposes of this requirement, property falls into three categories:

Equipment: Items costing above $300.
Materials: Durable items costing from $50. - $300.
Supplies: Expendable items OR items costing under $100.

In the event that an EMS Service surrenders their Service permit within 4 years of the award of the equipment and/or materials, the ownership of the same, reverts to the Board of EMS. If the owner/operator who has contracted for the equipment and/or materials has been absorbed under another KRAF eligible Permitted EMS Service who desires the equipment, the equipment may be transferred to the new owner/operator. The new owner/operator, upon receipt of the equipment assumes contractual responsibilities as identified above.

2. Grantee must comply with all conditions as noted on Award Letter. Should any audit reveal that funds were used for item(s) not awarded funding, the grantee shall be held responsible for repayment.

3. Equipment, which is awarded funding, is to be purchased new/used/refurbished, be operational, and all documentation must be submitted during the application process. If the grantee wishes to purchase an item that is not new, a request for a modification must be submitted in writing within ten (10) calendar days after the deadline. “Used/Refurbished” must be shown on the quote.

4. Grant funds are for purchased items only. Leased equipment is not eligible for reimbursement. A loan (for the match) on KRAF awarded equipment is not allowed.

5. No funds shall be provided for construction costs; vehicles; fire apparatus and/or equipment; daily operational costs such as expenses for electricity, gasoline or tires; disposable items; extended warranties or service/software agreements.

6. Ownership of any equipment purchased, in whole or in part, with the use of state monies shall be in the name of licensed ambulance service to which funding was awarded, or in the name of the local jurisdiction in which the organization is located. The equipment purchased in whole or in part with the use of state monies shall be used by the grantee and shall remain for use within the grantee's jurisdiction.

7. The grantee shall comply with all plans, policies, procedures, and guidelines adopted by the Kansas Board of Emergency Medical Services, as they may apply.

8. The grantee shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, color, creed, religion, sex, disability, or national origin.

9. All parties involved in the production of any component of a funded project should be aware that the KBEMS reserves the right to reproduce any such projects for state-wide use.

VERIFICATION
I, as the Operator, affirm that the grantee agrees to abide by all items listed in the Agreement for Services, and by signing below attests to this fact. Any fraudulent submissions for payment (or misrepresentations of any kind) may be considered sufficient cause for grant revocation, repayment and possible prosecution of both the Grantee and the Operator, whose name appears below.

Name of Grantee (Agency)	
Name and Title of Operator	**Print:**_____ **Signature:**_____
Daytime Phone No.	
E-mail address (if available)	
Signature of Service Director	**Print:**_____ **Signature:**_____
Federal Identification Number (FIN)	
Grant Number (KBEMS only)	
Date Executed (KBEMS only)	

NOTE: Your grant award may have a condition. This condition must be met in order to receive grant funds.