

Check List and Form Instructions

<input type="checkbox"/> Vendor Registration Information	<p>The vendor registration form is provided to help representatives at licensed ambulance services to obtain or update the site's AASIS number. An AASIS number is issued for the state accounting system and must be utilized for any vendor/subcontractor to obtain funds from the state.</p>
<input type="checkbox"/> Contract and Grant Disclosure Form	<p>Each licensed ambulance service must fill out the Contract and Grant Disclosure form and return it to the Section of EMS and Trauma Systems for processing with the grant paperwork. Instructions for filling out the Contract and Grant Disclosure sections are included to assist in filling out this form. If the individual or vendor areas asking about positions held do not apply to your service, you may check the "None of the Above Applies" boxes located below each section. Page two of this document requires a signature. Please remember to sign in Blue Ink.</p>
<input type="checkbox"/> W-9 Form	<p>Each licensed ambulance service must fill out a W-9 form and return it with the grant paperwork to receive funding from this program. Please be sure that information on this form matches the information listed in the AASIS System for the service. Please remember to sign in blue ink.</p>
<input type="checkbox"/> Budget Form	<p>Please fill out the attached budget form with an estimate of how the grant funding will be expended. This breakdown must equal the exact amount of the grant the licensed ambulance service will receive from the program and may not go beyond the total award amount.</p> <p>Electronic version available: http://www.healthyarkansas.com/ems/</p>
<input type="checkbox"/> Geographic Coverage Area Form	<p>Each licensed ambulance service must fill out the Geographic Coverage Area Form and return it with their grant paperwork. This form will allow the Section of EMS and Trauma Systems to indicate which counties in the state the service serves. This coverage area is required on the forms the Section of EMS and Trauma Systems must fill out to help the service to obtain funding. If an ambulance service primarily covers more than one county, please list the areas covered alphabetically.</p>

<input type="checkbox"/> Illegal Immigrant Certification Instructions	Each licensed ambulance service must follow the attached instructions to show that they do not employ illegal immigrants. Please follow the instructions to complete this registration on line. Be sure to print the screens along each step of the process. The printed screens showing that the service has completed the process must be returned to the Section of EMS and Trauma Systems with the grant paperwork. If these screens are not copied and printed during this procedure, it may be difficult to obtain a confirmation proving that the training site has completed this process.
<input type="checkbox"/> Required Information Form	Please be sure to fill out all of the information in the Required Information Form and return it with the grant paperwork. Information from this form will be utilized by the Section of EMS and Trauma Systems to complete the grant packet to allow each service to obtain funding from this program.