Certification Guidance for the COVID-19 Crisis Emergency Medical Service Grant (CEMS)

To begin your application, log into the Electronic Single Application for Assistance. https://dced.pa.gov/singleapp

If you already have an existing username and password, you DO NOT need to register for a new one.

General Facts

- Create a New Keystone Login Account – Registration
  - Click Register and enter all of the information into the fields with a red asterisk (*) next to them.
    - You will be asked to create your profile, login information and security questions.
  - If you have already created an account with another agency whose application uses the Keystone Login Service, you do not need to register another account with us.
  - If you create a Keystone Login account with us, you will be able to use this account with other agencies that use Keystone Login.
    - Some additional information may be required for those agencies.
- Keystone Login Services
  - There are many account options that can be configured for your Keystone Login account. Please see the help documents provided by the Keystone Login Service
  - Keystone Login account assistance or password resets, please contact the Keystone Global Help Desk at 877-328-0995
- If you need application technical assistance, please contact the DCED Customer Service Center Monday-Friday 8:30AM-5PM at 800-379-7448

Applications are best applied for by using Internet Explorer or Google Chrome and have not been tested with other browsers.

Electronic Single Application Login In Screen:
https://dced.pa.gov/singleapp

Login

What's New?
For an overview of the changes in the new Single Application, please read Help.

REVIEW INFORMATION BELOW

- YOUR SESSION HAS TIMED OUT OR YOU HAVE TRIED TO OPEN A PAGE FROM INSIDE YOUR HISTORY. PLEASE LOGIN AND TRY AGAIN.

Username

Password

LOGIN

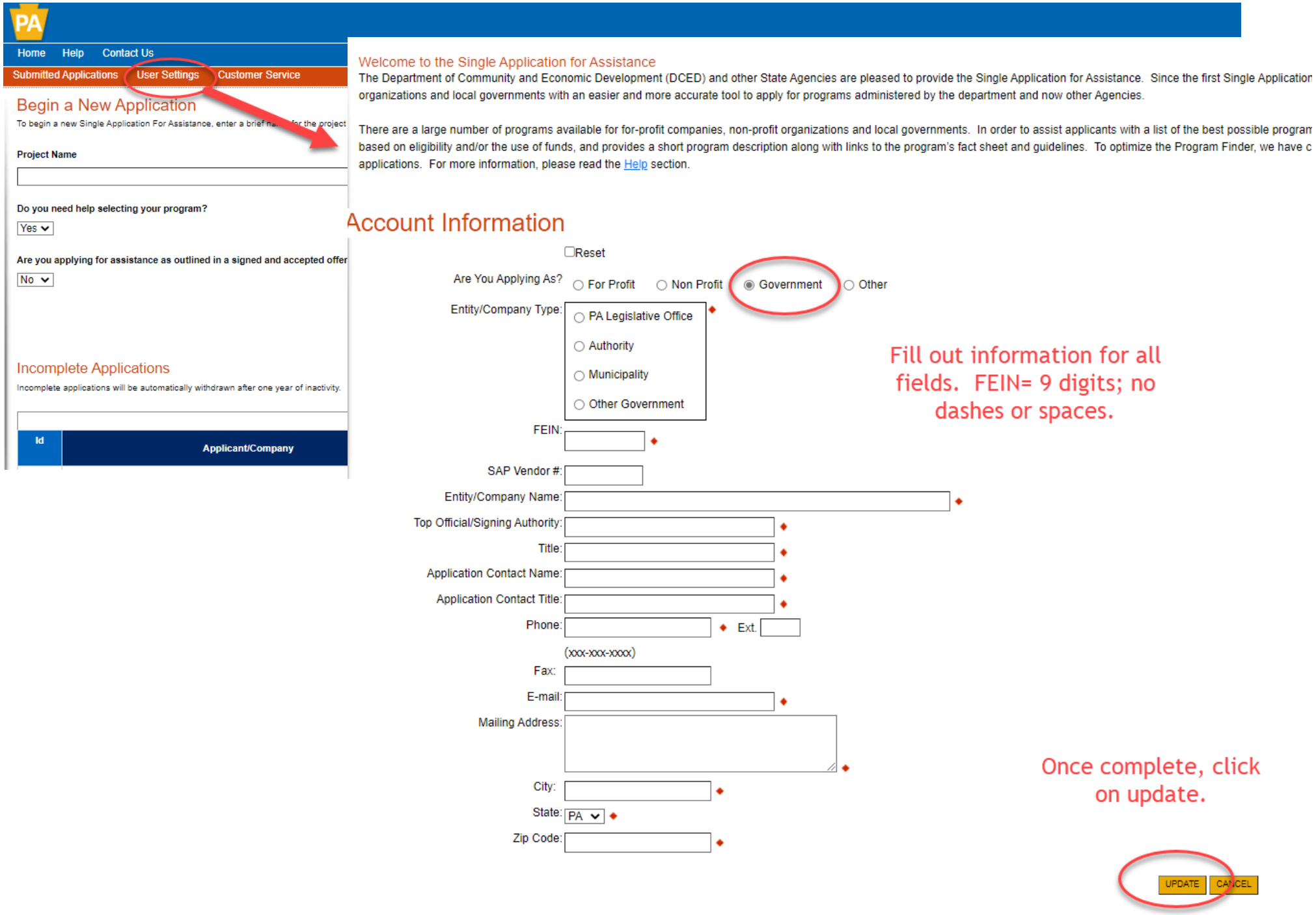
Powered by

PA KEYSTONE LOGIN

Register
Forgot Password
Forgot Username
Learn more about Keystone Login
Having Trouble Registering

IF AT ANY TIME YOU NEED TECHNICAL ASSISTANCE, PLEASE CALL DCED CUSTOMER SERVICE M-F 8:30AM-5PM
1-800-379-7448 or EMAIL: ra-dcedcs@pa.gov

UPDATING YOUR USER SETTINGS AFTER LOGIN: Click User Settings in the red ribbon, select government and enter information for all red diamond fields. Then click update.



HOW TO NAVIGATE THE ESA HOME SCREEN AND BEGIN A NEW APPLICATION FOR CERTIFICATION

PA

Home is a safe zone. If you need to walk away from your application to work on later, click HOME and your app will auto-save

Home Help Contact Us Logou

Submitted Applications User Settings Customer Service

Once you finish your application for certification and submit, you can view your submitted application by clicking on Submitted Applications.

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

Enter your project name here

1

Do you need help selecting your program?

No

2

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

No

3

CREATE A NEW APPLICATION

1. Enter your project name, example: My Township CEMS Grant
2. Select NO, you do not need help selecting your program.
3. Click Create A New Application

Incomplete Applications

Incomplete applications will be automatically withdrawn after one year of inactivity.

If you had to come back, find your incomplete application and click on edit to resume submission.

... 28 29 30 31 32 33 34 35 36 37

Id	Applicant/Company	Project Name	Program	Updated		
9199594	TESTING	Enter your project name here	PEMA COVID-19 Crisis Emergency Medical Service Grant (CEMS)	3/15/2022	EDIT	WITHDRAW

SELECTING A PROGRAM: Search for program by Keyword: EMS, then click on SEARCH and APPLY

Home Help Save Print Contact Us

Program

Agency: Pennsylvania Department of Community and Economic Development
Applicant:
Program: DCED

Web Application #: 9199594

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Select Program

To search for programs based on your organization and/or project, click the Program Finder button below.

1

Program Name
EMS

Sort By
Program Name

2

SEARCH PROGRAM FINDER

1 results. (Edit Search)

Search Results

Below Is an alphabetical listing of all programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program.

3

COVID-19 Crisis Emergency Medical Service Grant (CEMS) Apply

Pennsylvania Emergency Management Agency

Act 10 2022 established the EMS Covid grant program to provide funding to eligible EMS companies, to be used to provide services in response to the novel coronavirus pandemic. Eligible EMS companies must certify to be awarded a grant.

Additional Information: Guidelines

REQUIREMENTS: Enter the code you received in your EMS Letter/Packet. Check the box to acknowledge and click continue to enter the application for certification.

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Program Requirements

Agency: Pennsylvania Emergency Management Agency

Applicant:

Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS) Program Guidelines

Web Application #: 9199594

Red Diamond (◆) = Required Field.

Blue Diamond (◆) = Conditional Required Field.

REVIEW INFORMATION BELOW

- Before you can apply for COVID-19 Crisis Emergency Medical Service Grant (CEMS), you must complete the Pre-Application Requirements section below.

Requirements

Please enter the code provided by the agency to initiate the application ◆ 1

Please refer to your EMS Letter/Packet for your code.

****Please note** Pursuant to Act 10 of 2022, no application is required to receive grant funding for this program. This is only an application to submit your certification, NOT an application to receive grant funding. If you are a self-certified EMS company, duly-licensed by the Commonwealth of Pennsylvania pursuant to section 8129 of the EMS Systems Act, 35 Pa. C.S. § 8129, you will receive a grant award pursuant to Act 10 of 2022.**

To complete a certification on behalf of your EMS company, you will be asked to provide the following information:

1. DUNS Number

All entities wishing to do business with the federal government must have a unique entity identifier (UEI). Currently, the DUNS number, which is a unique nine-character identification number provided by Dun & Bradstreet (D&B) free of charge, is the official UEI. D&B assigns UEI (DUNS) for each physical location of a business.

Requesting a UEI (DUNS) takes about 10 minutes. Receiving a UEI (DUNS) takes 1–2 business days (under normal circumstances) when using the D&B web form. The federal government uses Unique Entity Identifier (UEI) numbers to track how federal money is allocated. https://www.dnb.com/duns-number/get-a-duns.html

A 12-digit Unique Entity Identifier (UEI) Number will be provided by SAM and accompanies an active SAM Registration.

2. An active SAM registration

You must have an active registration in the System for Award Management (SAM). There is no charge to register or maintain your organization's SAM registration.

You must renew your SAM registration every year to remain in active status. You can apply for (or renew) your SAM registration for free on the https://SAM.gov website. You will need your DUNS number to complete this registration.

Please note that SAM registration can take up to three weeks for processing. Delaying your SAM registration may affect how quickly you receive your grant funds.

3. FFATA Form (found on the Addenda page)

You will need to download and complete a Federal Funding Accountability and Transparency Act Sub-Recipient Data Sheet (FFATA Form). You will need your DUNS number to complete this form.

4. An active Commonwealth Vendor Number

Your must have an active Commonwealth Vendor Number for us to process your future grant contract and payments. You will need your organization's FEIN to complete this registration.

To check if you have an active vendor number, search for your municipality on our list of Verified Active Vendor Records.

If your municipality is not listed, you can complete your vendor registration online https://www.budget.pa.gov/Services/ForVendors/Pages/Non-Procurement-Help.aspx by choosing the Non-Procurement Registration option. Or you can call our Vendor Database Management Unit (VDMU) at 1-877-435-7363 and choose Option 1.

5. Sign-up for Direct Deposit (ACH payments)

All your future grant payments will be made through the Automated Clearing House (ACH). You will want to check that your vendor record has your bank account information. You can add/change bank account information in your vendor record at the PA Supplier Portal. (See the step-by-step guide for making changes to your vendor record.)

2 ☐ **By checking this box, you certify that you have read and understand the requirements prior to beginning the application for certification. Once you check this box you may continue into the application. ◆**

3 Continue

APPLICANT INFO: Fill out all red diamonds, then click continue.

Home Help Save Print Contact Us

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Agency

Applicant:

Web Application #: 9199594

Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS) Program Guidelines

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Application for Certification Page Hyperlinks to move from page to page within the app.

Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.

USE ACCOUNT INFORMATION

If you updated your user settings prior to beginning the application for certification, you can click on use account information to pre-populate a majority of this page.

Applicant Entity Type: ◆
- ○ Limited Liability Partnership
- ○ Partnership
- ○ Government
- ○ Non-Profit Corporation
- ○ Sole Proprietorship
- ○ Limited Liability Company
- ○ S Corporation
- ○ C Corporation

Applicant Name: ◆

NAICS Code ◆

FEIN/SSN Number ◆

*Please enter FEIN as 9 digits, no dash.

DUNS Number: ◆

UEI Number: ◆

Blue Diamonds are conditional, if required the Certification page will alert you to come back and fill in.

Top Official/Signing Authority: ◆

Title: ◆

SAP Vendor #: ◆

(xxxxxx or xxxxxx-xxx)

Contact Name: ◆

Contact Title: ◆

Phone: ◆ Ext.

(xxx-xxx-xxxx)

Fax:

E-mail: ◆

Mailing Address: ◆

City: ◆

State: PA

Zip Code: ◆

All RED Diamonds are required information fields. You must fill out all red diamonds in order to successfully submit.

Continue

PROJECT SITE: Select County and Municipality. House and Senate should auto-populate. Then Click continue.

Home Help Save Print Contact Us

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Agency
Applicant: TESTING
Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS) Program Guidelines

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Project Site Location(s)

Site 1

Address:

City:

State: PA

Zip Code:

County: -- Select County -- ◆

Municipality: -- Select Municipality -- ◆

PA House: ◆

PA Senate: ◆

Designated Areas:

- ☐ Act 47 Distressed Community
- ☐ Brownfield
- ☐ Enterprise Zone
- ☐ Greenfield
- ☐ Keystone Innovation Zone
- ☐ Keystone Opportunity Zone
- ☐ Prime Agricultural Area
- ☐ Uses PA Port

Continue

PROJECT NARRATIVE: You do not need to complete this section, please click on continue to proceed.

Home Help Save Print Contact Us

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Age

Applicant: TESTING

Program: COVID-19 Crisis Emergency Medic Service Grant (CEMS) Program Guidelines

Web Application #: 9199594

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Project Narrative

Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Addenda section or the Program Guidelines.

1. What do you plan to accomplish with this project? ◆

Character Count: 87 characters.

Please click continue at the bottom right. Nothing additional is needed in this field.

Continue

ADDENDA: Fill out all RED DIAMOND required fields, select one or more funding categories, download forms and FAQ's, Download, fill out and upload your filled out FFATA Form, enter signing authority information (2 different individuals and emails) and click continue once all red diamonds have been satisfied.

Home Help Save Print Contact Us

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Agency
Applicant: TESTING
Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS) Program Guidelines

Web Application #: 9199594

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try changing your program.

A. Certification of Eligibility Requirement

Act 10 of 2022 established the Emergency Medical Services Recovery Grant Program to be administered by the Office of the State Fire Commissioner (OSFC) in consultation with the Department of Health (DOH). **The grant shall be used by Emerg**
2022 requires each eligible EMS company to certify that a grant received pursuant to the Emergency Medical Services Grant Program shall be used for the purposes outlined under the annual grant program codified at 35 Pa. C.S. § 7823 (Award of g

In consideration of receiving a grant pursuant to Act 10 of 2022, I certify, as a duly authorized agent to bind the subrecipient eligible Emergency Medical Services agency that:

1

1. Licensed EMS Agency ◆

☑ By checking this box, I affirm that I have the authority to act on behalf of the EMS agency, and I further affirm that the EMS agency listed herein is duly-licensed by the Commonwealth of Pennsylvania pursuant to section 8

License # ◆

2

Affiliate # ◆

2. Active EMS License through June 30, 2023 ◆

☐ By checking this box, the currently licensed EMS agency agrees to maintain an active license pursuant to section 8129 of the EMS Systems Act, 35 Pa. C.S. § 8129 throughout the duration of the EMS COVID Grant (June

3. Novel Coronavirus ◆

☐ By checking this box, EMS agency agrees it will use the Emergency Medical Services Recovery Grant Program funds in response to the novel coronavirus pandemic.

4. Eligible Funding Categories ◆

☐ By checking this box, EMS agency will use the Emergency Medical Services Recovery Grant Program funds in one of the following categories (check one or more that apply to your agency's plans to use the grant funding)

- ☐ Construction and renovation of the EMS company's facilities and purchase or repair of fixtures, furnishings, office equipment and support services necessary to maintain or improve the capability of the services to provide a
- ☐ Repair of ambulance equipment or purchase thereof
- ☐ Debt reduction associated with paragraph (1) or (2)
- ☐ Training and certification of members
- ☐ Public Buildings
- ☐ Education of the general public regarding community risk reduction programs
- ☐ Recruitment and retention programs, including, but not limited to, programs for minors
- ☐ Revenue loss for grants issued in 2021 and 2022

ADDENDA Continued.

5. Federal Funding Requirements ◆

☑ By checking this box, the EMS agency acknowledges that the Emergency Medical Services Recovery Grant Program is being funded with federal dollars appropriated to the Cor seq. (the "ARPA Act), and therefore, EMS agency agrees to abide all associated federal requirements. Federal requirements can be found here:

https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds

6. Commonwealth Terms and Conditions ◆

☑ By checking this box, I have downloaded and read the additional specific Commonwealth Terms and Conditions and I agree to abide by these Terms and Conditions, which will b

Download Commonwealth Standard Terms and Conditions - Grant Agreements (OSFC) Revised March 2022.pdf

B. FFATA Requirement

Please download, fill out and re-upload your FFATA Form (for Federal Reporting Purposes). Please leave the contract number on the form BLANK ◆

Download FFATA(fillable) form .pdf

Upload Files

Use the control below to select your file. Each file can be no larger than 30MB.

File 1 | Choose File | No file chosen

Authorized Representative (President/VP of EMS Agency)

First Name ◆

Last Name ◆

Title ◆

Email Address ◆

2nd Authorized Representative (Secretary/Treasurer of EMS Agency)

Must include TWO different Signatory Authority Individuals and Emails

First Name ◆

Last Name ◆

Title (must differ from above) ◆

Email Address (must differ from above) ◆

Continue

CERTIFICATION PAGE –with missing items.

Home Help Save Print Contact Us

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Agency
Applicant: Test
Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS)

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field

Application Certification

The following sections are incomplete.

- All required fields marked with a red diamond (◆) must be completed before you are able to submit this application.
- All conditional fields marked with a blue diamond (◆) may be required to be completed before you are able to submit this application.

Applicant

- DUNS Number is Required
- UEI Number is Required

Addenda

- 2Authorized Email is required.

If you did not complete all RED Diamonds, the certification page will tell you what is still needed before you can successfully submit.

Click on the underlined page name and enter the fields as noted.

Your application Is automatically saved as you work. Feel free to exit this application and return at a later time.

TESTING

CERTIFICATION PAGE—no missing items. Check the electronic signature agreement. Select that you are an authorized representative of the company. Type your name (whomever is entering the application information; first and last). Check the electronic attachment agreement. Click on Submit application.

Home Help Save Print Contact Us Log

Program Requirements Applicant Project Site Narrative Addenda Certification

Agency: Pennsylvania Emergency Management Agency
Applicant: Test
Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS)

Web Application #: 8184409

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it for processing. **After submitting, you will no longer be able to make changes.**

1

Electronic Signature Agreement:

☐ By checking this box and typing your name in the below textbox, I hereby certify that all information contained in the single application and supporting materials submitted via the Internet and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

○ I am the applicant.

2

○ I am an authorized representative of the company, organization or local government.

○ I am a "Certified" Partner representative.

3

Type Name Here:

Electronic Attachment Agreement:

☐ Along with the web application, if you have been requested or need to send any documentation to PEMA please print and send a copy of your E-Signature and mail it to PEMA along with any paper supporting documents. You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

4

5

SUBMIT APPLICATION

CERTIFICATION CONFIRMATION AND SINGLE APPLICATION ID#

This will be the ONLY notice that you've successfully submitted your application.

Home Help Print Contact Us

Program Addenda Certification

Agency: Pennsylvania Emergency Management Agency
Applicant: Test
Program: COVID-19 Crisis Emergency Medical Service Grant (CEMS)

Web Application #: 8184409

Red Diamond (◆) = Required Field.
Blue Diamond (◆) = Conditional Required Field.

Application Certification

Single Application ID #: 202203153496

A 12 Digit Single Application ID# Generates ONLY UPON SUCCESSFUL completion and submission of your application for certification. Nothing further is needed at this time.

The web application has been successfully submitted for processing.

I hereby certify that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202203153496 and its attachments are true and correct and applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition c security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authoritie

The signature page may also be printed now. You may also print submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

Print Signature Page only

Print Entire Application with Signature Page

If you would like to print a copy or save to PDF a copy of your application of certification, you may click here to do that and save to your local PC. Otherwise, you can find your submitted applications by clicking on HOME and then SUBMITTED APPLICATIONS in the red ribbon.

The signature page along with any paper supporting documents can be mailed to the following address:

Pennsylvania Emergency Management Agency
At this time, Pennsylvania Emergency Management is not requesting any U. S. Postal mailings

Would you like to apply for another program for this project? If so, click the button below

ADD FUNDS TO THIS PROJECT