



EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items

ID. Code (The State EMS Program will assign the ID Code – leave this blank) C80

1. **County Name:** **Alachua County**

Business Address: **911 SE 5th Street**

Gainesville, Florida 32601

Telephone: **352-384-3101**

Federal Tax ID Number (Nine Digit Number): **VF 59-6000501**

2. **Certification:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the county shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

Signature: *Mike Byrd for R.H.*

Date: *12/16/2019*

Printed Name: **Robert Hutchinson**

Position Title: **Commission Chair**

3. **Contact Person:** (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: **Michael D. Cowart**

Position Title: **Assistant Chief – EMS Branch**

Address: **911 SE 5th Street**

Gainesville, Florida 32601

Telephone: **352-384-3117**

Fax Number: **352-337-6138**

E-mail Address: **mcowart@alachuacounty.us**

4. **Resolution:** Attach a resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. We cannot process for funds without this resolution.

5. **Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

Alachua County Fire Rescue

North Central Florida Trauma Agency

APPROVED AS TO FORM

ALACHUA COUNTY ATTORNEY

A. Salaries and Benefits:

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature with a normal expected life of one (1) year or more.

DH 1684, December 2008

FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

The agency name, address, and federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person in your organization who does business with the state to provide these.

Name of Agency: Alachua County

Mailing Address: 911 SE 5th Street

Gainesville, Florida 32601

Federal 9-digit Identification number: 59-6000501

3-digit seq. code

Authorized County Official: 

Signature

Date

12-10-19

Robert Hutchinson - Commission Chair

Type or Print Name and Title

Sign and return this page with your application to:

APPROVED AS TO FORM

J.K. "Jess" Irby, Esq.
Clerk of the Court

Florida Department of Health
Emergency Medical Services Unit, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722


ALACHUA COUNTY ATTORNEY

Do not write below this line. For use by State Emergency Medical Services Section

Grant Amount for State to Pay: \$ _____ Grant ID: Code: C80

Approved By: _____
Signature of State EMS Unit Supervisor Date

Approved By: _____
Signature of Contract Manager Date

State Fiscal Year: 2019 - 2020

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	05	SF005	751000	059998

Federal Tax ID: VF _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____