

### **Instructions: County Government Application Form 2019-2020**

The amount of your new grant is in the “Total” column of the county amount table at the state EMS website link.

The first application form page has five numbered items. The first three are self-explanatory.

However, note that **Item 2** on the first application page is where the county’s authorized person must provide his/her signature and date.

Item 4 describes the content of the “resolution.” Please provide this in your county’s customary format and approval process. The resolution must be current; or if a previous resolution has continuing authority, include a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

Item 5 of the first page of the application form asks for the name of the organization(s) to which you decide to allocate funds from your new county grant. The second page of the application form is the budget page, and one of these budget pages is needed for each organization listed in item 5,

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service.

All costs combined must total to the exact amount of new funds for your grant. You can request budget changes after the new grant begins.

Your budget totals in the application should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field.”

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to field.

### **Request for Grant Fund Distribution Form**

**Request for Grant Fund Distribution Form:** this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. The address on this form **must** be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and its corresponding 9-digit federal tax ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776 Monday to Friday, 8 a.m. to 6 p.m., or by email at: [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com).



## **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 5<sup>th</sup> 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:**

**Date:**

**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 5<sup>th</sup> 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

**BUDGET PAGE****A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

**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).

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.00

**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.

List the item and, if applicable, the quantity	Amount
North Central Florida Trauma Agency	\$650.02
Upgrade cervical collar	\$4,350.98
Mass Casualty Bus electronic upgrade	\$8,000.00
Foxtrot Litters	\$3,500.00
Advanced Airway Class	\$10,500.00
Critical Care Training	\$5,500.00
Total Vehicles & Equipment =	\$32,501.00
<u>Grand Total =</u>	<u>\$32,501.00</u>



**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 5<sup>th</sup> Street

Gainesville, Florida 32601

Federal 9-digit Identification number: 59-6000501 3-digit seq. code

Authorized County Official: \_\_\_\_\_  
Signature Date

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

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

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_