

EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

ID, Code (The State Bureau of EMS will assign the ID Code – leave this blank) **C**

1. County Name:	SUMTER
Business Address:	910 North Main Street, Suite 201 Bushnell, FL 33513
Telephone:	352-793-0200
Federal Tax ID Number (Nine Digit Number):	VF 59-8000865

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: 12-29-2009
Printed Name:	Doug Gilpin
Position Title:	Chairman

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:	Bradley S. Arnold
Position Title:	County Administrator
Address:	910 North Main Street, Suite 201 Bushnell, FL 33513
Telephone:	352-793-0200
Fax Number:	352-793-0207
E-mail Address:	bradley.arnold@sumtercountyfl.gov

4. Resolution: Attach a current 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.
--

5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Sumter County Fire Rescue, Lake-Sumter EMS, The Villages Public Safety Department

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

Board of Sumter County Commissioners

Name of Agency: _____

Mailing Address: _____
910 North Main Street, Suite 201
Bushnell, FL 33513

Federal Identification number _____ 59-6000865

Authorized Official: _____ 12-29-2009

Signature

Date

Doug Gilpin, Chairman

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID: Code: _____

Approved By : _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____

Organization Code E.O. OCA Object Code
64-42-10-00-000 750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Board of Sumter County Commissioners Grant ID Code: C8060

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
193-193-528-6450 Machine & Equipment < \$1,000		
193-193-528-6400 Machine & Equipment > \$1,000		
TOTAL \$3,351.39	\$ 0.00	\$ 3,351.39

Justification For Change:

Rollover unspent 08/09 grant funds and provide spending authority. Funds will be used for king airways - 18 items total at \$34.19 each for a grand total of \$615.42, infant airway intubation model - 1 item totaling \$562.00, lung & heart sounds generator - 1 item totaling \$865.00, cardiac arrhythmia generator - 1 item totaling \$555.00, Thomas Advanced Life Support Pack Ultra - 1 item totaling \$475.00, LA Rescue ALS Attach Pack Pro - 1 item totaling \$187.75, and an Oxygen Duffel - 1 item totaling \$91.22.

12-29-2009

Signature of Authorized Official Date

For department use only.

Approved Yes No Change No: _____

Department's Authorized Representative Date

Account Number	Descrip	Bgt/Beg Bal	MTD Amt	YTD Amt	Out Enc	Balance	%EXP
193-193-526-5200	OPERATING SUPPLIES	.00	.00	.00	.00	.00	.0
193-193-526-5400	BOOKS, SUBSCRIPT, DUES	.00	.00	.00	.00	.00	.0
193-193-526-6400	MACH & EQPT => \$1,000	13,570.00	.00	11,904.14	.00	1,665.86	87.7
193-193-526-6450	MACH & EQPT < \$1,000	28,639.00	1,081.05	26,952.97	.00	1,686.03	94.1
	** GRAND TOTAL **	42,209.00	1,081.05	38,857.11	.00	3,351.89	92.1

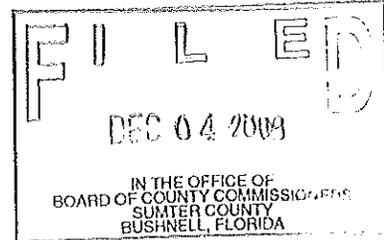


Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

October 23, 2009

Chairperson
Sumter County BOCC
910 N. Main Street
Bushnell, FL 33513



Dear Chairperson:

We are pleased to announce that effective the date above you may apply for your county's state EMS annual grant for the improvement and expansion of emergency medical services (EMS). The amount of your grant award is \$29,615.00. The sum is 45 percent of the funds your county deposited into the state EMS Trust Fund for traffic fine surcharges as specified in Section 401.113(1), *Florida Statutes*.

This grant is not competitive and your application for funds to improve and expand EMS will be approved if the required forms are properly completed, signed, and submitted. Also, your organization must be in compliance with other state grant requirements. Replacement and ongoing costs are not allowable. We are again using the 2002 edition grant booklet and forms. If you need a copy please contact me or obtain them online at <http://www.fl-ems.com/Grants/Grants.html>.

The application forms are pages 3-5 in the grant booklet. Item 4 in the application form describes and requires a current resolution from the Board of County Commissioners (BOCC). Complete and return the original plus one copy of DH Form 1684, DH Form 1767P, and the resolution (all three documents must be signed) to the following address:

EMS County Grant Program
DOH Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, FL 32399-1738

The deadline for us to receive completed applications is January 29, 2010, 5:00 PM, Eastern Standard Time. We will process completed applications after this deadline for those who will receive advance payment of your grant funds.

Thank you for your cooperation and support to improve and expand access to quality EMS. Please contact me at telephone (850) 245-4440, extension *2734, if you have any questions.

Sincerely,

Alan Van Lewen
Health Services and Facilities Consultant
Grant ~~Admin~~

cc: Ms. Amanda Taylor

Commrs	<u>5</u>	Pub Wks Div	_____
Co Atty	_____	Bldg & Dev Div	_____
Co Fin	_____	Admin Div	<u>budget</u>
		Com Svcs Div	_____

12-4-09
cm