

**FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT SECTION**

## 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 who does business with the state for your organization to provide these.

Name of Agency: Broward County

Mailing Address: 115 South Andrews Avenue

Ft. Lauderdale, FL 33301

Federal Identification number: 59-6000531

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

Bertha W. Henry, County Administrator

Type or Print Name and Title

*Sign and return this page with your application to:*

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

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

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: C60 \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

<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	750000	059998

Federal Tax ID: VF \_\_\_\_\_

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