

County Government Application Form 2018-2019

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** 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 one has continuing authority, please include with it 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 organizations that will receive 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 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.



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) C70

1. County Name: Broward County
Business Address: 115 South Andrews Avenue
Fort Lauderdale, FL 33301
Telephone: 954-357-5234
Federal Tax ID Number (Nine Digit Number): VF 59-6000531

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: Bertha W. Henry
Position Title: County Administrator

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: Alison Zerbe
Position Title: Manager, Trauma and EMS Section, Office of Medical Examiner and Trauma Services
Address: 5301 SW 31st Avenue
Fort Lauderdale, FL 33312
Telephone: 954-357-5234 Fax Number: NA
E-mail Address: azerbe@broward.org

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) Fire Chiefs' Association of Broward County
City of Hollywood

BUDGET PAGE- Fire Chiefs' Association of Broward County

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
23 rd Annual First (1 st) There First (1 st) Care EMS Conference providing training and education of 500+ EMS and nursing personnel.	\$50,000.00
Total Expenses =	\$50,000.00

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
Total Vehicles & Equipment =	\$ 0.00
Grand Total =	\$50,000.00

BUDGET PAGE- City of Hollywood

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
Stop the Bleed training and education throughout Broward County. Providing bystanders (immediate responders) with base information on the simple steps they can take in an emergency to stop life threatening bleeding.	\$1,016.00
One year subscription for acuity online scheduler	\$400.00
Total Expenses =	\$1,416.00

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
50 Stop the Bleed Training Cubes (Cost per unit: \$150.00)	\$7,500.00
50 Training Tourniquets (Cost per unit: \$30.00)	\$1,500.00
583 Stop the Bleed Kits (Cost per unit: \$50.00)	\$29,150.00
550 Bleeding Control Wall Mounts (Cost per unit: \$55.00)	\$30,250.00
Municipal EMS agencies will work with their communities to distribute bleeding control kits in public spaces near AED devices throughout Broward County.	
Total Vehicles & Equipment =	\$68,400.00
Grand Total =	\$119,816.00

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: Broward County

Mailing Address: 115 South Andrews Avenue

Fort Lauderdale, FL 33301

Federal 9-digit Identification number: 59-6000531 3-digit seq. code

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 Unit, 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 Section

Grant Amount for State to Pay: \$ Grant ID: Code: C70

Approved By: Signature of State EMS Unit Supervisor Date

Approved By: Signature of Contract Manager Date

State Fiscal Year: 2018 - 2019

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: