

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: