



**EMS COUNTY GRANT APPLICATION 2022 - 2023**

**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)** \_\_\_\_\_

<b>1. County Name:</b>	Hernando County Board of County Commissioners
<b>Business Address:</b>	15470 Flight Path Drive Brooksville, FL 34604
<b>Telephone:</b>	352-540-4353
<b>Federal Tax ID Number (Nine Digit Number):</b>	VF 59-1155275

**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.

<b>Signature:</b>	<b>Date:</b>
Printed Name: Steve Champion	
Position Title: Chairman, Board of County Commissioners	

**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.)

<b>Name:</b>	Marie Austin
<b>Position Title:</b>	Finance Specialist
<b>Address:</b>	15470 Flight Path Drive Brooksville, FL 34604
<b>Telephone:</b>	352-540-4353
<b>Fax Number:</b>	
<b>E-mail Address:</b>	maustin@hernandocounty.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)

Hernando County Fire and Emergency Services	\$19,334



**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 county name, address, and corresponding federal ID number used herein must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state can provide these.

Name of County: Hernando County Board of County Commissioners

Mailing Address: 15470 Flight Path Drive

Brooksville, FL 34604

Federal 9-digit Identification number: 59-1155275 3-digit seq. code \_\_\_\_\_

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

Steve Champion, Chairman  
Type or Print Name and Title

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

BY [Signature]  
County Attorney's Office

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: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of Contract Manager \_\_\_\_\_ Date \_\_\_\_\_

State Fiscal Year: 2022 - 2023

<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: \_\_\_\_\_