

EMS COUNTY GRANT APPLICATION 2022 - 2023

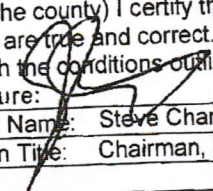


**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items**

ID. Code (The State EMS Program will assign the ID Code - leave this blank)

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

Signature:  **Date:** 10/11/2022
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.)

Name: Marie Austin
Position Title: Finance Specialist
Address: 15470 Flight Path Drive
 Brooksville, FL 34604
Telephone: 352-540-4353 **Fax Number:**
E-mail Address: 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 10/11/2022

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: _____ Date _____
Signature of State EMS Unit Supervisor

Approved By: _____ Date _____
Signature of Contract Manager

State Fiscal Year: 2022 - 2023

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: _____



Quotation

Quotation#:

08/31/2022

Account Number: 113536-ESHIP001

BILL-TO

HERNANDO CO FIRE AND EMERG SVCS
60 VETERANS AVE
BROOKSVILLE, FL 34601-3206

Ship Method: NO FRT

Payment Terms: NET 30

SHIP-TO

HERNANDO CO FIRE AND EMERG SVCS
60 VETERANS AVE
BROOKSVILLE, FL 34601-3206

Contact Name

Phone Number

Item	UOM	Description	Qty	Price	Ext.Price	Exp.Date
2146-KVA14	1/EA	King Vision Pediatric aBlade Adapter, for aBlade Size 1 and 2	3	\$ 625.00	\$1,875.00	12/31/2022
2146-KV131	1/EA	King Vision aBlade Kit incl 1 Reusable Digital Display, 4 Channeled, 2 St. Adapter	3	\$ 1,437.50	\$4,312.50	12/31/2022

Quote Total \$6,187.50

Comments:

Brett Holden

Boundtree | Account Manager
7320 Kingspointe Pkwy #580 | Orlando, FL 32819
Phone: 813-545-6514 | Fax:
Brett.Holden@boundtree.com |

Sales tax will be applied to customers who are not exempt.
Shipping charges will be prepaid and added to the invoice unless otherwise stated.
This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

To place an order, please visit our website at www.boundtree.com, login and add to your shopping cart
or call (800) 533-0523
fax (800) 257-5713



Stair Chair x 3

Quote Number: 10566364

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308
Chicago, IL 60673-3308

Prepared For: HERNANDO COUNTY FIRE AND EMER SVCS

Rep: Ted Piper

Attn:

Email: ted.piper@stryker.com

Phone Number:

Quote Date: 08/08/2022

Expiration Date: 09/30/2022

Delivery Address

End User - Shipping - Billing

Bill To Account

Name: HERNANDO COUNTY FIRE AND EMER SVCS

Name: HERNANDO COUNTY FIRE AND EMER SVCS

Name: HERNANDO COUNTY FIRE AND EMER SVCS

Account #: 1186363

Account #: 1186363

Account #: 1528554

Address: 60 VETERANS AVE

Address: 60 VETERANS AVE

Address: 15470 FLIGHT PATH DR

BROOKSVILLE

BROOKSVILLE

BROOKSVILLE

Florida 34601-3206

Florida 34601-3206

Florida 34604-6823

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	6252000000	Stair-PRO Model 6252	3	\$3,646.26	\$10,938.78
1.1	7777881660	1 year parts, labor & travel			
1.2	6252009001	Stair-Pro Operations Manual			
1.3	6250001162	In-Service Video (DVD)			
1.4	6252026000	Common Components			
1.5	6250021000	2 Piece ABS Panel Seat			
1.6	6250160000	Polypropelene Restraint Set(Plastic Buckles)			
1.7	6252022000	Main Frame Assy Option			
1.8	6250024000	Standard Length Lower LiftHandles			
1.9	6252027000	Footrest Option			
1.10	6252024000	No IV Clip Option			

Equipment Total: \$10,938.78

Price Totals:

Estimated Sales Tax (0.000%): \$0.00

Freight/Shipping: \$82.05

Grand Total: \$11,020.83



Stair Chair x 3

Quote Number: 10566364

Version: 1

Prepared For: HERNANDO COUNTY FIRE AND EMER SVCS

Attn:

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Ted Piper

Email:

ted.piper@stryker.com

Phone Number:

Quote Date: 08/08/2022

Expiration Date: 09/30/2022

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.



Quote

Company Info: Pediatric Emergency Standards, Inc.
11870 State Rd 84 Suite C5
Davie, FL 33325

Expiration Date: 9/1/2022
Quote Number: Q-04075

Phone: (954) 944-1114
FAX: (954) 653-3792

Account Name: Hernando County Fire & Emergency Services
Account #: 100057

Client Contact: JP Medani
Account Rep: Jay Mendiola

Bill To: HC Consolidated Fire
HC Fire Administration
60 Veterans Ave.
Brooksville, Florida 34601

Ship To: 60 Veterans Avenue

Brooksville, Florida 34601

Product Code	Description	Quantity	List Price	Unit Price	Total
HPB6100	Each Pediatric Bag includes: 7 Equipment Pouches Side Compartment Organizer	3.000	\$490.00	\$490.00	\$1,470.00

Subtotal \$1,470.00
Total Price \$1,470.00
Tax \$0.00
Shipping and Handling \$42.31
Total \$1,512.31

To place an order, please email or fax a copy of the signed Quote and Purchase Order to: Sales@Handtevy.com or (954) 653-3792.

PES requires execution of a Purchase Order for all sales above \$5,000 before applicable freight and taxes. The undersigned, on behalf of Customer, represents that he or she has the authority to sign this Quote and/or Purchase Order for Customer, that Customer is bound hereby and agrees to the terms, conditions and pricing denoted. Taxes, shipping and handling fees are estimates only and are subject to change at the time of order. Customer may provide PES with a tax exemption certificate, if applicable.

It is our customers responsibility to provide the most up-to-date and accurate protocol set. Additional fees will apply in the event a protocol set was submitted in error once customization has been initiated.

_____	_____
(Print Name)	(Title)
_____	_____
(Authorized Signature)	(Effective Date)