

## 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 offined in the Florida EMS County Grant Application.  Signature:  Printed Name: Steve Champion  Position Title: Chairman, Board of County Commissioners	d Ն				
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					
Telembores 050 540 4050					
Telephone: 352-540-4353 Fax Number:  E-mail Address: maustin@hernandocounty.us	_				
L-man Address. Madstin@nemandocounty.us	_				
<b>4. Resolution:</b> 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 <u>cannot process</u> for funds without this resolution.					
E Opposition Lists Complete a hydrest name(a) for each apposition, which at your antion you will	_				
<b>5. Organization List:</b> 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					

**BUDGET PAGE -** When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, <u>right</u> click your mouse, then <u>left</u> click "Update Field" on the resulting menu.

#### 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 =	941	•	
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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

Amount
\$4,459.35
\$2,024.82
\$11,020.83
\$ 1,512.31
\$19,017.31

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 =	\$ 0.00		

# 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.

grant rand distribut	ion for the improven	TOTAL GARAGOSTI O	pro noopital zino.	
DOH Remit Payment To: The county name, addre MyFloridaMarketPlace (MF state can provide these.				
Name of County: _	Hernando County	Board of County Co	mmissioners	
Mailing Address:	15470 Flight Path	Drive		
_	Brooksville, FL 3	34604		
Federal 9-digit Ident	tification number: 5	9-1155275	3-digit seq. co	ode
Authorized County (	Signature Steve Char	mpion, Chairman t Name and Title	Date 10\	1/3033
PROVED AS TO FORM ND LEGAL SUFFICIENCY County Attorney's Office Do not write be	Florida Emergency I 4052 Bal Tallahas	this page with your ap a Department of Healt Medical Services Unit Id Cypress Way, Bin A see, Florida 32399-1	th , Grants A-22	Section
Grant Amount for State to Pay	v: \$	Grant ID: Code:		
_Approved By:Signature o	of State EMS Unit Sup	ervisor	Date	
Approved By: Signature of	of Contract Manager		Date	
State Fiscal Year: 2022	- 2023			
Organization Code         E.O.           64-61-70-30-000         05	OCA SF005	Object Code 751000	Category 059998	
Federal Tax ID: VF		Seq. Code:		
Grant Beginning Date:	Gra	ant Ending Date:		