



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:  Date 10/11/2022

Signature _____
Date _____
Steve Champion, Chairman
Type or Print Name and Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY 
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: _____