

# CONTRACT SUMMARY

This contract action has completed the Department’s routing process and has received the required approvals for execution.

Division/CHD/Office:	Division of Emergency Preparedness and Community Support
Provider Name:	Hernando County Board of County Commissioners
Contract Number:	C2426
Original Contract Amount:	\$20,625.00
Total Contract Amount (executed actions):	N/A
Original Contract Start Date:	June 1, 2024
Contract End Date (executed actions):	May 31, 2025

**DESCRIPTION OF CONTRACTUAL SERVICES:**

Expansion and enhancement of Emergency Medical Services in area of coverage as outlined in the approved grant application (Attachment A).

**CONTRACT ACTION:**

AMENDMENT(Y/N):	N	AMENDMENT AMOUNT:	N/A
CHANGE TO TERM(Y/N):	N	START DATE:	N/A
		END DATE:	N/A
RENEWAL:	N	RENEWAL AMOUNT:	N/A
START DATE:	N/A	END DATE:	N/A

**DESCRIPTION OF CONTRACT AMENDMENT ACTION:**

N/A

**This contract complies with all of the following requirements:**

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value



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**MEMORANDUM OF AGREEMENT  
BETWEEN  
The FLORIDA DEPARTMENT OF HEALTH  
And  
Hernando County Board of County Commissioners**

This Memorandum of Agreement "Agreement" for Emergency Medical Services County Grants, is entered into between the Florida Department of Health "Department", and Hernando County Board of County Commissioners "Grantee", each a "Party" and jointly referred to as the "Parties". In consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

**SECTION I: DEFINITIONS**

**A. Definition of Terms:**

- 1) Quarter: A three-month period of the executed agreement. The quarters for this Agreement are July through September (Quarter One); October through December (Quarter Two); January through March (Quarter Three); and April through June (Quarter Four).
- 2) Emergency Medical Services (EMS): A system that responds to emergencies in need of highly skilled pre-hospital clinicians.
- 3) Emergency Medical Services County Grant: Grant funds divided among Florida's 67 counties according to the proportion of the combined amount deposited in the trust fund from the county. These funds may not be used to match grant funds.
- 4) Grantee: A county emergency medical services organization for which the Department has approved an application for an Emergency Medical Services County Grant.

**SECTION II: GENERAL TERMS AND CONDITIONS**

- A. General Statement: The Grantee will receive \$20,625.00 from General Appropriation 516 of the 2024-2025 Appropriations Act Laws of Florida, "Grants and Aids – Emergency Medical Services County Grants from Emergency Medical Services Trust Fund."
- B. Legal Authority: This Agreement is made pursuant to the Specific Appropriation Line item 516, 2024-2025 Appropriations Act and Section 401.111, Florida Statutes.
- C. Entire Agreement: This Agreement embodies the entire Agreement and understanding between the Parties, on the subject hereof.



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- D. Term: The term of this Agreement is June 1, 2024 to May 31, 2025, or upon completion of the project, or whichever is sooner.

SECTION III: PROPERTY AND EQUIPMENT

- A. Property and equipment are defined as non-expendable, tangible property having a useful life of more than one year with a cost of \$5,000 or more.
1. All property and equipment purchased with Emergency Medical Services County Grant funds must be:
    - a. Necessary to carry out the approved project;
    - b. Justified to and pre-approved by the Department;
    - c. Inventoried and tracked throughout the grant period; and
    - d. Protected with sufficient insurance and security safeguards.
- B. All approved property and equipment must be purchased and received prior to the last three months of the grant period unless prior written approval from the Department has been obtained.
- C. All equipment purchased with grant funds is the property of the grantee, and is subject to Chapter 273, Florida Statutes, dealing with state-owned tangible personal property and the disposition thereof. For research institutions not covered under Chapter 1000, Florida Statutes, equipment no longer deemed to be useful will remain state property and must be transferred or donated to a state agency or public university for redistribution or disposition.

SECTION IV: SERVICES TO BE PROVIDED

- A. Task List: Grantee will perform the following tasks:
- 1) Ensure the following tasks are performed as needed:
    - a. Grantee must complete the project as specified in the Department approved Emergency Medical Services County Grant Program application (Attachment A hereinafter referred to as the "Project").
    - b. Grantee will obtain all supplies, services, and labor for use in the performance of this MOA at the lowest practicable cost and by means of competitive bidding wherever practicable or required by Florida law.



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- c. Provide a quarterly report to the Department outlining all items that were purchased during the quarter, as well as any remaining items to be purchased during the contract term.

SECTION V: DELIVERABLES AND METHOD OF PAYMENT

A. Deliverables: Grantee must complete and submit the following deliverable in the time and manner specified:

- 1) Quarterly: The Grantee must provide a quarterly report, reflecting all purchases made in accordance with the approved Attachment A, to the Department demonstrating progress toward completion of the Project as specified in the Department approved Attachment A.

B. Method of Payment:

- 1) Payment: This is a 100% advance payment.
- 2) Reporting Requirements: Grantee must submit a properly completed quarterly report to the Agreement Manager within 15 days of the end of each quarter. At a minimum, each report must be submitted on Grantee's letterhead, provide the invoice date, and all activities completed during the invoice period. On a separate page, the Grantee must provide the following:
  - a) Beginning budget amount;
  - b) Amount spent year to date;
  - c) Amount remaining in budget;
  - d) Statement certifying the accuracy of the invoice; and
  - e) Signature of an individual with the authority to bind the Grantee.

3) Matching of State Funds

Funds received from the Department for this grant shall not be used as Matching Funds for any Projects.

C. Special Provisions:

- 1) Allowable Costs: The Grantee may expend funds only for allowable costs resulting from obligations incurred during the Agreement term. Allowable costs are those that are related to the approved Attachment A.
- 2) Return of Funds: Any balance of unobligated funds advanced or paid, or funds that were not expended in accordance with the Attachment A must be refunded

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to the Department within three months of the grant end date.

- 3) Monitoring: The Grantee must permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, or goods and services of the Grantee that are relevant to this grant, and interview any clients, sub-contractors, and employees of the Grantee to assure the Department of satisfactory performance of the Terms and Conditions of this grant. Monitoring may take place at any time during the grant period or records retention period, with reasonable advance notice, during normal business hours. Following such evaluation, the Department may deliver to Grantee a written report of its findings and may include written recommendations with regard to Grantee's performance of the Terms and Conditions of this grant. Grantee will correct all noted deficiencies identified by the Department within the specified period of time set forth in the recommendations. Grantee's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Department, result in any one or a combination of the following: 1) Grantee being deemed in breach or default of this Agreement; 2) the termination of this grant.
- 4) Duties of Designated Grant Manager: The Grant Manager designated by the Department shall reconcile and verify all funds received against all funds expended during the term of this Agreement period and produce a final reconciliation report. The final report for this project must identify any funds paid in excess of the expenditures incurred by the Grantee or Sub-recipient.
- 5) Sovereign Immunity: Pursuant to section 768.28, Florida Statutes, the Department is immune from civil or criminal liability resulting from acts or omissions of the Grantee and the Grantee's agents, employees, or assigns.
- 6) Governing Law and Venue: This Agreement is executed and entered into in the State of Florida and will be construed and performed under the laws, rules, and regulations of the State of Florida. Venue must be in Leon County, Florida, to the exclusion of all other jurisdictions.
- 7) Indemnification: Grantee will be liable for, and indemnify, defend, and hold the Department harmless from and against all claims, demands, suits, judgments, or damages, including, but not limited to, court costs and attorneys' fees and damages resulting from personal injury, including death or damage to property, arising out of the negligence, intentional or unintentional acts or omissions of the Grantee, and the Grantee's agents, assignees, sub-contractors, and employees, that may arise during the course of the operation of this Agreement, or that arise out of or relating to the subject property, the Project, or the use of grant money.
- 8) Modification: This Agreement may only be amended in writing and upon mutual agreement by the Parties.
- 9) Termination:



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- a) Termination Because of Lack of Funds: It is agreed that in the event funds to finance this Agreement, or part of this Agreement, become unavailable, the obligations of each Party, hereunder may be terminated upon no less than 24 hours' notice in writing to the other Party. Said notice will be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Department will be the final authority as to the availability of state funds, and how any remaining funds will be allocated among Grantees.
  
- b) Termination for Breach: Unless the Grantee's breach is excused by the Department, the Department may provide written notice to the Grantee specifically setting forth the breach and allow a 30-calendar day period whereby the Grantee may cure any such breach. The Department may terminate any part or the whole of this Agreement in any of the following circumstances:
  - i. If Grantee fails to provide services called for by this Agreement within the time specified herein or any extension thereof.
  - ii. If Grantee fails to perform any of the other provisions of this Agreement.
  - iii. Except as set forth above, termination will be upon no less than 24 hours' notice in writing delivered by certified mail, return receipt requested, or in person with proof of delivery.
  
- c) All provisions of this Agreement that were not terminated, amended, or modified will remain in full effect and Grantee will continue performance under any remaining provisions.
  
- d) After receipt of a notice of termination, and except as otherwise directed in writing, the Grantee will:
  - i. Stop work under this Agreement on the date and to the extent specified in the notice of termination and take any other actions as directed in writing from the Department.
  - ii. Place no further orders or contracts for materials, services, or facilities except as may be necessary for completion of such portion of work under the Agreement as is not terminated.
  - iii. Terminate all outstanding orders and contracts to the extent that they relate to the performance of work under this Agreement.
  - iv. Prepare all necessary reports and documents required under the terms of this Agreement. Documents must be prepared up to the date of termination and include the final report due upon completion of this Agreement. The Department will provide no



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additional funds for administrative fees or for the completion of final reports after the date of termination.

- v. Notwithstanding anything to the contrary set forth herein, upon termination of this Agreement, the Grantee may continue work on the Project that is the subject of this MOA so long as such work is funded by sources other than the Department.
- 10) **Notice:** Any notices given by either party to the other party under this Agreement will be in writing and sent either: via email to the designated email address, by overnight courier, with a verified receipt; or by registered or certified United States Mail, postage prepaid. Either party's specified point of contacts may be changed by notifying the other party a minimum of one week prior to such change. Notice will be deemed sufficiently given upon receipt at the following addresses:
- Department: Doug Woodlief  
Director, Division of Emergency Preparedness and Community Support  
4052 Bald Cypress Way, Bin A-26  
Tallahassee, FL, 32399  
Doug.Woodlief@flhealth.gov
- Grantee: Elizabeth Narverud, Chairman  
Hernando County Board of County Commissioners  
15470 Flight Path Drive  
Brooksville, FL 34604
- 11) **Cooperation with Inspectors General:** To the extent applicable, the Parties will cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), Florida Statutes.
- 12) **Public Records:** The Grantee must keep and maintain public records, as defined in Chapter 119, Florida Statutes that are required by the Department to perform the services required by the grant. Questions regarding the application of Chapter 119, Florida Statutes, and its duty to provide public records relating to this Agreement, contact the custodian of public records at (850) 245-4005, PublicRecordsRequest@flhealth.gov or 4052 Bald Cypress Way, Bin A02, Tallahassee, FL 32399.



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SECTION V: AUTHORIZATION

**IN WITNESS THEREOF**, the Parties hereto have caused this 7-page Agreement to be executed by their undersigned, duly authorized, officials:

Grantee: Hernando County Board of County Commissioners

DocuSigned by:

*Elizabeth Narverud*

Date: 6/28/2024

Name: Elizabeth Narverud  
Title: Chairman

Florida Department of Health

DocuSigned by:

*Douglas Woodlief*

Date: 6/28/2024

Name: Doug Woodlief  
Title: Director, Division of Emergency Preparedness and Community Support

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
BY *[Signature]*  
County Attorney's Office



**Certificate Of Completion**

Envelope Id: C4F5BDBCA8734AB783B5B247697AC8F7  
 Subject: Contract C2426: Is routing for execution  
 Source Envelope:  
 Document Pages: 8  
 Certificate Pages: 5  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:  
 Lexie Easton  
 alexandra.easton@flhealth.gov  
 IP Address: 167.78.8.36

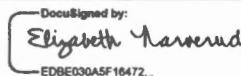
**Record Tracking**

Status: Original  
 6/26/2024 8:29:12 AM  
 Holder: Lexie Easton  
 alexandra.easton@flhealth.gov  
 Location: DocuSign

**Signer Events**

Elizabeth Narverud  
 enarverud@hernandocounty.us  
 Security Level: Email, Account Authentication (None)

**Signature**


DocuSigned by:  
  
 ED8E030A5F16472...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 35.145.244.93

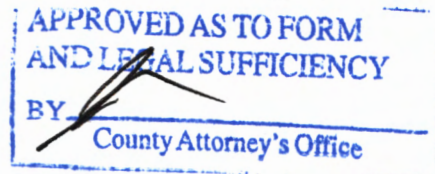
**Timestamp**

Sent: 6/26/2024 8:34:44 AM  
 Resent: 6/28/2024 1:20:29 PM  
 Viewed: 6/28/2024 2:26:10 PM  
 Signed: 6/28/2024 2:26:46 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 6/28/2024 2:26:10 PM  
 ID: 72c6497d-f8a6-4bda-9511-b013f42d6738

Douglas Woodlief  
 Douglas.Woodlief@flhealth.gov  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 557AE857A3A48D...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 167.78.37.35



Sent: 6/28/2024 2:26:47 PM  
 Viewed: 6/28/2024 2:57:20 PM  
 Signed: 6/28/2024 2:57:28 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 6/28/2024 2:57:20 PM  
 ID: 0aa81032-0989-444f-8837-6b08adeb2c43

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Amy Lefstead  
 Amy.Lefstead@flhealth.gov  
 Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 6/26/2024 8:34:43 AM  
 Viewed: 6/26/2024 9:59:07 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 6/28/2024 11:06:35 AM  
 ID: 9fa033a1-cb62-410e-b311-1ba025c68af2

Carbon Copy Events	Status	Timestamp
Sam Samlal Sam.Samlal@flhealth.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/18/2024 4:10:38 PM ID: 697812f1-b4a6-4561-b0ca-0d278bbf733a	<b>COPIED</b>	Sent: 6/26/2024 8:34:43 AM

Michael Leffler Michael.Leffler@flhealth.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 6/29/2021 4:15:43 PM ID: c470aa58-2070-4b5b-900c-a8cfd43ee9af	<b>COPIED</b>	Sent: 6/26/2024 8:34:44 AM Viewed: 6/26/2024 8:51:07 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/26/2024 8:34:44 AM
Certified Delivered	Security Checked	6/28/2024 2:57:20 PM
Signing Complete	Security Checked	6/28/2024 2:57:28 PM
Completed	Security Checked	6/28/2024 2:57:28 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Carahsoft OBO Florida Department of Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact Carahsoft OBO Florida Department of Health:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [antonio.dawkins@flhealth.gov](mailto:antonio.dawkins@flhealth.gov)

**To advise Carahsoft OBO Florida Department of Health of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [antonio.dawkins@flhealth.gov](mailto:antonio.dawkins@flhealth.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from Carahsoft OBO Florida Department of Health**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [antonio.dawkins@flhealth.gov](mailto:antonio.dawkins@flhealth.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Florida Department of Health**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [antonio.dawkins@flhealth.gov](mailto:antonio.dawkins@flhealth.gov) and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>•Allow per session cookies</li> <li>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Florida Department of Health as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Florida Department of Health during the course of my relationship with you.

# Attachment A



## **EMS COUNTY GRANT APPLICATION**

**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> <b>Hernando County</b>
<b>Business Address:</b> <b>15470 Flight Path Drive</b>
<b>Brocksville FL 34604</b>
<b>Telephone:</b> <b>352-540-4353</b>
<b>Federal Tax ID Number (Nine Digit Number):</b> <b>VF 59-1155275</b>

<b>2. Certification:</b> (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> <i>Elizabeth Narverud</i> <b>Date:</b> 12/12/23
<b>Printed Name:</b> <i>Elizabeth Narverud</i>
<b>Position Title:</b> <b>Chairman, Board of County Commissioners</b>

<b>3. Contact Person:</b> (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> <b>Kelly Trout</b>
<b>Position Title:</b> <b>Finance Manager</b>
<b>Address:</b> <b>15470 Flight Path Drive</b>
<b>Brooksville FL 34604</b>
<b>Telephone:</b> 352-540-4353 <b>Fax Number:</b>
<b>E-mail Address:</b> <b>kt trout@co.hernando.fl.us</b>

<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.
--

<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)
<b>Hernando County Fire Rescue - \$20,625.00</b>

**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, right click your mouse, then left 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.	<b>Amount</b>
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**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 excluding expenditures classified as operating capital outlay (see next category).

<b>List the item and, if applicable, the quantity</b>	<b>Amount</b>
<b>Total Expenses =</b>	<b>\$ 0.00</b>

**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.

<b>List the item and, if applicable, the quantity</b>	<b>Amount</b>
11 CR2 AEDs including cases (\$1,875.00 each)	20,625.00
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 20,625.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$ 20,625.00</u></b>

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

Mailing Address: 15470 Flight Path Drive

Brooksville, FL 34604

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

Authorized County Official: Elizabeth Narverud 12/12/2023  
Signature Date

Elizabeth Narverud  
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: \_\_\_\_\_

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

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

State Fiscal Year: 2023 - 2024

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



RESOLUTION 2023- 241

WHEREAS, the State of Florida, Department of Health, Bureau of Emergency Medical Services, administers a grant pursuant to Section 401.113(2)(a), Florida Statutes, the proceeds of which are to be used for the improvement of pre-hospital Emergency Medical Services; and,

WHEREAS, Hernando County provides such pre-hospital Emergency Medical Services; and,

WHEREAS, Hernando County desires to obtain said funds to improve pre-hospital Emergency Medical Services.

NOW, THEREFORE, BE IT RESOLVED BY THE HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS AS FOLLOWS:

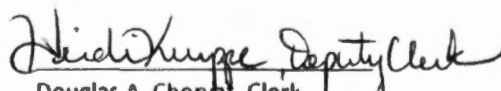
Section 1. Hernando County hereby requests any funding available from the Department of Health, Bureau of Emergency Medical Services, pursuant to Section 401.113(2)(a), Florida Statutes.

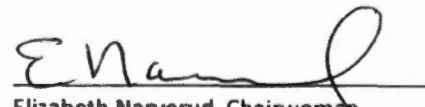
Section 2. Such funds received shall be used to improve and expand the pre-hospital Emergency Medical Services System in Hernando County.

Section 3. None of these funds received shall be used to supplant existing Hernando County Budget allocations for Emergency Medical Services.

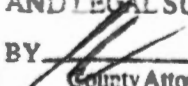
ADOPTED in Regular Session this 12th day of December 2023, A.D.

Attest:

  
Douglas A. Chorvat, Clerk  
Clerk of Court

  
Elizabeth Narverud, Chairwoman  
Board of County Commissioners  
Hernando County, Florida



APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
BY   
County Attorney's Office