

November 22, 2000

SUBJECT: State Emergency Medical Services Matching Grant Application Package

TO: Requestors of Year 2000 Matching Grant Application Package
Prior Year Applications Contacts

Enclosed is the Emergency Medical Services matching grant application package you requested. The actual application is page 24 through page 29. Anyone applying for a 75% state 25% local matching grant must use this application form. If needed, you may copy the application. Failure to use this form will cause the application to be denied. A copy of the Florida Administrative Weekly publication announcing the solicitation of grant applications is also contained in this envelope. Each applicant must comply with all of the instructions in both the application package and the Florida Administrative Weekly notice.

The Bureau of Emergency Medical Services must receive completed applications with the required 12 copies no later than 3:00 p.m., Eastern standard time, Monday, February 5, 2001. The completed application(s) must be submitted in an envelope marked "EMS Matching Grant". Please do not place any other mail to the Bureau in the envelope with the application. Applications received after the deadline, regardless of the postmark will be returned to the applicant unopened. The completed application must be mailed or hand delivered to the addresses listed in the application.

If you have any questions please contact either Alan Van Lewen or me at (850) 245-4444, extension 2734 or 2737.

ED WILSON, JR.
Program Administrator
Grants Unit

Enclosure

1-487500

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

EMS MATCHING GRANT PROGRAM

APPLICATION MANUAL

TABLE OF CONTENTS

SECTION:	PAGE
1. INTRODUCTION.....	1
2. ELIGIBILITY.....	1
3. APPLICATION PROCESS.....	2

APPENDICES:

A. TERMS, CONDITIONS AND REQUIREMENTS	5
B. EXPENDITURE REPORT (GOVERNMENTAL AGENCIES/NOT-FOR-PROFIT ORGANIZATIONS).....	14
C. REQUEST FOR REIMBURSEMENT (FOR-PROFIT ORGANIZATIONS)	15
D. REQUEST FOR CHANGE.....	16
E. RADIO EQUIPMENT WORKSHEET	17
F. MANDATORY CRITERIA.....	18
G. SCORING WORKSHEET	20

THIS MANUAL IS THE BUREAU OF EMERGENCY MEDICAL SERVICES GRANT MANUAL REFERRED TO IN RULE 64E-2.030, FLORIDA ADMINISTRATIVE CODE (F.A.C.).

INTRODUCTION

Grant programs assist licensed EMS providers and qualified first responder organizations in improving and expanding EMS systems.

To apply for any state EMS matching grant, a local agency or EMS organization must meet specific eligibility requirements. Applicants certify they will meet all the requirements in this manual when they sign the application.

Retain this manual. It contains the forms for reports, budget changes and reimbursements.

ELIGIBILITY

To apply for funding under the EMS Grant Program, a Board of County Commissioners and an emergency medical services organization must meet the following threshold criteria:

1. The requested grant funds must be used for the improvement and expansion of services provided;
2. The requested grant funds must be used for one or more of the following activities as stated in section 401.113 (2)(b), Florida Statutes (F.S.):
 - A. **INCREASING EXISTING LEVELS OF EMERGENCY MEDICAL SERVICES:** Projects should be for activities or services to treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons within the state. Funds cannot be used for land acquisition or construction projects.
 - B. **EVALUATION:** Projects which directly evaluate the efficiency and effectiveness of EMS services.
 - C. **COMMUNITY EDUCATION:** Activities must be for public (nonprofessional) education in injury prevention or accessing 9-1-1.
 - D. **TRAINING IN CPR AND OTHER LIFE SAVING AND FIRST AID TECHNIQUES:** Projects for public (nonprofessional) education and for training of first responders are eligible.
 - E. **CONDUCTING RESEARCH:** Projects should be designed to extend the level or scope of EMS knowledge, techniques, and practices that will directly improve or expand patient care in the present or near future.

Process For Matching Grants

APPLICATION PACKAGE:

To obtain an application package contact:

Matching Grants
Department of Health
Bureau of Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738
(850) 245-4440 or SUNCOM 205-4440

FORM TO USE:

Applicants must submit the form titled EMS Matching Grant Application (DH Form 1767, Jan. 99).

The applicant must complete the form and send the original and the number of copies specified in the FAW notice announcing the availability of grants.

DEADLINE:

The department must receive matching grant application(s) no later than the deadline advertised in the FAW. The department reserves the right to extend the deadline in the case of an official declared state of emergency or other extraordinary occurrence. Notification will be advertised in the FAW.

MANDATORY CRITERIA:

The department shall review and determine if application(s) meet mandatory criteria (Appendix F). Any application which does not meet the mandatory criteria may be rejected by the department and not reviewed by the team.

State EMS bureau staff may complete the mandatory criteria section of the evaluation worksheet for applications.

Any proceedings by a substantially affected person shall be governed by the Florida Administrative Procedures Act, Chapter, 120 F.S.

TEAM EVALUATION:

The minimum score of 70 percent is necessary for consideration for funding. Prior to making an award the EMS evaluation review team and the department may increase, decrease, adjust, or otherwise modify a matching grant application budget by any amount.

Completing The Application

ITEMS 1 and 2 NAMES: Legal name of organization. The applicant signatory who has authority to sign contracts, grants, and other legal documents.

The contact person (item 2) is the individual who will have direct knowledge of the project on a day to day basis. This person may sign project reports and request project changes. The signer and contact person may be the same or different individuals.

ITEM 3 LEGAL STATUS: Place a check mark beside only one of the choices.

ITEM 4 THE FEDERAL TAX IDENTIFICATION NUMBER: This is a nine digit number. Florida tax numbers begin with 59.

ITEM 5: Authorized medical director signature.

ITEM 6: Relationship to state plan goal.

ITEM 7 PROJECT DESCRIPTION/JUSTIFICATION: This is the NEED STATEMENT. Describe and justify the project. Include: (1) all available numerical data, time frames for the data, data source; (2) number of people directly impacted by the grant(s); (3) whether the project will serve single municipality, county, multicounty, or regional area; and (4) whether the project will be coordinated with other EMS organizations.

Make clear and quantify need in order to bring about change. Cite the source for all information, (e.g., run reports, 9-1-1 logs, other specific source) and the geographic area in which the project will take place.

Data should be specific to the geographic area of the project.

ITEM 8 PROJECT OUTCOME: The measurable degree to which the need will be met or changed.

ITEM 9 WORK ACTIVITIES AND TIME FRAMES: Indicate procedure for delivery of project.

ITEM 10 BUDGET: If the project involves agencies other than EMS, the budget should be for the proportion which EMS would use.

SALARIES: Payment for salaries must be for positions or staff over the level of current funding.

EXPENSES: Project expenses for matching grants must be in direct support of the project. INDIRECT OR GENERAL COSTS are not allowable.

EQUIPMENT: Cost for specific equipment is listed here. The department will provide 75% of funding of equipment costs.

Radio Equipment worksheet completed for all communications projects (Appendix E).

ITEM 11 ADVANCED PAYMENT: This item is only for not-for-profit organizations. The application signer of not-for-profit organizations must complete this item down through the signature and printed name. The authorized official identified in Item 1 must sign this page where indicated.

ITEM 12 ASSURANCES: The authorized official identified in item 1 signs and dates this page.

FUNDING

NOTICE OF GRANT AWARD: The department will send a Notice of Grant Award to each successful grant applicant. This letter is the official notification by the department to fund the grant. The letter will contain the amount of the award, the beginning and ending dates of the grant and any possible limitations on execution of the grant.

UNSUCCESSFUL APPLICATIONS: The department will notify all unsuccessful applicants.

FINAL AUTHORITY: The department has final authority for all EMS Grant Program funding decisions.

**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

EMS MATCHING GRANT PROGRAM

APPENDICES

TERMS, CONDITIONS AND REQUIREMENTS

GENERAL

The grantee hereby agrees to: a) improve the existing quality of prehospital EMS activities, services, or to decrease patient mortality and morbidity; and b) to expand the extent, size, or number of existing prehospital EMS activities or services. The activities and services the grantee must provide are described in the grant application submitted by the grantee and its department approved revisions on file with the department.

1. **Statutes and Rules:** The prehospital EMS grant activities will be conducted by the grantee consistent with Chapter 401, F.S., and the applicable rules, the work plan which is included in the grantee's state EMS Grant Application, and its department approved revisions which are on file with the department. Further, the grantee agrees to implement all provisions of the grant in accordance with federal, state, and local laws, rules, regulations, and policies.
2. **Confidentiality:** The grantee shall not use or disclose any client/patient information under this grant for any purpose not in conformity with state and federal regulations (45 CFR, Part 205.50) except upon written consent of the client/patient or his/her responsible parent or guardian as authorized by law.
3. **First Responder Organizations:** First responder organizations must attach a copy of the Memorandum of Understanding (MOU) with a licensed provider. If there is no MOU, attach documentation that reasonable effort was made to obtain one, that the organization operates cooperatively with providers, or that the organization requested but did not receive a response from providers in the area.
4. **Availability of Funds:** Department grants are subject to the availability of funds. The department's performance and obligation to pay under the grants are contingent upon a sufficient annual appropriation by the Florida Legislature and adequate cash in the EMS Trust Fund.
5. **Computer Hardware/Software:** The grantee agrees that all computer hardware and software purchases shall be approved in writing by the bureau. Costs of computer equipment and activities which do not have this approval are not allowable. For technical assistance contact the bureau at (850) 245-4440 or (SC) 205-4440.
6. **Communications:** The grantee agrees that all communications activities, services, and equipment shall be approved in writing by the Florida Department of Management Services, Information Technology Program (ITP) as required by s. 401.024, F.S. The written approval must be dated after the beginning date of the grant and prior to any commitment to purchase the requested equipment and/or services. This approval is required in addition to any previous ITP recommendation, review, conceptual, or other approval dated prior to the beginning date of the grant. Costs incurred prior to the grant starting date cannot be paid under the grant. For further information contact:

Director
Information Technology Program
Department of Management Services
4050 Esplanade Way, Building 4030
Tallahassee, Florida 32399-0950.
(850) 922-7415 or (SC) 292-7415

7. **Helistops and Heliports:** The grantee agrees that all aviation activities and services must be approved by the Florida Department of Transportation. For technical assistance contact:

Inspection & Licensing Program Manager
Aviation Office
State of Florida
Department of Transportation
605 Suwannee St., M.S. 46
Tallahassee, FL 32399-0450
850-414-4509

8. **Vehicles and Equipment:** The grantee shall own all items, including vehicles and equipment purchased with state EMS grant funds, unless otherwise described in the grant application. The grantee shall clearly document the assignment of equipment ownership and usage, and maintain these documents so they are available during monitoring by the state. The owner of vehicles and equipment purchased with state EMS grant funds shall be responsible for its proper insurance, licensing, permitting, and maintenance.

When any state EMS grant funded equipment ceases to have any useful life it may be sold for scrap or disposed of in the customary way that the agency disposes of equipment which has no further functional use. The grantee must use the resulting funds, if any, for prehospital EMS in Florida.

9. **Transfer of Property:** A private organization is the owner of any equipment funded in whole or part by state EMS grant funds. If the services cease within five years after the grant ends, the ownership of the equipment must be transferred to the local agency. There shall be no cost to the recipient organization.
10. **Maintenance of Effort:** Any improvement or expansion brought about in whole or part by grant funds will be maintained as specified in the approved application, unless the department agrees in writing to allow the change.
11. **Record Keeping and Monitoring:** The grantee agrees to assign a person to maintain a file for each grant which includes a copy of the Notice of Grant Award letter, department approved application including approved budget and all appendices, approved changes, and this grant manual. The grantee shall ensure that any financial working papers or other official documents related to this activity are made available to the department or its designee upon request, for a period of five years from the ending date of the grant. The grantee, subgrantee(s) or contractor(s) and assignee(s) shall provide during reasonable hours whatever information is necessary for the department to monitor the grant, including access to patient records related to the grant.

12. **Disallowed Expenditures:** The grantee agrees to comply with the provisions of sections 11.062 and 216.347, F.S., which prohibit the expenditure of grant funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.
Upon determination by the department that the grantee has expended grant funds for purposes not in accordance with this agreement or has failed to provide matching funds, grantee agrees to:
- A. Deposit the amount of the disallowed expenditure or deficiency in matching funds into the account maintained by the grantee prior to ending date of the grant; and,
 - B. Refund to the department the disallowed expenditures or deficiency in matching funds after the ending date of the grant.

NOTIFICATION

If the department determines the grantee cannot document grant funds received from the department were expended in accordance with this grant agreement or the grantee has failed to provide the agreed matching contribution:

- A. Before the grant ends, the grantee, upon notification, will deposit the amount of the disallowed funds into the account maintained by the grantee.
- B. After the grant ends, the grantee, upon notification, will refund the amount to the department within 40 days of notification.

All unobligated, disallowed costs, and interest on grant funds must be returned to the department within 40 days of notification.

13. **Supplanting Funds:** The grantee shall not use any county or matching grant funds to supplant or replace any other funds, unless specified in the approved application. County award funds dispensed under section 401.113(2)(a), F.S., cannot be used to fulfill the matching requirement for any state EMS matching grant under section 401.113(2)(b), F.S.
14. **Program Income, Fees, and Other Cash:** The total income resulting from any project activities shall be applied to the grant project.
15. **Indemnification:** If the grantee is a state agency or subdivision as defined in section 768.28(2), F.S., the following paragraph is applicable.
- Any grantee who is a state agency or subdivision, as defined in section 768.28(2), F.S., agrees to be fully responsible for its negligent acts or omissions or intentional tortious acts which result in claims or suits against the department, and agrees to be liable for any damages caused by said acts or omissions. Nothing herein is intended to serve as a waiver of sovereign immunity by any grantee to which sovereign immunity applies. Nothing herein shall be construed as consent by a state agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of any grant. The grantee agrees that it is independent of the department and not an agent or employee, unless it is organizationally within the department.
16. **Notice of Grant Award:** The Notice of Grant Award letter and the contents of this manual, contain by reference, all regulations, rules, and other conditions governing this grant.

17. **Advance Payment:** Advance distribution payments for not-for-profit and governmental organizations may be made after the Notice of Grant Award letter is sent to the grantee.
18. **Final Payment:** Any payments due the grantee under the terms of this grant may be withheld until the grantee provides all completed reports and has met all prior grant obligations.
19. **Bank Accounts:** EMS grant funds shall be deposited in an account maintained by the grantee, and each grant shall be assigned a unique accounting code designator for deposits, disbursements and expenditures. All department grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.
20. **Use of Grant Funds:** EMS grant funds shall be used between the beginning and ending dates of the grant.

The authority to spend or encumber grant funds expires on the ending date of the grant. Encumbered funds must be paid within 40 days of the grant ending date, after which time their expenditure will be disallowed.

21. **Appeals:** Any proceedings by a substantially affected person shall be governed by the Florida Administrative Procedures Act, Chapter 120, F.S.
22. **Request for Change:** The grantee shall obtain written approval from the Bureau of Emergency Medical Services grant manager, on the Request for Change form (Appendix D) prior to any of the following changes to the approved grant budget.
 - A. Extension of the grant's ending date. All extensions of the grant must be requested and approved before the ending date.
 - B. Changes in the project activities. The department may approve all changes in the matching grant which will improve the efficiency or effectiveness.
23. **Reports/Documentation:** The grantee shall send to the department reports by the dates specified in the Notice of Award letter or other written notification by the department. Both expenditure and progress reports are required during the grant and for the final reports. For each report:

Complete the expenditure blank (Appendix B). Indicate earned interest on the state funds to date. If there is no interest earned, indicate zero.

The grantee must submit a final expenditure and narrative report no later than 40 days after the grant ending date.

24. **Travel Costs:** Travel and per diem expenses shall be in compliance with section 112.061, F.S. The grantee shall be solely responsible for all costs:
 - A. which the grantee pays prior to the beginning date of the project;
 - B. which the grantee does not encumber before the grant ending date; and,
 - C. which the grantee encumbered before the grant ending date but pays 40 or more days after the ending date of the grant.

25. **Sponsorship Statement:** The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

**“Sponsored by [EMSO Name] and the Florida Department of Health,
Bureau of Emergency Medical Services”.**

If the sponsorship reference is in written or other visual material, the words “State of Florida, Department of Health, Bureau of Emergency Medical Services” shall appear in the same size letter or type as the name of the grantee’s organization. A copy of materials shall be sent to the department within three weeks of reproduction and delivery to the grantee. Failure to comply with this requirement will result in disallowance of the expenditure.

26. **Copyright:** The grantee acknowledges that the legal title and every right, interest, claim or demand of any kind in and to any patent, trademark or copyright, or application for the same, owned or held as a result of this grant, or as may hereafter be acquired, owned and held by the grantee or its agents, is hereby granted to and vested in the Department of State for the use and benefit of the State of Florida. No person, firm or corporation shall be entitled to use of the same without the written consent of said Department of State, pursuant to s. 286.021, F.S.
27. **Permanence of Agreement:** The grantee agrees that compliance with this assurance constitutes a condition of continued receipt of, or benefit from department funds, and that it is binding upon the grantee and assignees for the period during which such assistance is provided. In the event of failure to comply, the grantee understands that the department may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief.
28. **Department Held Harmless:** The department shall not be liable for violations by grantees of any laws, rules, ordinances, regulations, or guidelines.
29. **Compliance with BEMS:** All applicants should check with the EMS grant officer for compliance issues. Noncompliance with previous or outstanding grants will not be considered for funding.

FINANCIAL

1. **Cash Match:** The grantee agrees that the grantee's cash match will be available and used within the beginning and ending dates of the grant.
2. **Close-out:** Within 40 days of the regular ending date of a grant, the grantee must send the department all funds due to the department.
- A Other Refunds.** The department will provide written notification to the grantee that a refund is due, and allow 40 days for the payment to be sent.
- B. Late Refunds.** If the funds are not remitted within 40 days, the department will charge interest of one percent per month compounded on the outstanding balance. Days will be calculated from the day the amount was booked as a receivable by the department. If necessary, the department will initiate legal action to recover the funds and any costs and attorney's fees authorized by law.

3. **Termination by the Department:** Failure to meet the financial, activity, reporting, performance, or other obligations under this grant may result in termination of the grant.

A. Termination of grants to not-for-profit organizations will require the return of any unexpended state funds, plus interest, to the department. Expended funds are those spent and matched before the termination date, in accordance with the project's approved budget.

B. Grants to for-profit organizations may be terminated for cause. The department shall only reimburse for authorized and matched expenditures made prior to the termination date.

4. **Termination by the Grantee:** Grantees desiring to terminate the grant must notify the department in writing. The department must receive notice of termination before any funds are issued and agree to the termination.

5. **Termination by Sale Transfer:** Responsibility for a grant cannot be transferred to another agency or organization under any circumstances.

If the organization awarded a grant is sold to another organization, the grant will terminate automatically on the date the sale is final.

If the sale occurs within five years after a grant ends, funds must be returned to the department on a pro rata basis.

6. **Early Termination:** If the project accomplishes its objectives before the grant ending date, the grantee may request that the grant be closed, and send a final expenditure and narrative report. If the state EMS grant manager approves, the grant will close, and the grantee will be notified.

7. **Reduction of Grant:** Reduction of grant activities and budget not in the approved application or approved by the department, will require return of the grant funds plus interest. The grantee must send the funds within 40 days of written notification by the department.

After five years or other time requirement is met, all equipment purchased with state EMS grant funds must continue to be used for prehospital EMS in Florida throughout its useful life, whether owned by the grantee or others. If a violation occurs, one half of the current value of the equipment must be returned to the state by the grantee.

When any state EMS grant-funded equipment ceases to have any useful life it may be sold for scrap or disposed of in the customary procedure of the agency. The resulting funds must be used for prehospital EMS in Florida.

REVISIONS

The grantee shall obtain written approval from the state EMS grant manager on the grant change request form (Appendix D), prior to any of the following:

1. adding a new line item;
2. increasing a salary or other payment to an individual for services by more than ten percent unless the increase is specified in the application;

3. changing the total amount of salary funds within a grant budget by more than ten percent;
4. beginning a sub-grantee or contractor relationship not specifically identified in the approved application.

EXTENSION OF GRANT ENDING DATE

No grant extension can be approved after the ending date of the grant. All extensions must be requested and approved before the ending date. Extensions will not be given for avoidable delays.

CHANGES IN THE WORK PLAN OR PROJECT ACTIVITIES

Complete the form in Appendix D to request changes and revisions. Do not implement any change without the prior written approval of the state EMS grant manager.

SPECIAL CONDITIONS APPLICABLE TO FOR-PROFIT ORGANIZATIONS

The method of payment to for-profit organizations is cost reimbursement. For-profit organizations shall request reimbursement as follows:

1. Submit reimbursement requests to the department accompanied by signed invoices and copies of both sides of the payment checks. If the grantee doesn't regularly receive copies of checks from its financial institution, the department may accept other documentation evidencing payment.

The invoices must clearly indicate the service or product delivered, date delivered, date paid, item cost, total cost, and the person receiving the service or product.

2. The grantee shall submit reimbursement requests using DH Form 1767R, Jan. 99, shown in Appendix C in accordance with the approved line item budget on file with the department.

A copy of the approved budget must be in the reimbursement material. The grantee must show which item in the budget corresponds to each item in the reimbursement form. Every item on the reimbursement form must be identical to or clearly included under the approved budget items.

3. The grantee shall submit invoices for personnel services and fees on a time/rate basis. The invoices must identify each individual by name, state the services provided, the time period covered by the invoice, and the hourly rate and number of hours worked for each individual. Appropriate time sheets or time logs must accompany the invoice.
4. The grantee must submit a final invoice for payment to the department within 40 days after the grant ends or is terminated. If the grantee fails to comply and does not obtain a written waiver from the department, all rights to payment are forfeited.

REVIEW TEAM

The state EMS Bureau Chief or designee may appoint a minimum of five persons to comprise the matching grant review team. The department shall reimburse the expenses of team members as provided by law.

The Bureau Chief or designee may select a review team knowledgeable about EMS. The team shall serve for two years unless otherwise provided. The review team will use criteria and materials provided by the department and review, rate, and offer a funding recommendation. The department has final authority for the funding decisions.

AUDIT REQUIREMENTS

FINANCIAL AND COMPLIANCE AUDIT

This section is applicable if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit performed by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

The provider agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by contract number for each grant with the department in effect during the audit period.

Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved.

If the provider has received any funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 216.349, Florida Statutes, and indicate on the schedule of financial assistance which grants are funded from state grants and aids appropriations. The provider has "received" funds when it has obtained the cash from the department or when it has incurred reimbursable expenses.

SECTION 216.349 FLORIDA STATUTES

(GRANTS AND AIDS APPROPRIATIONS)

If the provider receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 216.349, Florida Statutes. The audit report shall include a schedule of financial assistance which discloses each state contract by number and indicates which grants are funded from state grants and aids appropriations. The provider has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The provider agrees to submit the reports as shown below:

SUBMISSION OF REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the provider's fiscal year to the following, unless otherwise required by Florida Statutes:

A. Office of Inspector General

4052 Bald Cypress Way, Bin A-03
Tallahassee, Florida 32399

B. Department of Health

Bureau of Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738

C. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 216.349, Florida Statutes:

Jim Dwyer
Office of the Auditor General
P. O. Box 1735
Tallahassee, Florida 32302

The provider shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

APPENDIX B:

**Florida Department of Health
EMS Matching Grant Program**

Expenditure Report

for Governmental Agencies and Not-for-Profit Organizations

Name of Grantee: _____ Grant ID Code: _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount \$ _____; as of _____
Day Month Year

Final Report (Check one): Yes No

Major Line Items	Applicant Match	State Grant Funds	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$	\$	\$
TOTAL BUDGETED EXPENDITURES	\$	\$	\$

Actual Expenditure to Date by Major Line Item(s)	\$	\$	\$
TOTAL EXPENDITURES	\$	\$	\$

BALANCE (Budgeted Less Actual Expenditures)	\$	\$	\$
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Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

Signature of Authorized Official

Date

APPENDIX C:

**FLORIDA DEPARTMENT OF HEALTH
EMS MATCHING GRANT PROGRAM**

Request for Reimbursement

(For-Profit Entity Only)

Grant I.D. Code: _____ Grantee Organizational
Name: _____

CATEGORIES	APPLICANT MATCH	STATE FUNDS	TOTAL
Reimbursement for Expenditures for this request by Budget Line Item:	\$	\$	\$
TOTAL REIMBURSEMENT THIS REQUEST	\$	\$	\$

I Certify the above report is true and correct. Expenditures were made only for items allowed by the above referenced grant.

Signature of Authorized Official

Date

Bureau of EMS Use Only

Signature & Title of BEMS Grant Officer

\$ _____
Reimbursement
Amount

Date

APPENDIX D:

**Florida Department of Health
EMS Matching Grant Program**

Request for Change

Name of Grantee: _____ Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

Justification For Change:

_____ _____
 Signature of Authorized Official Date

For department use only.

Approved Yes No Change No: _____

 Department's Authorized Representative Date

APPENDIX E

RADIO EQUIPMENT WORKSHEET

EMS Radio equipment	Unit Cost	Quantity	Subtotal
<i>I. Mobile Radios:</i> ^{1 2}			
A. VHF High Band (or Low Band)			
B. UHF ³			
C. 800 MHz			
D. Ancillary equipment			
<i>II. Portable Radios:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Accessories:			
Charger (single or multiple)			
Remote microphone (speaker/microphone/antenna)			
Additional battery (2 batteries/portable radio)			
Carrying case			
E. Ancillary equipment			
<i>III. Base Stations:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Duplexers and/or Filters (as required)			
E. Ancillary equipment			
<i>IV. Communications Center:</i>			
A. Dispatch Consoles			
B. Recorders (logging and/or instant recall)			
C. Computer Aided Dispatch (CAD) system			
D. Automatic Vehicle Location (AVL)			
E. RF Control Stations (FX1)			
F. Ancillary equipment			
<i>V. Pagers:</i>			
A. Encoders			
B. Ancillary equipment			
Equipment Subtotal	\$		\$
<i>VI. Miscellaneous</i> <i>[Grant Evaluation: 10% of Equipment Total]</i>			
Equipment Subtotal	\$		\$
<i>VII. Installation, Optimization and First Year Warranty</i> <i>[Grant Evaluation: 15% of Equipment Total]</i>			
<i>VIII. Design and/or Engineering Fees</i>			
Bottom Line Total	\$		\$

1 Pricing should include antennas and associated hardware.

2 Dual Control Head required if radio is utilized for Local Medical Coordination.

3 Required in all licensed EMS vehicles (MED-8).

APPENDIX F

MANDATORY CRITERIA

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING WILL RESULT IN AN AUTOMATIC REJECTION OF THE APPLICATION(S) AND WILL NOT BE REVIEWED FOR FUNDING IF RECEIVED AFTER THE PUBLISHED DEADLINE DATE.

- 1. BEMS received application(s) by the time and date specified in the Florida Administrative Weekly.
- 2. All application(s) have original and specified number of copies, with appropriate signatures.
- 3. All application(s) are complete with all necessary information (need, outcome, budget) and appropriate signature pages.
- 4. MOU attached or documentation of reasonable effort.
- 5. IRS 501 (c) (3) letter or other legal document for (Not-For-Profit) attached.
- 6. Correct form and Font 12 or above used (application).
- 7. Applicant is in compliance with BEMS on prior matching grant.

Do not write below this line.

BEMS use only.
Reason for Rejection of Application.

BEMS SIGNATURE

DATE

Examples of Evaluation Worksheet

Point Scoring

Improvement and Expansion

APPENDIX G

**EVALUATION WORKSHEET
75/25 PERCENT STATE EMS MATCHING GRANTS
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

THE FOLLOWING ITEMS ARE SCORED CRITERIA TO DETERMINE THE FUNDING FOR EMERGENCY MEDICAL SERVICES MATCHING GRANTS. THE MAXIMUM ACHIEVABLE SCORE IS 100. A MINIMUM SCORE OF 70 IS NEEDED FOR FUNDING PURPOSES.

NEED

	yes	no	point page
Need Clearly Identified:	<input type="checkbox"/>	<input type="checkbox"/>	<u>0-15</u>

Need statement clearly identify any of the following:

1. Conducting research
2. Increasing existing levels of EMS
3. Evaluation (evaluate the efficiency and effectiveness of EMS services)
4. Communications
5. Education (training and CPR, other lifesaving and first aid techniques)
 - A. Professional
 - B. Public

Data to support need:	<input type="checkbox"/>	<input type="checkbox"/>	<u>0-15</u>
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Data source should include the following: (but not limited to)

1. 9-1-1 calls
2. Run reports
3. State Health Data Base (Public Health Information Data Base System)

Data source:	<input type="checkbox"/>	<input type="checkbox"/>	<u>0-5</u>
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Time frame of data:	<input type="checkbox"/>	<input type="checkbox"/>	<u>0-5</u>
---------------------	--------------------------	--------------------------	------------

Is it reasonable for the project?

Target population served:	<input type="checkbox"/>	<input type="checkbox"/>	<u>0-10</u>
---------------------------	--------------------------	--------------------------	-------------

Related to need (Examples)

1. Number of AMIs
2. Number of extrications
3. Number of people directly impacted by the grant

Total points 50

Reason for response. (Must be an objective statement that clearly states reason.)

OUTCOME

Outcome measurable: **yes** **no** **point**
 0-10

- 1. Measurable
- 2. Project meets appropriate data collection methodology
- 3. Method proposed to analyze data
- 4. Description report methodology

Outcome related to need: 0-20

Outcome impact target population: 0-20

- 1. Projected number of people impacted by the grant

Total points 0-50

Reason for Response. (Must be an objective statement that clearly states reason.)

Signatures of team members:

Date: _____

Improvement and Expansion

Emphasis shall be accorded to applications containing one or more of the following:

		<u>Yes</u>	<u>No</u>	<u>Points</u>
I.	Does the project address a State Plan Goal?			0-4
II.	Does the project address a Service Area?			
	A. County	1		0-1
	B. Multicounty	1		0-1
	C. Area wide basis	1		0-1
III.	Method of delivering service?			
	A. Single provider	1		0-1
	B. Coordinated provider	1		0-1
IV.	Demonstrated communication links with?	1		0-1
	A. Police			
	B. Fire			
	C. Emergency vehicles			
	TOTAL POINTS			<u>0-10</u>

**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

MATCHING GRANT PROGRAM

APPLICATION

FLORIDA DEPARTMENT OF HEALTH

EMS MATCHING GRANT APPLICATION

M _____ (BEMS ID. Code)

Total Grant Amount _____

1. **BCC or EMS Organization** : _____
 Authorized Official : _____
 Title : _____
 Mailing Address : _____

 City : _____
 State : _____
 Zip : _____ - _____ County: _____
 Telephone : (_____) _____ (SC): _____
 Email Address : _____

2. **Contact Person** : _____
 Title : _____
 Mailing Address : _____

 City : _____
 State : _____
 Zip : _____ - _____
 Telephone : (_____) _____ (SC): _____
 Email Address : _____

3. **Legal Status of EMS Organization** (Check only one response).
 (1) Private Not For-Profit (attach copy of IRS's 501(c)(3) letter or other legal documentation of this status)
 (2) Private For-Profit (4) City/Municipality
 (3) County (5) State

4. **Federal Tax ID Number:** VF _____

5. **Medical Director** _____ the
I hereby affirm my authority and responsibility for
use of all medical equipment and continuing
education in this activity.

Medical Director

 Printed Name and FL Medical License No.

Date: _____

PROJECT DESCRIPTION AND JUSTIFICATION

A 12 POINT FONT MUST BE USED OR LEGIBLE HAND PRINTING

6. State Plan: Brief synopsis and relationship to state plan goal, if applicable.

7. Project Description/Justification: This is the NEED STATEMENT. Describe and justify the project. Include: (1) all available numerical data, time frames for the data, data source; (2) number of people directly impacted by the grant(s); (3) whether the project will serve single municipality, county, multicounty, or regional area; and, (4) whether the project will coordinate with other EMS organizations.

NEED STATEMENT: (use only the space provided)

8. Outcome measurable: Degree to which need will be met or changed. (use only the space provided)

9. Work activities and time frames: Indicate procedure for delivery of project. (use only the space provided)

10. BUDGET

CATEGORIES	APPLICANT MATCH	STATE FUNDS	TOTAL
Expenditures	\$	\$	\$
TOTAL EXPENDITURES	\$	\$	\$
Equipment	\$	\$	\$
TOTAL EQUIPMENT COSTS	\$	\$	\$
GRAND TOTAL	\$	\$	\$
	25 Percent	75 Percent	TOTAL

FLORIDA DEPARTMENT OF HEALTH
EMS MATCHING GRANT PROGRAM

REQUEST for ADVANCE PAYMENT

(Governmental Agency and Not-for-Profit Entity Only)

In accordance with the provisions of Section 401.113(2)(b), Florida Statutes, the undersigned hereby requests an EMS matching grant distribution (advance payment) for the improvement, expansion and continuation of prehospital EMS.

Remit Payment To:

Name of EMS Organization : _____

Address : _____

: _____

City : _____ State _____ ZIP _____ - _____

Authorized Official : _____

Signature _____ Date _____

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Matching Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by BEMS personnel only

Matching Grant Amount For State To Pay: \$ _____ Grant ID. Code: M _____

Approved By : _____
Signature & Title of BEMS Grant Officer _____ Date _____

State Fiscal Year: _____ - _____

Organization Code E.O. Object Code

64-25-60-00-000 NZ 7 _____

Federal Tax ID: VF _____

ASSURANCES

Item 12

PAYMENT FOR GRANT PROJECT: The grantee certifies, understands and accepts that due to state cash flow and activity priorities, the grantee may not receive payment from the state for this activity until several months after announcement of awards. The work activity time frames will be adjusted based on the date payment is received, except the ending date of the grant will remain as specified in the Notice of Grant Award letter.

STATEMENT OF CASH COMMITMENT: The grantee certifies that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for this activity. No costs count towards satisfying a matching requirement of a department grant if also used to satisfy a matching requirement of another state or federal grant. Cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the department's final approved activity during the grant period.

ACCEPTANCE OF TERMS AND CONDITIONS: The grantee accepts the grant terms and conditions in the "Florida EMS Matching Grant Program Application Manual", and acknowledges this when funds are drawn or otherwise obtained from the grant payment system.

DISCLAIMER: The grantee certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the grant, return of all funds and interest to the department and any other remedy provided by law.

NOTIFICATION OF AWARDS: The grantee understands and accepts that the notice of award will be advertised in the FAW, and that 21 days after this advertisement the grantee waives any right to challenge or protest pursuant to chapter 120, F.S.

MAINTENANCE OF IMPROVEMENT AND EXPANSION: The grantee agrees that any improvement, expansion or other effect brought about in whole or part by grant funds, will be maintained for five years after the activity ends, unless specified otherwise in the approved application or unless the department agrees in writing to allow a change. Any unauthorized change within the five years will necessitate the return of grant funds, plus interest.

SIGNATURE OF AUTHORIZED OFFICIAL *(Individual Identified in Item 1)*

DATE

TITLE