

**INTERLOCAL AGREEMENT BETWEEN ALACHUA COUNTY
AND THE CITY OF GAINESVILLE**

THIS INTERLOCAL AGREEMENT, made and entered into this _____ day of _____, 2000, by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners ("County"), and the City of Gainesville, a municipal corporation organized under the laws of the State of Florida ("City");

WITNESSETH:

WHEREAS, the State of Florida maintains an Emergency Medical Services Trust Fund into which are deposited a portion of fines collected in the County as a result of motor vehicle infractions; and,

WHEREAS, the County is entitled to apply for a portion of such funds, which funds can only be used to improve and expand prehospital emergency medical services within Alachua County; and,

WHEREAS, it was determined that the County's grant award for October 1, 1999 through September 30, 2000 is \$92,797.48 which is to be deposited in an EMS Grant Fund; and,

WHEREAS, the County desires to provide a portion of the award to the City for the purchase of equipment (the "EMS Grant") as specifically described in Exhibit A attached hereto; and,

WHEREAS, the County and the City are authorized by §163.01, Florida Statutes, to enter into interlocal agreements to cooperatively and efficiently use their powers to provide public services that will advance the general health, safety and welfare of the citizens of Alachua County; and,

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained herein, the parties hereto agree as follows:

1. Duties of the City

a. EMS Grant General Conditions. The City shall comply with all of the terms, conditions and requirements as set forth in the attached Exhibit A, the grant application, and Exhibit B, the "Florida EMS County Grant Program Manual, Florida Department of Health Bureau of Emergency Medical Services, January 1998," both incorporated in this document in their entirety.

b. Copies. The City shall provide to the Clerk of Court, Finance & Accounting Department ("F&A"), copies of every document received from or sent to the State of Florida regarding the EMS Grant, unless the County is listed on the copy list.

c. Reporting. The City acknowledges that the County is obligated to provide reports to the State, and accordingly, the City agrees to provide the following to the County:

1. Expenditure Report (see Exhibit C). The City shall submit expenditure reports by April 10, 2000, July 10, 2000 and October 10, 2000, to:

Alachua County Fire Rescue
Attn: Senior Administrative Assistant
P.O. Box 548
Gainesville, FL 32602

The expenditure report shall be signed by the authorized department head. Said report shall include: description of item purchased, unit price, quantity purchased, unencumbered funds, accrued interest, and copies of PO(if any), invoices and checks showing proof of purchase and payment of the item. Using Exhibit C Form, complete columns E, F, G & H for items that have been received and paid out. A report shall be submitted, even if no money is expended, to show interest earned.

2. Final Expenditure Report. Report due by October 10, 2000, will be the final expenditure report. Items left open and unused earned interest will be carry forward to the new grant year.

3. Program Activity Report. The City shall provide the County with the Program Activity Reports (DH Form 1684A, Jan. 98) by April 10, 2000, July 10, 2000, and October 10, 2000. The Program Activity Report should be sent to Fire/Rescue at the same address as the quarterly report.

4. Inventory Report. The City shall submit inventory reports annually by November 10. The reports shall be provided annually for each of the next 5 years. The inventory report shall be signed by the authorized department head. Said reports shall include: a description of each item, its location and custodial department, current use, acquisition date, purchase amount, serial number and City property number. The reports shall be submitted to:

Clerk of the Court
Finance and Accounting
Attn: Grants Coordinator
P.O. Box 939
Gainesville, FL 32602

5. Any other documents or reports required by the County.

d. Accounts. The City shall maintain all grant funds in a separate interest bearing account.

e. Return of Funds. All payments shall be made by the end of the grant period. The City shall return all funds to the County if found in non-compliance with the terms, conditions and requirements of the grant.

2. Duties of the County

a. Payment. The County will provide twenty-four thousand two hundred and forty seven dollars (\$24,247.00) to the City for purchases as described in Exhibit A, after it has received said monies from the State. The County shall submit payment to:

City of Gainesville
P.O. Box 490
Gainesville, FL 32602
Attn: Mark Benton, Finance Director

b. Award Letter. The County shall provide the City with a copy of the Notice of Award letter received from the State. (See attached Exhibit D).

3. Unexpended Funds. If funds paid to the City are unexpended at the end of the grant period, then the City may request that the County apply to the State for these funds. Should the State consent, then these funds will be carried forward to the new grant year under the new interlocal agreement with the City and need to be used in accordance with the terms of the grant agreement. Should the State refuse, then these funds are to be returned to the County for inclusion into the next County grant as "Revised" grant budget.

4. Liability and Cooperation. The parties assume any and all liabilities, claims, or damages of any kind due to the acts or omissions of their respective officers, employees, and agents. Nothing herein shall be considered a waiver of §768.28, Florida Statutes. Each party shall give to the other prompt and timely notice of any letter of inquiry, investigation, claim, suit or administrative law proceeding (collectively "claims") coming to the knowledge of their respective officers, department heads, or management personnel that in any way appears to affect or may affect either party to this agreement, and both shall have the right to participate in the defense of any claims to the extent of its own interest. The County and City, through their respective officers, employees, and agents, agree to attend audits, internal meetings, pre-suit investigations, hearings, and trials and assist in securing and giving evidence and obtaining the cooperation and attendance of witnesses.

5. Effective Date. Pursuant to §163.01, Florida Statutes, this agreement shall be deemed effective upon recording of this agreement by the County into the public records of Alachua County. This agreement shall continue until all terms of the grant have been satisfied.

6. Notice. Except as otherwise provided in this agreement, any notice of default or termination, from either party to the other party must be in writing and sent by certified mail, return receipt requested, or by personal delivery. For purposes of notice, City's and County representative are:

County: Richelle Sucara
 Interim County Manager
 PO Box 2877
 Gainesville, FL 32602

City: Wayne Bowers
 City Manager
 PO Box 490
 Gainesville, FL 32602

A copy must also be sent to:

J.K. "Buddy" Irby
Clerk of the Court
Post Office Box 939
Gainesville, FL 32602
ATTN: Finance and Accounting

7. Default and Termination. The failure of either party to comply with any provision of this agreement will place that party in default. Prior to terminating the agreement, the party shall notify the defaulting party in writing. This notification will make specific reference to the provision which gave rise to the default. The party shall give the non-defaulting party 7 days to cure the default.

If funds to finance this agreement become unavailable, the County may terminate the agreement with no less than twenty-four hours notice in writing to the City. The County will be the final authority as to the availability of funds. Should the State request that the County return funds already disbursed to the City, the City shall return those funds to the County for reimbursement to the State.

8. Insurance. The parties represent that they are self-funded for liability insurance in accordance with §768.28 Florida Statutes.

9. Assignment. Neither party will assign or transfer any interest in this agreement without prior written consent of the other party. The County and City each bind the other and their respective successors and assigns in all respects to all of the terms, conditions, covenants, and provisions of this agreement.

10. Independent Contractor. In the performance of this agreement, the City is acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venturer, or associate of the County. The City is solely responsible for the means, method, technique, sequence, and procedure utilized by the City in the full performance of the agreement.

11. Third Party Beneficiaries. This agreement does not create any relationship with, or any rights in favor of, any third party.

12. Severability. If any provision of this agreement is declared void by a court of law, all other provisions will remain in full force and effect

13. Waiver. The failure of any party to exercise any right in this agreement will not waive such right in the event of any further default or non compliance.

14. Attachments. All exhibits attached to this agreement are incorporated into and made part of this agreement by reference.

15. Amendment. The parties may amend this agreement only by mutual written agreement of the parties.

16. Construction. This agreement shall not be construed more strictly against one party than against the other merely by virtue of the fact that it may have been prepared by one of the parties. It is recognized that both parties have substantially contributed to the preparation of this agreement.

17. Entire Agreement. This agreement constitutes the entire agreement and supercedes all prior written or oral agreements, understandings, or representations.

18. Law and Venue. This agreement shall be governed in accordance with the laws of the State of Florida. Venue shall be in Alachua County.

19. Recording. The County, upon execution of this agreement by both parties, shall record a certified copy of this agreement in the public records of Alachua County, Florida.

IN WITNESS WHEREOF, the parties have caused this Interlocal Agreement to be executed for the uses and purposes therein expressed on the day and year first above written.

ALACHUA COUNTY, FLORIDA

Penelope Wheat, Chair
Board of County Commissioners

Approved as to Form:

ATTEST:

J.K. "Buddy" Irby, Clerk

Alachua County Attorney's Office

CITY OF GAINESVILLE

Wayne Bowers, City Manager

Approved as to Form and Legality:

WITNESS:

Name: _____
Title: _____

City Attorney's Office

Florida EMS County Grant Program Manual

Florida Department of Health
Bureau of Emergency Medical
Services

January 1998

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DEFINITIONS

Comptroller - Comptroller of Florida, Department of Banking and Finance.

Communications - Florida Department of Management Services, Information Technology Program (ITP).

Department - Department of Health.

EMS County Grant - Funds awarded to each eligible county according to the respective proportion of each county's annual contribution to the EMS grants program portion of the state EMS Trust Fund.

Emergency Medical Services Organizations - public or private entities involved in EMS systems.

Expand - An increase in the extent, size, or number of existing prehospital EMS activities and services.

Expenditure Plan - A line item budget identifying services and equipment to be purchased.

Fiscal Year - Designation of a 12-month period for EMS county grant program.

Grant Funds - Money deposited into the state EMS Trust Fund for distribution under Chapter 401, Part II, F.S.

Grantee - The legally accountable county which submits an application, receives and assumes responsibility and accountability for both the awarded funds and for the performance of the grant supported activity.

Improve - To advance or to make better the existing quality of prehospital EMS activities and services, or to decrease patient mortality and morbidity.

Notice of Grant Award - The letter sent by

the state EMS Office authorizing the grant award amount, budget, time period, work plan and any special conditions in the grant.

Prior Approval - Written permission by the department for the grantee to use awarded grant funds for certain purposes not included or specified in the current approved budget or to change certain aspects of the budget.

Remaining Value - The value of the facility, vehicle or equipment at that point in time which it ceased to be used solely for EMS.

Request for Grant Distribution - A written request for advance payment of awarded grant funds, signed by the grantee (county official) and returned to the state Bureau of EMS for approval and transmittal to the state Department of Banking and Finance, Office of the Comptroller.

Description of Program

Overview

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 401, Part II, Florida Statutes, to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county. The grant program is an innovative process which helps BCCs improve and expand EMS organizations within their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. They remain the responsibility of the counties and EMS agencies and organizations.

Source of Funding

Because Emergency Medical Services are essential to the health and well being of all Florida's residents and visitors, the Florida Legislature and Governor authorized counties to collect a surcharge on the fine for various traffic offenses to pay for the improvement and expansion of EMS in Florida. The counties forward the funds for deposit into the state EMS Trust Fund which is the sole source of funds for all the state EMS grant programs. No funds are obtained from any tax levied upon the general public or federal funds. The annual amount each county receives is proportionate to the amount of traffic surcharge funds the counties send for deposit into the state EMS Trust Fund. Each county is annually eligible to receive 45 percent of its EMS Trust Fund deposits, minus any legislatively required amount for the EMS County Grant Program. The department provides each county the exact amount for which they should apply.

Eligibility

EMS County grants are awarded only to BCCs. However, we encourage each BCC to assess its countywide EMS needs and establish priorities before submitting a grant application. We recommend the assessment be coordinated with area EMS councils, when they are available. The county may use county grant funds to help EMS organizations to improve and expand prehospital EMS including licensed EMS providers, first responder organizations, injury prevention organizations, EMS training centers, academic institutions and others related to EMS.

The EMS County Grant Process

Application Form: BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, Jan. 98". The BCC will return the county grant application to the department, along with the necessary resolution (Item 5 in the application).

Application Deadlines: The Bureau must receive the application and resolution by the date advertised in the Florida Administrative Weekly (FAW). If the county sends the application in late, the Bureau will not provide any award for the year. The county's funds will be held for that county until they submit an application in the subsequent year.

Application Review: The Bureau of EMS grant manager will review applications within 45 days of their receipt. If the application does not improve and expand EMS or has other deficiencies or omissions, the state EMS grant manager will notify the applicant, request correction, additional information, or justification.

The BCC and the Bureau shall resolve any issue regarding the application.

Notice of Grant Award: The Bureau will send a Notice of Grant Award letter to the BCC. This is the BCC's official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

Request for Advanced Payment: The Bureau of EMS requests the Department of Banking and Finance, Office of the Comptroller, to issue the BCC an advance payment check. The check should be sent within 45 days of the Bureau's request.

Application Submission: Before the deadline the BCC must submit:

1. A Completed application with original signatures of the authorized county official (Items 2 and 8 in the application).

2. A county resolution certifying funds received from the EMS county grant will be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (Item 5 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant
Emergency Medical Services
2002-D Old St. Augustine Road
Tallahassee, Florida 32301-4881

Retain this manual because it contains the grant conditions and requirements, and other information and forms needed to comply with the grant.

To meet the ongoing needs of the state EMS systems and the best interests of the state, the Bureau may change any procedure or requirement in this manual by advertising that change in the FAW.

Appendix A

EMS Notice of Grant Award

EMS NOTICE OF GRANT AWARD

EXAMPLE - Not To Be Used

*CHAIRMAN, Board of County Commissioners
ADDRESS
CITY STATE ZIP*

It gives me great pleasure to inform you that an Emergency Medical Services (EMS) County Grant No. has been awarded to you in the amount of \$_____. This grant award is for the purchase of the prehospital activities, services, and items in your county grant application and its department approved budget/revisions on file with the state's office of EMS (copy attached).

The grant must be executed within the limits of the amount awarded to you. Any costs above the grant amount, awarded under section 401.113(2)(a), Florida Statutes, are the responsibility of the county. The grant begins ___ and ends _____. Expenditure reports are due on January 1, April 1, August 1 and October 1.

The purchase of any communications equipment or services during the grant period must have the written final approval of the state Department of Management Services, Information Technology Program, before the purchase is made; otherwise, we will disallow the communications costs, as required.

Your grant application on file with us acknowledges and ensures that you have read, understood and will comply fully with Appendix D of the manual titled: "Florida EMS County Grant Program Manual, January 1998" by the Department of Health.

Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant paymentsystem.

Thank you for your continued support and involvement in improving and expanding the prehospital emergency medical services system.

Sincerely,

*Bureau Chief
Emergency Medical Services*

Attachment

Appendix B

EMS County Grant Change Request

Department of Health EMS County Grant Program Change Request

Name of Grantee

Grant No.

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

Justification for Budget or Activity Change: use an additional page if needed.

This change shall begin and take effect on: ____/____/____
Month Day Year

Signature of Grantee's Authorized Person

Date

For use only by Department of Health
Bureau of Emergency Medical Services

Approval Yes No

Change No: _____

Signature of State Authority or EMS Grant Manager

Date

Appendix C

EMS County Grant Reports

EXPENDITURE REPORT:

Submit your expenditure reports using your approved county grant application's expenditure plan page (Item 7) attached to your Notice of Grant Award. This page contains two blank columns titled Expenditures Year-to-Date and Revised Budget:

1. "Expenditures Year-To-Date" column is required to be completed with each report, after the grant begins. This column indicates all agreed upon budget expenditures.
2. "Revised Budget" column is required to be completed when approved budget changes occur after the grant begins.

The approved county grant expenditure plan page (Item 7) must be copied for each report, completed, signed and dated. The required deadlines for providing the department with expenditure reports cover a six, nine and twelve month period of activities (final report). You must send reports by the due date which appears in your Notice of Grant Award.

Expenditure reports are required regardless of whether funds are expended.

EMS COUNTY GRANT PROGRAM ACTIVITY REPORT

COUNTY NAME _____

This report must be provided at the end of the grant period. The due date appears in your Notice of Grant Award. Report all program activities as described in the approved grant expenditure plan or subsequent amendment reflected in an approved Change Request. The report should cover the entire grant period.

WRITE REQUIRED ACTIVITIES BELOW THIS LINE

Appendix D
EMS County Grant General
Conditions and Requirements

EMS County Grant General Conditions

1. 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 to be provided are described in the EMS county grant application and its department approved revisions on file in the state of Florida, Department of Health, Bureau of EMS, Tallahassee, Florida.

2. Statute and Rule: Prehospital EMS activities will be rendered by the grantee in a manner consistent with Chapter 401, Florida Statutes, Chapter 64E-2.030, Florida Administrative Code, and the work plan in the grantee's EMS county grant application and its department approved revisions on file with the department. Further, the grantee agrees to implement provisions of this grant in accordance with federal, state, and local laws, and rules, regulations, and policies.

3. Confidentiality: The grantee shall not use or disclose any client/patient information under this grant for any purpose not in conformity with state regulations 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.

4. Incident Reporting:

a. Client Risk Prevention. If services to clients will be provided under this grant, the grantee and any subcontractors shall, in accordance with the client risk prevention system, report those situations listed in Department of Children and Families 215-6, Paragraph 5, in the manner prescribed in that regulation.

b. Abuse, Neglect and Exploitation Reporting. In compliance with Chapter 415, F.S., an employee of the grantee who knows, or has reasonable cause to suspect, that a child, aged person or disabled adult is or has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the central abuse registry and tracking system of the department on the single statewide toll-free telephone number (1-800-96ABUSE).

5. Availability of Funds: EMS county grants

are subject to the availability of funds. The department's performance and obligation to pay under this grant is contingent upon a sufficient annual appropriation by the Florida Legislature and adequate cash in the EMS Trust Fund.

6. Decals: The department may provide the grantee DOH logos and decals. If so, the grantee shall affix these, in a prominent location, to all equipment purchased in whole or part with grant funds.

7. Computer Hardware/Software: The grantee agrees that all computer hardware and software shall be approved in writing by the state Bureau of EMS. Costs of computer equipment and activities which do not have this prepurchase approval are not allowable.

8. 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 chapter 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

9. Travel/per diem: 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 41 or more days after the ending date of the grant.

10. Purchasing: A Vendor Ombudsman has been established within the department of Banking

and Finance. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from the state agency. The Vendor Ombudsman may be contacted at (850) 488-2924 or the State Comptroller's Hotline, 1-800-848-3792.

11. Ownership/Assignment: The grantee shall own all items including vehicles, buildings and equipment purchased with state EMS county 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.

If a private organization is the owner of any equipment funded in whole or part by state EMS grant funds, and purchased that equipment to provide services for a municipality, county, or other public agency, and the services cease within five years after the grant ends, the ownership of the equipment must be transferred to that municipality, county or other public agency. There shall be no cost to the recipient organization. This is applicable even when services cease due to a contract ending or for any other reason.

12. Maintenance of Efforts: Any improvement or expansion brought about in whole or part by grant funds shall be maintained for five years after the project ends. Reduction within the five years which is not approved by the Bureau, shall necessitate the return by the grantee of the involved project's funds plus interest if any, as specified by the department. The grantee must send the funds within 40 days of written notification by the department.

After the five years, 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 is found at any time after the five years, regardless of equipment ownership at that time,

one half of current value of the items must be returned to the state by the grantee who received the grant under which the original purchases were made.

13. Lobbying: 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.

14. 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, Bureau approved application including approved budget and all appendixes, approved changes, and this grant manual. The grantee shall ensure that any financial documents related to this activity are made available to the bureau or its designee upon request, for a period of five years from the ending date of the grant. The grantee, his 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 client records related to the grant.

15. Income, Fees, and Other Cash: If project activity results in the payment to the grantee or other party of income, fees, or cash of any other kind, the total amount of that cash shall be applied to the costs of the project.

Before any state funds can be assigned as allowable costs, the total amount of such cash paid during the grant shall be applied to the total activity costs after the ending of the grant and all costs are final.

EMS County Grant General Requirements

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

1. Records: The grantee shall maintain financial and other documents related to the grants to support all revenue and expenditures. The final expenditure report shall include all expenditures of the EMS County Grant funds for the grant period.

Bills and payment records for fees or other compensation for services and expenses shall be maintained by the grantee in sufficient detail for the

proper pre-audit, post-audit, and monitoring review of the grantee's records by the department.

2. Indemnification: If the grantee is a state agency or subdivision as defined in section 768.28, F.S., only the following paragraph "b" is applicable. Other than state agencies or subdivisions only paragraph "a" is applicable.

a. The grantee agrees to be liable for all claims, suits, judgements, or damages, including court costs and attorney's fees, arising out of the negligent or intentional acts or omissions of the grantee and its agents, subcontractors, and employees, in the course of the operation of this grant. Further, the grantee agrees to indemnify the department against all claims, suits, judgements, or damages, including court costs and attorney's fees, arising out of the negligent or intentional acts or omissions of the grantee and its agents, subcontractors, and employees, in the course of the operation of this grant. Also, the grantee agrees to defend the department, upon receiving timely written notification from the department, against all claims, suits, judgements, or damages, including costs and attorney fees, arising out of negligent or intentional acts or omissions of the grantee and its agents, subcontractors, and employees, in the course of the operation of this grant. Where the grantee and the department commit joint negligent acts, the grantee shall not be liable for nor have any obligation to defend the department with respect to the part of the joint negligent act committed by the department. In no event shall the grantee be liable for or have obligation to defend the department against such claims, suits, judgements, or damages, including costs and attorney fees, arising out of the sole negligent acts of the department.

b. Any grantee who is a state agency or subdivision, as defined in section 768.28, 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 proximately 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 their 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.

3. Notice of Grant Award: All EMS county grants are made in accordance with section 401.113(2)(a), Florida Statutes, and are made

by an EMS Notice of Grant Award letter. The Notice of Grant Award letter (appendix A) and the contents of this manual contain by reference all regulations, rules, and other conditions governing this grant.

4. Advance Distribution (Payment): The department agrees to request advance distribution (payment) of the full grant amount after the Notice of Grant Award letter is sent to the grantee. This payment will be sent as cash flow permits.

5. Supplanting Funds: EMS County Grant funds shall not be used to supplant (replace) any part of the grantee's regular EMS budget allocation. 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.

6. Reaffirmation of Terms and Conditions: All terms, conditions, and provisions of this grant and manual, and other applicable documents are hereby reaffirmed. The grantee acknowledges acceptance of the grant terms and conditions when the grantee draws money or otherwise obtains funds from the state grant payment system.

Financial

1. EMS County Fund Accounting: All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned a unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

2. Use of County Grant Funds: All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must stay within the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

3. The authority to spend or encumber grant

funds expires on the ending date of the grant time period, which is cited in the Notice of Grant Award letter. Encumbered funds must be paid within 40 days of the grant ending date.

Unencumbered EMS County Grant Funds (Rollovers)

Any unencumbered EMS county grant program funds, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in the budget of the next county grant application.

Disallowed Expenditures

No expenditures are allowable as grant costs unless they clearly are specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

Revisions

The grantee shall obtain written approval from the state EMS grant manager, on the Grant Change Request form (Appendix B) prior to any of the following changes to the approved grant budget.

1. Adding a new line item to the approved budget.
2. Increasing a salary rate of pay or other payment rate to an individual for services, by more than ten percent.
3. Beginning a sub-grantee or contractor relationship that is not specifically identified in the approved budget or application.

Reports and Documentation

1. Due Dates: The grantee shall send to the state EMS grant manager one original and one copy of the required reports by the date specified in the Notice of Award letter. Program activity and expenditure reports will be used to ensure

adequate monitoring and auditing of the grantee.

2. Expenditure Reports: The Expenditure Report (Appendix C-1) indicates all agreed upon budget expenditures and contains columns to be completed for reports. Reports cover a six, nine and twelve month period of activities (final report). The expenditure Plan (Item 7) in your approved application has a blank "expenditures year-to-date" column to report expenditures and a place to write the amount of interest earned on the state funds. Copy this page, complete it, and submit it for your expenditure reports.

3. Program Activity Report: The Program Activity Report (DH Form 1684A, Jan. 98) must be provided at the end by the date specified in the Notice of Grant Award letter. Report all program activities as described in the approved grant work plan and subsequent amendments approved in Change Requests. The report must cover the entire grant period.

4. Withheld Payment: Any payments due the grantee under the terms of this grant may be withheld until the grantee provides all reports that the grantee owes to the department, and the department has approved all of the grantee's reports and is satisfied the grantee has met all obligations.

5. Early Termination: If the project accomplishes all of its objectives before the grant ending date, the grantee may request that the grant be closed, and send a final expenditure and program activity report. If the state EMS grant manager approves, the manager will close the grant. Thereafter, because the grant has ended, there can be no further activities or expenditures under the grant.

Credit 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 [Your Organization's Name] and the State of Florida, Department of Health, Office of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the word, "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.

One complimentary (free) copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the department to do so. If the materials so developed are subject to copyright, trademark, or patent, 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, will vest in the state of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.021, F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

Civil Rights Assurance

The grantee gives these assurances for federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance.

The grantee agrees to complete the Civil Rights Compliance questionnaire, HRS Forms 946A and B, if requested by the department.

Although no federal funds are involved in this grant the grantee ensures that he/she will comply with the following the same as if federal funds were being provided:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national

origin in programs and activities receiving or benefiting from federal financial assistance.

2. Section 504 of the Rehabilitative Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.

3. Title XI of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.

4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.

5. Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicaps, political affiliation or belief.

6. The Americans with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities.

7. U.S. Department of Health and Human Services Regulations for Protection of Human Subjects (45 CFR, as amended) regarding the protection of human research subjects.

8. All regulations, guidelines, and standards lawfully adopted under the preceding statutes.

The grantee agrees that compliance with this assurance constitutes a condition of continued receipt of, or benefit from state EMS funds, and that it is binding upon the grantee, successors, transferors, and assignees for the period during which such assistance is provided. The grantee further ensures that all contractors, subcontractors, sub-grantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the preceding statutes, regulations, guidelines, and standards. 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, to include this and other state EMS grants being terminated and further state EMS grants being denied.

The department shall not be liable for violations by grantees of any of the federal laws, rules, regulations, or guidelines outlined herein.

Audit Requirements FINANCIAL AND COMPLIANCE AUDIT

This attachment 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.

PART I: FEDERALLY FUNDED

This part is applicable if the provider is a local government entity or nonprofit organization and expends a total of \$300,000 or more in federal funds passed through the department during its fiscal year. The determination of when a provider has "expended" federal funds is based on when the activity related to the award occurs.

Local governments shall comply with the audit requirements contained in the Office of Management and Budget (OMB) Circular A-128, Audits of State and Local Governments. Nonprofit providers shall comply with OMB Circular A-133, Audits of Institutions of Higher Learning and other nonprofit institutions, except as modified herein. Such audits shall cover the entire organization for the organization's fiscal year. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by contract number for each contract with the department in effect during the audit period.

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

The provider agrees to submit the required reports as shown in Part IV.

PART II: STATE FUNDED

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from a rate contract based on a set state or area-wide fixed rate for service, and of which less than \$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

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 contract with the department in effect during the audit period.

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

The provider agrees to submit the required reports as shown in Part IV.

PART III: SECTION 216.349, FLORIDA STATUTES (GRANTS AND AIDS APPROPRIATIONS)

This part is applicable if the provider is either (1) a for-profit organization, (2) a local government entity expending less than \$300,000 in federal funds passed through the department during its fiscal year, (3) a nonprofit organization expending less than \$100,000 in funds from the department during its fiscal year, or (4) a nonprofit organization expending a total of \$100,000 or more in funds from the department paid from a rate contract based on a set state or area-wide fixed rate for service, of which less than \$300,000 is federal funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

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 contracts 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 reimburseable expenses.

The provider agrees to submit the required reports as shown in Part IV. Otherwise, if the provider does not receive funds from a grants and aids appropriation, the provider has no audit or attestation requirement under this statement.

PART IV: 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

1317 Winewood Boulevard
Building 6, Room 304
Tallahassee, Florida 32399-0700

B. Department of Health

Bureau of Emergency Medical Services
County Grant Manager
2002 Old St. Augustine Road, Building D
Tallahassee, Florida 32301-4881

C. Submit to this address only those reports prepared in accordance with OMB Circular A-133:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, Indiana 47132

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

Office of the Auditor General
Post Office 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 E

Radio Equipment Planning Worksheet

Radio Equipment Worksheet

EMS Radio Equipment	Unit Cost	Quantity	Subtotal
I. Mobile Radios: ¹ ²			
A. VHF High Band (or Low Band)			
B. UHF ³			
C. 800 MHz			
D. Ancillary equipment			
II. Portable Radios:			
A. UHF 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			
III. Base Stations:			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Duplexers and/or Filters (as required)			
E. Ancillary equipment			
IV. Communications Center:			
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			
V. Pagers:			
A. Encoders			
B. Ancillary equipment			
Equipment Subtotal	\$		\$
VI. Miscellaneous			
[Grant Evaluation: 10% of Equipment Total]			
Equipment Subtotal	\$		\$
VII. Installation, Optimization and First Year Warranty			
[Grant Evaluation: 15% of Equipment Total]			
VIII. Design and/or Engineering Fees			
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

EMS County Grant Application

Emergency Medical Services (EMS) County Grant Application
State of Florida

Department of Health
Bureau of Emergency Medical Services

Grant No. C. _____

1. Board of County Commissioners (grantee) Identification:

Name of County: _____

Business Address: _____

Phone # () _____ - _____ SunCom # () _____ - _____

2. Certification: I, the undersigned official of the previously named county, certify that to the best of my knowledge and belief all information and data contained in this EMS County Award Application and its attachments are true and correct.

My signature acknowledges and ensures that I have read, understood, and will comply fully with the Florida EMS County Grant Manual.

Printed Name: _____ Title: _____

Signature: _____ Date Signed: _____
(Authorized County Official)

3. Authorized Contact Person: Person designated authority and responsibility to provide the department with reports and documentation on all activities, services, and expenditures which involve this grant.

Name: _____ Title: _____

Business Address: _____

_____ (City) _____ (State) _____ (Zip)

Phone # () _____ - _____ SunCom # () _____ - _____

4. County's Federal Tax Identification Number: VF _____

5. **Resolution:** Attach a resolution from the Board of County Commissioners certifying the monies from the EMS County Grant will improve and expand the county's prehospital EMS system and that the grant monies will not be used to supplant existing county EMS budget allocations.

6. **Work Plan:**

Work Activities:

Time Frames:

Co: _____ .nt No _____

7. Proposed Expenditure Plan: Prepare a line item budget.

Recipient of Line Item	Line Item	Unit Price	Quantity	Total Cost	*USE FOR REPORTS AFTER GRANT AWARDED	
					Revised Budget	Expenditure Year-To-Date
	Total	XXXXXX	XXXXXX	XXXXXX	\$	\$

- ✓ First Report Earned Interest _____ From _____ to _____
- ✓ Second Report Earned Interest _____ From _____ to _____
- ✓ Final Report Total Earned Interest for Grant Period _____ From _____ to _____

*I certify the report is true and correct for period activities and services.

Signature of County Authority Submitted Report Date

Signature of State EMS Grant Officer Date

Attach additional pages if necessary for Item 7

8. APPLICATION (Requires Signature)

REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT)
EMERGENCY MEDICAL SERVICES (EMS)
COUNTY GRANT PROGRAM

In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

Payment To: _____
Name of Board of County Commissioners (Payee)

Address

(City) (State) (Zip)

Federal Tax ID Number of county: _____

Authorizing County Official

SIGNATURE: _____

Date: _____

Printed Name: _____ Title: _____

SIGN AND RETURN WITH YOUR GRANT APPLICATION TO:

Department of Health
Bureau of Emergency Medical Services
EMS County Grants
2002D Old St. Augustine Road
Tallahassee, Florida 32301-4881

For Use Only by Department of Health,
Bureau of Emergency Medical Services

Amount: \$ _____ Grant Number: _____

Approved By: _____ Date: _____
Signature, State EMS Grant Officer

Fiscal Year: _____
Amount: \$ _____

Organization Code
64-25-60-00-000

E.O.
BU

Object Code
730060

Federal Tax I.D. V F _____

Beginning Date: _____

Ending Date: _____

Emergency Medical Services (EMS) County Grant Application
 State of Florida
 Department of Health
 Bureau of Emergency Medical Services

Grant No. C. 9901

1. Board of County Commissioners (grantee) Identification:

Name of County: Alachua

Business Address: P. O. Box 2877

Gainesville, FL 32602-2877

Phone # (352) 374 - 5210 SunCom # () 651 - 5210

2. Certification: I, the undersigned official of the previously named county, certify that to the best of my knowledge and belief all information and data contained in this EMS County Award Application and its attachments are true and correct.

My signature acknowledges and ensures that I have read, understood, and will comply fully with the Florida EMS County Grant Manual.

Printed Name: Chuck Clemons Title: Chairman

Signature: _____ Date Signed: _____
 (Authorized County Official)

3. Authorized Contact Person: Person designated authority and responsibility to provide the department with reports and documentation on all activities, services, and expenditures which involve this grant.

Name: Cliff Chapman Title: Bureau Chief

Business Address: P. O. Box 548

Gainesville, FL 32602

(City) (State) (Zip)

Phone # (352) 955 - 2435 x124 SunCom # () 625 - 2435

4. County's Federal Tax Identification Number: VF 592680577

5. **Resolution:** Attach a resolution from the Board of County Commissioners certifying the monies from the EMS County Grant will improve and expand the county's prehospital EMS system and that the grant monies will not be used to supplant existing county EMS budget allocations.

6. **Work Plan:**

Work Activities:

Time Frames:

Funding for North Central Florida Trauma Agency

3-6 months AGB

Portable Ventilators

3 months AGB

Portable IV Pumps

3 months AGB

Human Patient Simulator Training

1-12 months AGB

EMT Training for Contract First Responder

3 months AGB

Network Server

6 months AGB

Video Production Systems

6 months AGB

Portable Suction Units

3 months AGB

Co: Grant No

7. Proposed Expenditure Plan: Prepare a line item budget.

Recipient of Line Item		Line Item	Unit Price	Quantity	Total Cost	Revised Budget	Expenditure Year-To-Date
North Central Fl. Trauma Ag. ACFR	Funding		\$ 9,200		\$ 9,200		
ACFR	Portable Ventilators		8,500	3	25,500		
ACFR	Portable IV Pumps		2,100	6	12,600		
ACFR	EMT Training for First Resp.		4,000		4,000		
ACFR/GFR	Human Patient Simulator Train.		17,250		17,250		
GFR	Network Server		8,063	1	8,063		
GFR	Video Production System		7,300	1	7,300		
GFR	Portable Suction Units		740	12	8,884		
Total					\$ 92,797	\$	\$

*USE FOR REPORTS
AFTER GRANT AWARDED

First Report Earned Interest _____ From _____ to _____
 Second Report Earned Interest _____ From _____ to _____
 Final Report Total Earned Interest _____
 for Grant Period _____

*I certify the report is true and correct for period activities and services.

Signature of County Authority Submitted Report _____ Date _____
 Signature of State EMS Grant Officer _____ Date _____

8. APPLICATION (Requires Signature)

REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT)
EMERGENCY MEDICAL SERVICES (EMS)
COUNTY GRANT PROGRAM

In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

Payment To: Alachua County Board of County Commissioners
Name of Board of County Commissioners (Payee)
P. O. Box 2877
Address
Gainesville, FL 32602-2877
(City) (State) (Zip)

Federal Tax ID Number of county: 5 9 2 6 8 0 5 7 7

Authorizing County Official

SIGNATURE: Penelope Wheat Date: 10/19/99

Printed Name: for Chuck Clemons Title: Chairman

SIGN AND RETURN WITH YOUR GRANT APPLICATION TO: FD FORM

ATTEST:

[Signature]
J.K. "BUDDY" [Signature], CLERK

Department of Health
Bureau of Emergency Medical Services
EMS County Grants
2002D Old St. Augustine Road
Tallahassee, Florida 32301-4881
[Signature]
Alachua County Attorney

For Use Only by Department of Health,
Bureau of Emergency Medical Services

Amount: \$ 92,797.48 Grant Number: C9901

Approved By: [Signature] Date: 11/24/99
Signature, State EMS Grant Officer

Fiscal Year: 99/00
Amount: \$ 76,1398.74

Organization Code 64-25-60-00-000 E.O. BU Object Code 730060

Federal Tax I.D. VF592680577

Beginning Date: 10/1/99 Ending Date: 9/30/00

**GRANT EXPENDITURE REPORT FOR EMS COUNTY GRANT
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

Exhibit C

COUNTY: ALACHUA - City of Gainesville GRANT NO: C9901

DATES COVERED BY THIS REPORT: _____ FROM: _____

**Interlocal Agreement
with City of Gainesville**

RECIPIENT OF LINE ITEM	APPROVED LINE ITEM	BEGINNING GRANT BUDGET	REVISED GRANT BUDGET	UNIT PRICE	QUANTITY	TOTAL COST	TOTAL FUNDS REMAINING
	FY1999-2000						
GFR	Network Server (1)	8,063.00					
GFR	Video Production System (1)	7,300.00					
GFR	Portable Suction Units (12 @ \$740.00)	8,884.00					
	FY 1998-1999 (Carry Forward)						
GFR	Thermal Imagers (2 @ \$20,275.00)		40,550.00				
GFR	Multi-Gas Detectors (2 @ \$2000.00)		5,200.00				
GFR	Office Computer (1 @ \$2800.00)		Paid Out FY99				
Totals		\$24,247.00	\$45,750.00			\$0.00	\$0.00

First Report (Due by 04/10/2000) \$ _____

Earned Interest \$ _____

Second Report (Due by 07/10/2000) \$ _____

Earned Interest \$ _____

Final Report (Due by 10/10/2000) \$ _____

Earned Interest \$ _____

TOTAL Earned Interest for Grant Period \$ _____

I certify the report is true and correct for period activities and services.

Signature of Authorized Department Head _____ DATE _____

Note: All items reported above must be received and paid out by 09/30/2000. Items not received and paid by the above date will be "carry forward" for next grant year. Unused interest will be "carry forward" also.



Exhibit D
Rec. 12/06/99
ty

Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

BUREAU OF EMERGENCY MEDICAL SERVICES

November 22, 1999

Chairman
Alachua County Board of County Commissioners
Post Office Box 2877
Gainesville, FL 32602-2877

Dear Chairman:

It gives me great pleasure to inform you that Alachua County has received an Emergency Medical Services (EMS) County Grant in the amount of \$92,797.48. The grant number is C9901. The grant is for the purchase of the prehospital activities, services, and other items contained in the grant application submitted to us by the Board.

The grant began on October 1, 1999 and ends on September 30, 2000. One requirement of the grant is that expenditure reports must be submitted three times during the cycle. For this cycle the expenditure reports should cover the following periods and are due by the date identified: date you receive check through January 31, report due March 1, 2000; date of receipt of check through April 28, 2000, due June 1, 2000; and date of check receipt through July 31, 2000, due September 1, 2000. The final expenditure and activity report must be submitted no later than November 1, 2000. The reports must be submitted on the form on page three (3) of appendix F of the "Florida EMS County Grant Program Manual."

You acknowledge acceptance of the grant terms and conditions when you draw or otherwise obtain funds from the grant payment system. Your signed grant application on file with us acknowledges that you have read, understand and will comply fully with Appendix D of the "Florida EMS County Grant Program Manual, January 1998," by the Department of Health.

You must execute this grant within the limits of the amount awarded to you. Any costs above the grant amount that we award in accordance with paragraph 401.113(2)(a), Florida Statutes, is the sole responsibility of the county.

* Due to the lack of funds to allocate all the monies at this time, we are distributing the funds using the following formula. All counties who are to receive less than \$50,000 will receive 100% of the funds. Those counties who are to receive more than \$50,000 will receive 1/2 of the funds now and the remainder after February 1, 2000. We have submitted a request for the release of funds to the comptroller's office and the checks should be mailed within the next 4 to 6 weeks.

Thank you for your continued support and involvement in improving and expanding the prehospital EMS system. Please contact Ed Wilson at the Bureau if you have any questions or need assistance.

Sincerely,

Dino J. Villani
Chief

46,398.74
(4 to 6 weeks)

DJV/elw/hp
Enclosure: Approved County Award Application
cc: Cliff Chapman
m:grants/county/99countyawardltr.doc

2 46,398.74
(after Feb 1, 2000)