



030-5450-526.

Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

January 30, 2009

Mr. Mike Byerly Chairperson Alachua County Board of County Commissioners 913 SE 5th Street Gainesville, FL 32601 THE OF COLUMN

Dear Mr. Byerly:

It gives me great pleasure to inform you that Alachua County has been awarded an emergency medical services (EMS) county grant, number C8001, in the amount of \$127,697.00. The grant is for improving and enhancing prehospital emergency medical services. We have submitted a request for the release of these funds to our disbursements office. The funds should be received within the next 30 days.

The grant ends January 15, 2010. Expenditure and activity reports are due by April 3, 2009 and September 11, 2009. The final expenditure and activity report is due by February 15, 2010.

Your signed grant application acknowledges that you have read, understand, and will comply fully with the terms and conditions as outlined in the "Florida EMS County Grant Program Application Packet, June 2002."

Thank you for your continued support and involvement in improving and expanding the prehospital EMS system. If you need assistance, please feel free to contact Mr. Ed Wilson, Program Administrator in the Bureau of EMS, at (850) 245-4440, extension 2737, or Mr. Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of EMS, at (850) 245-4440, extension 2734.

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Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

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cc: Mr. Mitch Harrell, Assistant Chief

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# EMS COUNTY GRANT APPLICATION

## FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

# Complete all items

ID Code /The State Bureau of EMS will engine the ID Code Leave this blank) C
ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C
1. County Name: Alachua County
Business Address: 913 SE 5th Street
Gainesville, FL 32601
Telephone: 352-384-3101
Federal Tax ID Number (Nine Digit Number). VF 5 9 6 0 0 0 5 0 1
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2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.  Signature:  Date:
Printed Name: Mike Byerly
Position Title: Chair
3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.) Name: Mitch Harrell
Position Title: Assistant Chief
Address: 913 SE 5th Street
Gainesville, FL 32601
Telephone: 352-384-3134 Fax Number: 352-334-0832 E-mail Address: jmh@alachuacounty.us
4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
<ol><li>Budget: Complete a budget page(s) for each organization to which you shall provide funds.</li><li>List the organization(s) below. (Use additional pages if necessary)</li></ol>
Alachua County Public Safety
Gainesville Fire Rescue
North Central Florida Trauma Agency
ShandsCair
H Form 1684, Rev. June 2002

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
garante and the total manifest of Board.	Amount
OTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature <u>excluding</u> expenditures classified as operating capital outlay (see next category)

as operating capital outlay	(see next	categor	у).
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List the item and, if applicable, the quantity	Amount
TOTA	AL   \$

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life

List the item and, if applicable, the quantity	Amount
Alachua County Public Safety	
Lift Assist Stretchers (4) @ \$10,500.00	\$ 42,000.00
Technical Rescue Training Trailer (1)	\$10,000.00
UF Human Patient Simulator Training	\$ 4,000.00
Dell Laptops for EMS Training (3) @ \$829.00	\$ 2,487.00
Projectors for use with Laptops (2) @ 529.00	\$ 1,058.00
DVD Camcorder (2) @ \$349.00	\$ 698.00
TOTAL	continued on next page
Grand Tota	\$

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For each position title, provide the amount of salary per hour, FICA per	
hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

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List the item and, if applicable, the quantity	Amount		
TOTA	L   \$		

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Mass Casualty Command Training Aid (table top training)	\$ 4,993.00
Mannequin	\$ 1,522.00
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TOTAL	\$66,758.00
	444,.44.
Grand Total	\$

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For each position title, provide the amount of salary per hour, FICA per	
hour, other fringe benefits, and the total number of hours.	Amount
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TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

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List	the item and, if applic	able, the quan	tity	Amount
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			TOTAL	\$

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List the item and, if applicable, the quantity	Amount	
Gainesville Fire Rescue		
Enhanced Response Kits		
Thomas Ultra ALS Aid Kits Trauma-Cardiac (13) @ \$950.00	\$12,350.00	
Climate Controled Drug Box (13) @ \$1,995.00	\$25,935.00	
Paramedic Education		
Training Computer Modules (12) @ \$900.00	\$10,800.00	
Simulator Manakin (1)	\$ 1,300.00	
TOTAL	\$ continue on next page	
Grand Total	\$	

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per	Amount
hour, other fringe benefits, and the total number of hours.	Amount
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TOTAL Salaries	
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List the item and, if applicable, the quantity	List the item and, if applicable, the quantity	
·		
	TOTAL	\$

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

<i>!</i>	Amount
	\$ 4,000.00
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FOTAL	\$ 54,385.00
Grand Total	\$
	FOFAL Grand Total

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
	- Antount
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OTAL FICA	
Grand total Salaries and FICA	

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List the iter	List the item and, if applicable, the quantity	
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	TOTAL	1\$

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List the item and, if applicable, the quantity	Amount
North Central Florida Trauma Agency	:
Trauma Study	\$ 2,554.00
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ТОТА	AL \$ 2,554.00 √
Grand Tot	al \$
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Α.	Salaries	and	Ber	refits:
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For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount		
TOTAL Salaries			
TOTAL FICA			
Grand total Salaries and FICA			

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List the item and, if applicable, the quantity		Amount	
	TOTAL	\$	

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life

f one (1) year or more.  List the item and, if applicable, the quantity	Amount
ShandsCair	
Panasonic Tough Book (1)	\$ 4,000.00
	FOTAL   0.4000 00 °/
	FOTAL \$ 4,000.00 ¥
Grand	Total   \$ 127,697.00

### FLORIDA DEPARTMENT OF HEALTH EMS GRANT PROGRAM

# REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:	-				
Name of Agency:	Alachua Cou	nty			
Mailing Address:	913 SE 5th	Street			
	Gainesville	, FL 32601	-		
Federal Identification	number <u>596000</u>	501			
Authorized Official:					
	Signature			Date	
	Mike By	verly, Cha	ir	· 	
		Type Name a	ind Title		
Sign aı	nd return this page	with your appli	ication to:		
	Florida Departn BEMS Gran 4052 Bald Cypres Tallahassee, Flor	t Program s Way, Bin C1			
Do not write below this line. I	or use by Bureau o	of Emergency N	fledical Service	s personnel onl	ly
Grant Amount For State To Pa	ay: \$	Gra	nt ID: Code: <u>C</u>	70	
Approved By :					
_	IS Grant Officer			Date	
State Fiscal Year: 2007 -	2008				
Organization Code <u>E.O.</u> 64-42-10-00-000 05	<u>OCA</u> SF005	Object Code 750000	Category 059998		
ederal Tax ID: VF	——————				
Grant Beginning Date: Octobe	r 1, <u>200</u> 7 Gran	t Ending Date:	September-3	<u>みかた</u> 9 <del>, 2008</del>	
H Form 1767P, Rev. June 2002					i