

080893

030-5450-526-

\$127,697



Charlie Crist
Governor

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

2009 FEB 10 AM 7:38

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.

Reports Due - Grant ends Jan 15, 2010

Sincerely,

Ana Maria Viamonte Ros

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

- April 3, 2009
- Sept 11, 2009
- Final Feb 15, 2010 -

AVR/ew

cc: Mr. Mitch Harrell, Assistant Chief

080893

EMS COUNTY GRANT APPLICATION**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services****Complete all items****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**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.**5. Budget:** Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)

Alachua County Public Safety

Gainesville Fire Rescue

North Central Florida Trauma Agency

ShandsCair

**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 County

Mailing Address: 913 SE 5th Street

Gainesville, FL 32601

Federal Identification number 596000501

Authorized Official: _____

Signature

Date

Mike Byerly, Chair

Type Name and Title

Sign and return this page with your application to:

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

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID: Code: C70

Approved By : _____
Signature of EMS Grant Officer _____ Date _____

State Fiscal Year: 2007 - 2008

| <u>Organization Code</u> | <u>E.O.</u> | <u>OCA</u> | <u>Object Code</u> | <u>Category</u> |
|--------------------------|-------------|------------|--------------------|-----------------|
| 64-42-10-00-000 | 05 | SF005 | 750000 | 059998 |

Federal Tax ID: VF _____

Grant Beginning Date: October 1, 2007 Grant Ending Date: January 15, 2010
September 30, 2008