

070158



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

April 27, 2007

Ms. Paula M. Delaney
Chairperson
Alachua County Board
of County Commissioners
Post Office Box 2877
Gainesville, FL 32602-2877

Dear Ms. Delaney:

It gives me great pleasure to inform you that Alachua has been awarded an emergency medical services (EMS) county grant, number C6001, in the amount of \$147,559.00. 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 September 30, 2007. The first expenditure and activity reports are due by July 1, 2007. The final expenditure and activity reports are due by December 1, 2007.

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.

Sincerely,

A handwritten signature in cursive script that reads "Ana M. Viamonte Ros".

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

AMVR/ew

cc: ~~Mr. Cliff Chapman~~, Assistant Chief

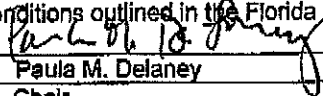
EMS COUNTY GRANT APPLICATION

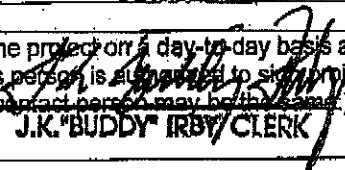
**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all items

ID Code (The State Bureau of EMS will assign the ID Code – leave this blank) C

1. County Name: Alachua
Business Address: P.O. Box 2877 Gainesville, FL 32602-2877
Telephone: 352-374-5210
Federal Tax ID Number (Nine Digit Number): VF 596000501

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: Paula M. Delaney	
Position Title: Chair	ATTEST:

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: Cliff Chapman	 J.K. "BUDDY" IRBY / CLERK
Position Title: Asst. Chief	
Address: P.O. Box 548 Gainesville, FL 32602	
Telephone: 352-384-3134	Fax Number: 352-337-8138
E-mail Address: gcc@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.
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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 Fire / Rescue
Gainesville Fire / Rescue
North Central Florida Trauma Agency
Santa Fe Community College

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 Board of County Commissioners

Mailing Address: PO Box 2877
Gainesville, FL 32602-2877

Federal Identification number 960-00-0501

Authorized Official: _____
Signature Date

APPROVED AS TO FORM

Paula M. DeLaney, Chair

Paula M. DeLaney
Type Name and Title

Paula M. DeLaney
ALACHUA COUNTY ATTORNEY

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

ATTEST:

J.K. "BUDDY" IRBY
J.K. "BUDDY" IRBY, CLERK

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: _____

Approved By : _____ Date _____
Signature of EMS Grant Officer

State Fiscal Year: _____

Organization Code 64-42-10-00-000 E.O. CG OCA N2000 Object Code 750000

Federal Tax ID: VF _____

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____