

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, Ana Maira Vramorte Don

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

THE Code leave the Harty C
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: Printed Name: Paula M. Delaney Position Title: Chair ATTEST
3. Contact Person: (The individual with direct knowledge of the projection a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to simple reports and may request project changes. The signer and the couract person may be the same.) J.K. BUDDY IRBY CLERK
Name: Cliff Chapman
Position Title: Asst. Chief
Address: P.O. Box 548
Gainesville, FL 32602
F-, Number 252 227 6439
Telephone: 352-384-3134 Fax Number: 352-337-6138
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. 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
DH Form 1684 Rev. June 2002

Amount
· · · · · · · · · · · · · · · · · · ·

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).

	Amount
North Central Florida Trauma Agency	\$2,951.18
Trauma Study	
T	OTAL \$ 2,951.18

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
	· · · · · · · · · · · · · · · · · · ·
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	•
TOTA	L. \$
Grand Total	al \$
·	

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
TOTAL 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 excluding expenditures classified as operating capital outlay (see next category).

s operating capital outlay (see next category). 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 of one (1) year or more.

of one (1) year or more. List the item and, if applicable, the quantity	Amount
Santa Fe Community College	
Combination Stretcher/Chair Stretcher with IV pole, mounting kit (1)	\$ 9,190,00
TOTAL	\$ 9,190.00
Grand Total	
Gland Jotal	T

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

TOTAL 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).

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

of one (1) year or more.		Amount
List the item and, if applicable, the quantity		
Gainesville Fire / Rescue		of the
Carboxy-methalemoglobin monitor (1)		\$ 5,000.00
Thermal imager Camera (3) @ \$14,000.00 each		\$ 42,000.00 C
4-Gas Detector (7) @ \$800.00 each		\$ 5,600,00
Medic Deployment Packs (6) @ \$400.00 each		\$ 2,400.00
Air-Powered Rescue Equipment (1)		\$ 3,000.00
	TOTAL	\$ 58,000.00
G	rand Total	\$



Salaries and Benefits: reach position title, provide the amount of salary per hour, FICA per		Amount
reach position title, provide the amount or salary per nour, in Competition, other trings benefits, and the total number of hours.		
	<u> </u>	
	<u> </u>	
OTAL Salaries		
OTAL FICA and 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).

s operating capital outlay (see next category). 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 of one (1) year or more.

of one (1) year or more. List the item and, if applicable, the qua	ntity)	Amount
Alachua County Fire / Rescue	The state of the s	
BLS Manikin/Equipment (1)		\$ 1,210.37
Carboxy-Methemoglobin Monitor (1)		\$ 5,000.00
		\$ 16,915.00
CPAP Generators (17) @ \$995.00	<u></u>	\$ 13,600.00
CPAP Patient Circuits (17 bts) @ \$ 425.00		\$ 20,822,45
NIBP/Temp Monitor (17) @ \$1,224.85		
Finger Pulse Oximmeter 6@ \$395.00		\$2.370.00
Vital Signs Monitor 7@ \$2,500.00		\$17,500.00
VILAI SIGNIS IVICINICA 1 & 4-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	Total	\$77,417.82
	Grand Total	\$ \$147,559.00

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 County Board of County Commissioners	
Mailing Address: PO Box 2877	
Gainesville, FL 32602-2877	
Federal Identification number_960-00-0501	
Authorized Official: Date	
Paula M. DeLaney, Chair Jan (10). D. Juny	
APPROVED AS 10 TORIVI Type Name and I itle	
Sign and refurn this page with your application to:	S
ALACHUA COUNTY ATTORING Department of Health BEMS Grant Program	e,
4052 Bald Cypress Way, Bin C18 J.K. BUDDY Tallahassee, Florida 32399-1738	Ŕ
Do not write below this line. For use by Bureau of Emergency Medical Services personnel only	1
Grant Amount For State To Pay: \$ Grant ID: Code:	
Approved By : Date Signature of EMS Grant Officer	
State Fiscal Year:	
Organization Code E.O. OCA Object Code 750000	
Federal Tax ID: VF	
Grant Beginning Date: October 1, Grant Ending Date: September 30,	

DH Form 1767P, Rev. June 2002