

R-90-189

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA; CERTIFYING THAT THE MONIES FROM THE COUNTY EMERGENCY MEDICAL SERVICE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PRE-HOSPITAL EMERGENCY MEDICAL SERVICE SYSTEM.

WHEREAS, the State of Florida has established the Emergency medical Service Grants Program pursuant to Chapter 401, Florida Statutes; and

WHEREAS, Chapter 10D-95, Florida Administration Code, requires that this money shall be used solely to improve and expand pre-hospital emergency medical services and requires that each county apply to the state for their funds each year; and

WHEREAS, Chapter 10D-95.004, Florida Administration Code, requires a resolution from the Board of County Commissioners as part of the Emergency medical Service Application procedure.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Manatee County that:

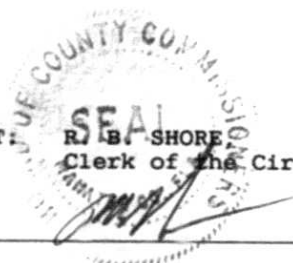
Monies from the County Emergency Medical Services Award will improve and expand the county's pre-hospital Emergency Medical System and that the funds will not be used to supplant existing County EMS budget allocations.

ADOPTED with a quorum present and voting this 4th day of December, 1990.

BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA

BY: *F. J. [Signature]*

ATTEST: *R. B. Shore*
Clerk of the Circuit Court





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

In accordance with the provision 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: Manatee County
Name of Board of County Commissioners (payee)

P.O. Box 1000
Address

Bradenton Florida 34206
(City) (State) (Zip)

Total Requested County Grant Amount: \$ 65,097.44

Authorizing County Official
SIGNATURE: Patricia M. Glass

DATE: 12/4/90

Printed Name: Patricia M. Glass

Title: Chairman

SIGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:

Department of Health and Rehabilitative Services
Office of Emergency Medical Services
EMS County Grants
1317 Winwood Boulevard
Tallahassee, Florida 32399-0700

For use only by Department of Health and Rehabilitative Services
Office of Emergency Medical Services

Amount: \$ _____ Grant Number: _____

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

Title: _____

Fiscal Year: _____ Amount: \$ _____

Organization Code: 60-20-60-30-100 E.O. H R Object Code 730060

Vendor I.D. V F _____

Beginning Date: _____ Ending Date: _____

ATTEST:
R. B. SHORE, CLERK OF CIRCUIT COURT



GRANT NO.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
1990 EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION

1. Board of County Commissioners (grantee) Identification
(Legal Name)

Name of County: Manatee

Business Address: P.O. Box 1000

Bradenton, FL 34206

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 Grant Application and its attachments are true and correct.

My signature acknowledges and ensures that I have read, understood, and will comply fully with Appendix D of the state's EMS grant booklet titled, Florida Emergency Medical Services Grant Program for Counties, 1990.

Printed Name: Patricia M. Glass

Title: Chairman

Signature: Patricia M. Glass

Date Signed: 12/4/90

(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: Ed Straight

Title: Chief

Business Address: 1112 Manatee Ave W, Suite 525, Bradenton, FL 34205

Telephone: (813) 749-3022

SunCom: 527-3500

4. Communications Approval: All grant applications which involve communication equipment and/or services, in total or part, will be reviewed by the state Department of General Services, Division of Communications (Div Comm). Div Comm will then send to the applicant a written conceptual review concerning the communications request and recommend any changes necessary to comply with Federal Communications Commission rules and/or the Florida EMS Communications Plan. With this initial approval, the applicant may then proceed with the proposed project but prior to any purchase commitment, copies of the purchase documents must be forwarded to Div Comm for review and issuance of final written approval.

5. County's Federal Tax Identification Number: 59-6000727

ATTEST:
R. B. SHORE, CLERK OF CIRCUIT COURT

6. 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.

7. Work Plan

<u>Measurable Objectives</u>	<u>Time Frames</u>
I. Purchase supply van to deliver supplies to stations.	Approximately 6 months after contract begins.
II. Purchase personal computer to keep track of quality assurance statistics.	Approximately 6 months after contract begins.

(continued)

8. Proposed Expenditure Plan: Prepare a line item budget. Identify all expenditures to be purchased with EMS grant monies. The county is not eligible for more funding than the amount allocated. Any costs above the allocated amount are the responsibility of the county. Use generic words for all equipment, especially communications equipment. Contact your assigned state EMS grant officer if assistance is needed.

<u>Grantee/Recipient of</u>	<u>Line</u>	<u>Unit</u>	<u>Total</u>
<u>Line Item</u>	<u>Item</u>	<u>Price</u>	<u>Quantity Cost</u>
Manatee County EMS	Supply Van	\$16,000	1 \$16,000
Manatee County EMS	Personal Computer	4,000	1 4,000
Manatee County EMS	VHF Pagers	350	16 5,600

Amount of total to be paid by:

(continued)			
\$ <u>65,097.44</u>	FY 1990-91 Grant		
\$ <u>20,133.28</u>	Previous Grant Balance FY <u>89-90</u>		
\$ <u>3,992.72</u>	Earned Interest from FY <u>89-90</u>		
\$ _____	Other (Specify: _____)	Total	\$ <u>89,223.44</u>

Attach additional pages if necessary for items 7 and 8.

HRS Form 1684, JUL, 90 (Obsoletes previous editions which may not be used)

1990 EMS County Grant Application

7. Work Plan - Continued

<u>Measurable Objectives</u>	<u>Time Frames</u>
III. Purchase VHF pagers for each unit in order to alert crews of calls.	Approximately 6 months after contract begins.
IV. Provide CISM and PHTLS training for personnel.	" "
V. National Registry certification for personnel.	" "
VI. Purchase projection television for in-service training.	" "
VII. Purchase protective equipment for Paramedic Specialty Teams (hazmat, highrise, dive team)	" "
VIII. Create three satellite training work stations.	" "

8. Proposed Expenditure Plan - Continued

Manatee County EMS	CISM and PHTLS Training	3,500.00	1	\$ 3,500.00
Manatee County EMS	National Registry Cert.	2,500.00	1	2,500.00
Manatee County EMS	Projection TV	9,400.00	1	9,400.00
Manatee County EMS	Protective Equipment	3,820.00	1	3,820.00
Manatee County EMS	Training Stations	1,120.65	3	3,361.94
Anna Maria Fire Department	Rescue & Medical Equipment	988.50	1	988.50
Braden River Fire Department	Rescue Equipment	538.50	1	538.50
Cedar Hammock Fire Department	Rescue Equipment	2,656.50	1	2,656.50
City of Bradenton	Communications & Education	5,238.00	1	5,238.00

8. Proposed Expenditure Plan - Continued

Longboat Key Fire Department	Medical Training	885.00	1	885.00
Myakka City Fire Department	Medical equipment	156.00	1	156.00
North River Fire District	Rescue & Medical Equipment	1,939.50	1	1,939.50
Parrish Fire Department	Rescue Equipment	166.50	1	166.50
Southern Manatee Fire-Rescue	Rescue Equipment	2,766.00	1	2,766.00
Trailer Estates Fire Department	Rescue & Medical Equipment	252.00	1	252.00
West Side Fire Department	Rescue & Medical Equipment	1,056.00	1	1,056.00
Whitfield Fire Department	Communications Equipment	273.00	1	273.00