

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A GRANT FROM THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES; AND CERTIFYING THAT THE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE ALL RELATED GRANT DOCUMENTS; AND RESCINDING RESOLUTION R-09-259.

**WHEREAS**, the State of Florida Department of Health, Division of Emergency Medical Services distributes county grant funding to assist public organizations to improve and expand their EMS systems; and

**WHEREAS**, the Manatee County Board of County Commissioners is eligible to submit an EMS County Grant application; and

**WHEREAS**, the Manatee County Department of Public Safety, Division of Emergency Medical Services, has identified the need to improve and expand the County's prehospital Emergency Medical System, and in accordance with Chapter 401, Florida Statutes, Chapter 64J, Florida Administrative Code, the EMS County grant award will not be utilized to supplant the existing EMS budget allocations.

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

1. The submission and acceptance of the EMS County Grant from the State of Florida Department of Health, Bureau of Emergency Medical Services System is hereby authorized.
2. The EMS County Grant Award will not be utilized to substitute the existing County EMS budget allocations.
3. The County Administrator is hereby authorized to execute the grant applications, associated contracts, and all other related documents necessary for the grant processes.

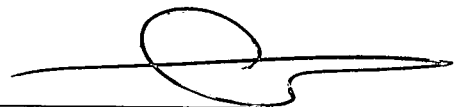
**ADOPTED** with a quorum present and voting this 22nd day of February, 2011.

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

BOARD OF COUNTY COMMISSIONERS

By:   
Deputy Clerk



By:   
Chairman

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

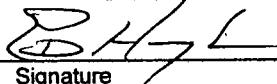
**DOH Remit Payment To:**

Name of Agency: Manatee County Board of County Commissioners

Mailing Address: P. O. Box 1000

Bradenton, FL 34206-1000

Federal Identification Number VF596000727

Authorized Agency Official:  2/22/11  
Signature Date

Ed Hunzeker, County Administrator  
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: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of EMS Grant Officer

State Fiscal Year: \_\_\_\_\_

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

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_