

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 THE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE ALL RELATED GRANT DOCUMENTS.

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 in accordance with Chapter 401.113, Florida Statutes.

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

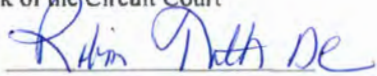
1. The submission and acceptance of the EMS County Grant from the State of Florida Department of Health, Bureau of Emergency Medical Services System is hereby authorized.
2. The EMS County Grant Award will not be utilized to substitute the existing County EMS Budget allocations.
3. The County Administrator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

ADOPTED with a quorum present and voting this 28th day of November 2017

**BOARD OF COUNTY COMMISSIONERS
OF MANATEE COUNTY, FLORIDA**

By: 
Chairperson, Board of County Commissioners

ATTEST: Angelina Coloneso
Clerk of the Circuit Court

By: 



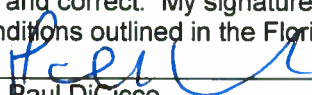


EMS COUNTY GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items**

ID. Code (The State EMS Program will assign the ID Code – leave this blank) C60

1. County Name: Manatee County Government
Business Address: P.O. Box 1000
Bradenton, Florida
34206-1000
Telephone: 941-748-4501 ext.1645
Federal Tax ID Number (Nine Digit Number): VF 596000727

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: 11/28/2007
Printed Name: Paul DiCicco
Position Title: Chief, EMS Division, Public Safety Department

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: Paul DiCicco
Position Title: Chief, EMS Division, Public Safety Department
Address: P.O. Box 1000
Bradenton, Florida 34206
Telephone: 941-748-4501 ext. 1645 Fax Number: 941-749-3568
E-mail Address: paul.dicicco@mymanatee.org

4. Resolution: Attach a 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. We cannot process for funds without a current resolution.

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)
Manatee County Emergency Medical Services

BUDGET PAGE

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 =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

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).

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.00

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
2 - Stryker Power Pro Ambulance Cots	\$38,378.00
Total Vehicles & Equipment =	\$ 38,378.00
<u>Grand Total =</u>	<u>\$ 38,378.00</u>

FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT SECTION

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

The agency name, address, and federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person who does business with the state for your organization to provide these.

Name of Agency: Manatee County Government / Clerk of the Court

Mailing Address: P.O. Box 1000

Bradenton, Florida 34206

ATTEST: MANATEE COUNTY
CLERK OF CIRCUIT COURT AND
COUNTY COMPTROLLER

BY: Rita Tech DE
DEPUTY CLERK

Federal Identification number: VF 596000727

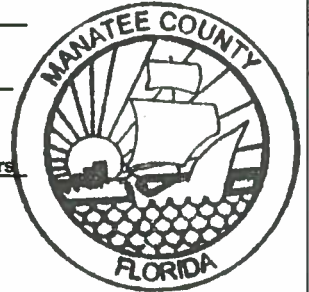
Authorized County Official: [Signature]

Signature

Date

11/28/17

Betsy Benac, Chairperson, Manatee County Board of County Commissioners
Type or Print Name and Title



Sign and return this page with your application to:

Florida Department of Health
Emergency Medical Services Section, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Do not write below this line. For use by State Emergency Medical Services Program

Grant Amount for State to Pay: \$ _____ Grant ID: Code: C60

Approved By: _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	750000	059998

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____