



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) C50

1. County Name: Pinellas County
Business Address: 315 Court Street
Clearwater, FL 33756
Telephone: 727-582-2550
Federal Tax ID Number (Nine Digit Number). VF 59-6000-800

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: <i>Charlie Justice</i>
Printed Name: Charlie Justice
Position Title: Chairman, Board of County Commissioners
Date: 11-23-16
ATTEST: KEN BURKE, CLERK
By: <i>Melva D. King</i>
Deputy Clerk

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: Craig A. Hare
Position Title: Director
Address: EMS & Fire Administration
12490 Ulmerton Road, Suite 134
Largo, Florida 33774
Telephone: 727-582-5752
Fax Number: 727-582-5759
E-mail Address: chare@pinellascounty.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)
Emergency Medical Services and Fire Administration

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
N/A	
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
Customer Satisfaction - The foundation of a quality EMS system is the ability to understand what is most important to our patients and community we serve. Our goal is to create a systematic method to conduct ongoing patient satisfaction telephone surveys of recently treated patients asking them to rate the perception of the care provided. We intend to use the information gathered, along with a clinician, clinical procedures, outcome data, and community demographic information to evaluate and improve all aspect of services provided.	\$30,000.00
Total Expenses =	\$ 30,000.00

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
Portable Medical Shelter – Establish a portable medical shelter(s) capable of being used for patient treatment and emergency sheltering to include heating/cooling, treatment cots, lighting and support equipment.	\$65,506.00
EMS Simulation Training Equipment – Improve the Center for Prehospital Medicine (CPM) with simulation training equipment that provides environmental immersion to enhance the simulation training of Paramedics and EMTs.	\$30,000.00
Total Vehicle & Equipment =	\$95,506.00
Grand Total =	\$125,506.00

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:

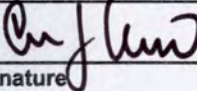
The agency name and mailing address **must** be in the state MyFloridaMarketPlace (MFMP) system.

Name of Agency: Pinellas County Board of County Commissioners

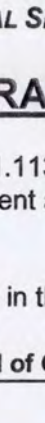
Mailing Address: 315 Court Street

Clearwater, Florida 33756

Federal Identification number: VF 59-6000-800

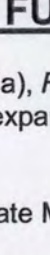
Authorized County Official:  11-23-16
Signature Date

ATTEST: KEN BURKE, CLERK

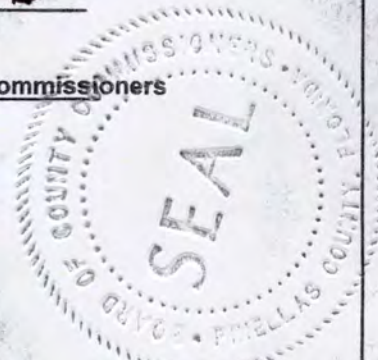
By: 
Deputy Clerk

Charlie Justice, Chairman, Board of County Commissioners
Type or Print Name and Title

Sign and return this page with your application to:

APPROVED AS TO FORM
By: 
Office of the County Attorney

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: C50

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

<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: _____