



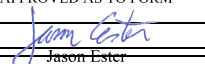
**EMS COUNTY GRANT APPLICATION**

**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) **C8052**

<b>1. County Name:</b> Pinellas County
Business Address: <b>315 Court St.</b>
<b>Clearwater, FL 33756</b>
Telephone: <b>(727)582-5750</b>
Federal Tax ID Number (Nine Digit Number): VF <b>59-6000-800</b>

**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.

<b>Signature:</b>	<b>Date:</b>
Printed Name: <b>Karen Williams Seel</b>	APPROVED AS TO FORM
Position Title: <b>Chairman, Board of County Commissioners</b>	By:  Jason Ester Senior Assistant County Attorney

**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: <b>Craig Hare</b>	
Position Title: <b>Director</b>	
Address: <b>EMS &amp; Fire Administration</b>	
<b>12490 Ulmerton Rd., Suite 134</b>	
<b>Largo, FL 33774</b>	
Telephone: <b>(727)582-5752</b>	Fax Number: <b>(727)582-5759</b>
E-mail Address: <b>chare@pinellascounty.org</b>	

**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 this resolution.

**5. Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

<b>EMS &amp; Fire Administration</b>

**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 =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**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
N/A	
<b>Total Expenses =</b>	<b>\$ 0.00</b>

**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
<b>Controlled Substance Tracking and Vehicle Check Software</b> –The funds will be used towards the implementation of a software system to track controlled substances and daily vehicle inspections of medical equipment, pharmaceuticals and medical supplies. Currently these are manual processes that will greatly benefit from automation in terms of tracking and accountability.	<b>\$139,776.00</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 139,776.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$ 139,776.00</u></b>

**FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT**

**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 in your organization who does business with the state to provide these.

Name of Agency: Pinellas County Board of County Commissioners

Mailing Address: 315 Court Street  
Clearwater, FL 33756

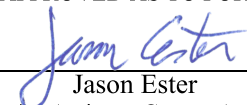
Federal 9-digit Identification number: VF 59-6000-800 3-digit seq. code \_\_\_\_\_

Authorized County Official: \_\_\_\_\_  
Signature Date

Karen Williams Seel, Chairman, 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 Unit, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722*

APPROVED AS TO FORM  
By:   
Jason Ester  
Senior Assistant County Attorney

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

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: C80

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2019 - 2020

<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	751000	059998

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

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