

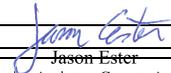


FLORIDA DEPARTMENT OF HEALTH  
 Emergency Medical Services Section  
 EMS County Grant Application

ID Code (The State EMS Program will assign the ID Code – leave this blank) **C9052**

**1. County Name: Pinellas County**  
 Business Address: **315 Court St.**  
**Clearwater, FL 33756**  
 Telephone: **(727) 582-5750**  
 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
APPROVED AS TO FORM  
 Printed Name: **Pat Gerard**  
 Position Title: **Chairman, Board of County Commissioners** 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: **Craig Hare**  
 Position Title: **Director**  
 Address: **EMS & Fire Administration**  
**12490 Ulmerton Rd., Suite 134**  
**Largo, FL 33774**  
 Telephone: **(727) 582-5752** Fax Number: **(727) 582-5759**  
 Email 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 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)

**EMS & Fire Administration**

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**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 =	
<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
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
<b>Rehabilitation Unit</b> – This vehicle will support EMS Rehab Operations. It will provide personnel cooling, hydration, nutrition, decontamination shower, rest room, tents, fans, chairs and coolers with ice & water. It is important that all personnel receive appropriate decontamination, rest, relief from extreme climatic conditions, cooling, hydration, calorie and electrolyte replacement, medical monitoring and emergency medical care if needed. This rehabilitation unit will assist in assuring that all personnel can recover properly and receive medical monitoring while involved in all hazard operations.	<b>\$122,074.00</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 122,074.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$ 122,074.00</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 county name, address, and corresponding federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

Name of County: 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**

Pat Gerard, 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  
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: C9052

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

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

State Fiscal Year: 2020-2021

<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 \_\_\_\_\_ Sequence Code: \_\_\_\_\_

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