



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: 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: _____ Date: _____
Printed Name: Janet C. Long
Position Title: Chair, Board of County Commissioners

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 Road, Suite 134
Largo, FL 33774
Telephone: 727-582-5752 Fax Number: _____
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)
St. Petersburg College Foundation in Care of the Pinellas County Fire & EMS Training Academy
EMS & 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
St Petersburg College Foundation in care of the Pinellas County Fire & EMS Training Academy – The College Foundation will improve the Fire & EMS Training Academy to ensure Fire and EMS students and professionals who are conducting training are properly managed and monitored during training drills to avoid heat exhaustion or heat stroke. The project will include heat index monitoring and a covered pavilion area with cooling misters to ensure rehabilitation of Fire/EMS personnel.	\$25,000.00
Mobile Oxygen Generator System – This project will allow Pinellas County EMS to provide continuous oxygen for up to one hundred (100) patients requiring continuous oxygen at special needs shelters or in the event of an oxygen system failure at Hospitals or other medical facilities. In the after action review of Hurricane Irma response, it would be impractical to maintain mass care of oxygen dependent patients using only oxygen bottles especially if commercial oxygen suppliers were unable to access shelters post storm. Commercial power interruption and generator failures could create mass care issues where large numbers of oxygen dependent patients would not be able to maintain self-sufficiency with personal oxygen concentrators.	\$143,870.00
Total Expenses =	\$168,870.00

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
Total Vehicles & Equipment =	
Grand Total =	\$168,870.00

**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, 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: Pinellas County Board of County Commissioners

Mailing Address: 315 Court Street

Clearwater, Florida 33756

Federal Identification number: VF 59-6000-800

Authorized County Official: _____

Signature

Date

Janet C. Long, Chair, 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: _____