

**EMS COUNTY GRANT APPLICATION**

**FLORIDA DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**Complete all items**

**ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank) C40**

<b>1. County Name:</b>	Pinellas
<b>Business Address:</b>	315 Court Street Clearwater, FL 33756
<b>Telephone:</b>	(727) 582-2550
<b>Federal Tax ID Number (Nine Digit Number):</b>	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: *John Morrone* Date: 12/15/15

Printed Name: John Morrone

Position Title: Chairman, 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 Rd, Suite 134  
Largo, FL 33774

Telephone: (727) 582-5752 Fax Number: (727) 582-5759

E-mail Address: chare@pinellascounty.org

**4. Resolution:** Attach a current 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 organizations(s) below. (Use additional pages if necessary).

Emergency Medical Services and Fire Administration


1  
ATTEST: KEN BURKE, CLERK  
By: *Norvan D. Lee*  
Deputy Clerk



**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-
TOTAL FICA	-0-
Grant total Salaries and FICA	-0-

**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	
TOTAL	-0-

**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
• EMS & Fire Administration	
1. Health Data Exchange	\$5,000.00
2. Responder Wellness Program	\$50,000.00
3. AEDs – Water Rescue/Special Rescue/Shelter	\$25,632.00
4. Public Education Campaigns	\$50,000.00
TOTAL	\$130,632.00
Grand Total	\$130,632.00

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

**DOH Remit Payment To:**

Name of Agency: Pinellas County Board of County Commissioners

Mailing Address: 315 Court Street

Clearwater, Florida 33756

Federal Identification number VF 59-6000-8000

Authorized Official: John Morrone 12/15/15  
Signature Date

John Morrone, Chairman, Board of County Commissioners  
Type Name and Title

Sign and return this page with your application to:

Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

ATTEST: KEN BURKE, CLERK  
By: Ken Burke  
Deputy Clerk

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

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

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_

Organization Code 64-42-10-00-000 E.O. \_\_\_\_\_ OCA \_\_\_\_\_ Object Code 750000

Federal Tax ID: VF \_\_\_\_\_

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