

RESOLUTION 2012 - 287

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE CONDITIONS AND REQUIREMENTS OF THE FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES TRUST FUND GRANT PROGRAM, AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE THE APPLICATION IN ORDER TO RECEIVE FUNDING TO BE EXPENDED BY ST. JOHNS COUNTY EMS WITHIN FISCAL YEAR 2013.

WHEREAS, St. Johns County, Florida (“County”), when preparing the budget for Fiscal Year 2013 anticipated receiving a Florida Department of Health Emergency Medical Services Trust Fund Grant for the improvement and expansion of emergency medical services; and

WHEREAS, St. Johns County Emergency Medical Services has an opportunity to receive an annual grant for improvement and expansion of emergency medical services in the amount of \$16,300, upon executing an application for the Florida EMS County Grants Program (“Grant Program”); and

WHEREAS, by executing the application, the County affirms that the Grant Program’s conditions and requirements have been read, are understood and shall be complied with in expending the grant funds; and

WHEREAS, the Board has reviewed the conditions and requirements of the grant program and determined that executing the application serves the interests of the citizens of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. Incorporation of Recitals.

The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. Approval and Authorization to Execute.

The Board of County Commissioners hereby approves the conditions and requirements of the Florida Department of Health Emergency Medical Services Trust Fund Grant Program, and hereby authorizes the County Administrator, or designee, to execute the application on behalf of the County in order to received funds in the amount of \$16,300 for the improvement and expansion of emergency medical services.

Section 3. Correction of Errors.

To the extent that there are typographical, administrative or scrivener’s errors that to do not change the tone, tenor or concept of this Resolution, then this Resolution may be revised without

further action by the Board of County Commissioners.

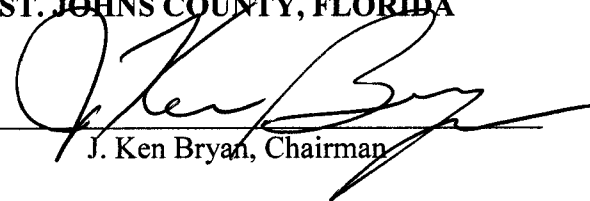
Section 4. Effective Date.

This Resolution shall be effective upon its execution.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, and this 3rd day of October 2012.

**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: _____



J. Ken Bryan, Chairman

ATTEST: CHERYL STRICKLAND, CLERK

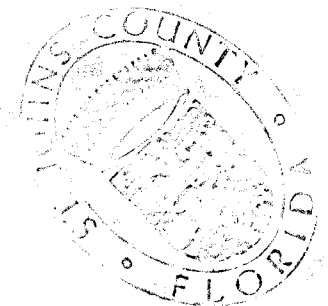
By: _____



Deputy Clerk

RENDITION DATE

10/4/12



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: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View

St. Augustine, Florida 32084

Federal Identification number 59-6000825

Authorized Official: 

Signature

Date

7-27-12

Michael D. Wanchick, County Administrator
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

DEPARTMENT OF HEALTH
FINANCE AND ACCOUNTING
#3
12 AUG 22 PM 12: 21

LEGALLY SUFFICIENT


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

Grant Amount For State To Pay: \$16,300.00

Grant ID: Code: C1058

Approved By : Alan Van Laanen
Signature of EMS Grant Officer

Aug. 21, 2012
Date

State Fiscal Year: 2012 - 2013

Organization Code
64-42-10-00-000

E.O.
05

OCA
SP005

Object Code
750000

Federal Tax ID: VF 596000825-006

Grant Beginning Date: Aug. 17, 2012 Grant Ending Date: Sept. 30, 2013

Rick Scott
Governor



John H. Armstrong, MD
State Surgeon General

July 18, 2012

pol

Chairperson
Saint Johns County Board
of County Commissioners
4020 Lewis Speedway
Saint Augustine, Florida 32084

Dear Chairperson:

We are pleased to announce that you may now apply for your county's annual grant from the state for the improvement and expansion of your county's emergency medical services (EMS). The amount of your grant is \$16,300.00. The sum is 45 percent of the funds your county deposited into the state Emergency Medical Services Trust Fund for traffic fine surcharges as specified in 401.113(1), *Florida Statutes*, for the 12 months of July 1, 2011 through June 30, 2012.

We will process your award when we receive the completed forms detailed in the following paragraph. All items in your budget must improve and expand Emergency Medical Services. Replacement and ongoing costs are not allowable.

We are again using the 2008 edition grant booklet and forms. If you need a copy, please contact me or obtain them online at <http://www.fl-ems.com/Forms/Forms.html>. The application forms are pages 3-5 in the grant booklet. Item 4 in the application form describes and requires a current resolution from the Board of County Commissioners (BOCC). Complete and return the original plus one copy of: the application form DH Form 1684, the request for grant distribution page DH Form 1767P, and the resolution (all three documents must be signed) to: EMS County Grant Program, DOH Emergency Medical Services, 4052 Bald Cypress Way, Mail Bin C18, Tallahassee, FL 32399-1738

The deadline for us to receive completed applications is October 19, 2012, 5:00 PM, Eastern Daylight Saving Time.

Thank you for your cooperation and support to improve and expand quality EMS. Please contact me at telephone (850) 245-4440, extension 2734, if you have any questions.

Sincerely,

Handwritten signature of Alan Van Lewen in cursive.

Alan Van Lewen
Health Services and Facilities Consultant
Grants Unit

Received

JUL 26 2012

cc: Mr. Jeffrey A. Prevatt, Int. Assistant Fire Rescue Chief

County Administrators Office

ST. JOHNS COUNTY, FLORIDA
Board of County Commissioners

FIRE RESCUE DEPARTMENT

3657 Gaines Rd.
ST. AUGUSTINE, FL 32084-6565



PHONE: (904) 209-1700
FAX: (904) 209-1739

July 26, 2012

Mr. Alan Van Lewen, Grant Administrator
Florida Department of Health
EMS Bureau
4052 Bald Cypress Way, Bin C-18
Tallahassee, FL 32399-1738

Dear Mr. Van Lewen:

This letter will serve to validate that St. Johns County Resolution 90-81, regarding the use of County grant funds, remains in effect as of this date.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael D. Wanchick", with a long, sweeping underline.

Michael D. Wanchick
County Administrator

MW:jp

REVISED

RESOLUTION NO. 90-81

RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA
EMERGENCY MEDICAL SERVICES FUNDING GRANT

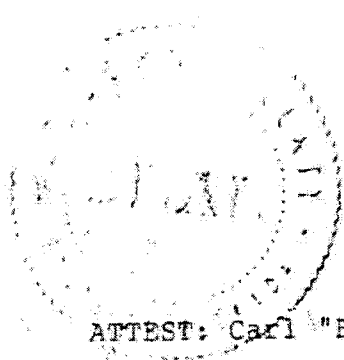
BE IT RESOLVED that the Board of County Commissioners of St. Johns County, (Board) authorizes the Chairman of the Board to sign applications for annual funding for County Emergency Medical Services (EMS) Award as provided for by Chapter 10D-95 Florida Administrative Code, Florida Emergency Medical Services Grant Program, and

BE IT FURTHER RESOLVED, that the Board certifies that the monies from the County EMS Award will improve and expand the County's prehospital EMS System and that the funds will not be used to supplant existing County EMS operating budget allocations.

PASSED AND ADOPTED this 24th day of April, 1990.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

BY: Craig Maguire
It's Chairman



ATTEST: Carl "Bud" Markel

BY: Connie E. McDaniel
Deputy Clerk



**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

**EMS COUNTY GRANT PROGRAM
APPLICATION PACKET**

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DESCRIPTION OF PROGRAM

OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

COUNTY GRANT PROCESS

APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, December 2008". The BCCs will return the county grant application and resolution (item 5 on the application) to the department.

NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, ~~due~~ dates for required reports, the approved budget, and additional grant conditions, if any.

APPLICATION SUBMISSION:

The BCCs must submit:

1. A completed application (DH Form 1684, December 2008) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant
Emergency Medical Services
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.


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) **C**

1. County Name:	St. Johns County
Business Address:	3657 Gaines Road St. Augustine, Florida 32084
Telephone:	904-209-1702
Federal Tax ID Number (Nine Digit Number):	VF59-6000825

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: 7-27-12
Printed Name: Michael D. Wanchick	
Position Title: County Administrator	

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:	Jeffrey A. Prevatt
Position Title:	Assistant Fire Rescue Chief
Address:	3657 Gaines Road St. Augustine, Florida 32084
Telephone:	904-209-1702
Fax Number:	904-209-1716
E-mail Address:	jprevatt@sjcfl.us

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.

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. Johns County Fire Rescue

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	
TOTAL FICA	
Grand total Salaries and FICA	

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
Video Laryngoscope Blade, Standard (20)	\$554.40
Video Laryngoscope Blade, Channeled (133)	\$3,686.76
TOTAL	\$ 4,241.16

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
Video Laryngoscope (13)	\$12,040.47
TOTAL	\$ 12,040.47
Grand Total	\$ 16,281.63

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: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View

St. Augustine, Florida 32084

Federal Identification number 59-6000825

Authorized Official: 

Signature

7-27-11
Date

Michael D. Wanchick, County Administrator

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*

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: _____

LEGALLY SUFFICIENT

Name: Michael D. Wanchick
Title: County Administrator

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: _____ Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

Justification For Change:

Signature of Authorized Official	Date
----------------------------------	------

For department use only.

Approved Yes No Change No: _____

Department's Authorized Representative	Date
--	------

Department of Health EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: _____ Grant ID Code: _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount \$ _____; as of _____
Day Month Year

Final Report (Check one): Yes No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
TOTAL BUDGETED EXPENDITURES	\$

Actual Expenditure to Date by Major Line Item(s)	\$
TOTAL EXPENDITURES	\$

BALANCE (Budgeted Less Actual Expenditures)	\$
--	----

Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

 Signature of Authorized Official _____
Date

GENERAL CONDITIONS AND REQUIREMENTS

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

FINANCIAL

FUND ACCOUNTING:

All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned an unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

USE OF COUNTY GRANT FUNDS:

All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must adhere to the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

ROLLOVERS

Any unencumbered EMS county grant program funds as of September 30, of each year, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

VEHICLES AND EQUIPMENT

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

TRANSFER OF PROPERTY

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

REQUESTS FOR CHANGE

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, December 2008. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Changes in the project activities.
2. Redistribution of the funds between entities or equipment approved.
3. Establishing a new line item in the budget.
4. Changing a salary rate more than 10%.

SUPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

DEPOSIT OF FUNDS

County grant funds provided to an applicant shall be deposited in a separate account. All interest earned shall be documented on the required reports.

REPORTS

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

FINAL REPORTS

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

COMMUNICATIONS EQUIPMENT

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date. Rollover funds may be used to meet expenditures prior to receipt of current year funds.

CREDIT STATEMENT

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the words, "State of Florida, Department of Health, Bureau of Emergency Medical Services" shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This is applicable, if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit, performed in accordance with section 215.97, F.S. by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from a rate contract based on a set state or area-wide fixed rate for service, and of which less that

\$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period. Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved. If the grantee receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

A. Send one copy to:

Florida Department of Health
Contract Administrative Monitoring Unit
4052 Bald Cypress Way, BIN B01
Tallahassee, Florida 32399-1729

B. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:

Send two copies to:

Auditor General's Office
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

C. Do not send this report to the state Bureau of EMS.

RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

FLAIR ACCOUNT CODE 64-202192002-64200800-00-05999800	OLD 640000	SITE 80	DOCUMENT NUMBER D3000101252	OBJECT 7900	DATE 09/04/12	PAYMENT NO 0212829
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PAYMENT AMOUNT
\$ 16,300.00

AGENCY DOCUMENT NO
V003913

ST JOHNS CO BOCC
 ATTN: BUDGET OFFICE
 500 SAN SABASTIAN VIEW
 SAINT AUGUSTINE FL 32084

PLEASE DIRECT QUESTIONS TO: (850) 245-4502, HQ, ACCOUNTING - LYNN ROBINSON

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT HTTP://FLAIR.DBF.STATE.FL.US

INVOICE NUMBER	AMOUNT
-----	-----
C1058	\$ 16,300.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND CAPITOL BUILDING MUST APPEAR BELOW TO BE AUTHENTIC



FLAIR ACCOUNT CODE 64-202192002-64200800-00-05999800	SWDN D3000101252	ADN V003913	OBJECT 7900	DATE 09/04/12	WARRANT NO 34-0212829-0	63-1012 632
OLD 640000	SITE 80	CONTACT (850) 245-4502 FOR PAYMENT QUESTIONS			VOID AFTER 12 MONTHS	

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES

4-17 459 557
 AMOUNT

\$****16,300.00

PAY
 SIXTEEN-THOUSAND-THREE-HUNDRED & 00/100 DOLLARS

EXPENSE WARRANT

TO THE ORDER OF

ST JOHNS CO BOCC
 ATTN: BUDGET OFFICE
 500 SAN SABASTIAN VIEW
 SAINT AUGUSTINE FL 32084

TO: DIVISION OF TREASURY
 TALLAHASSEE

JEFF ATWATER, CHIEF FINANCIAL OFFICER

⑈ 3402128290⑈ ⑆ 063210125⑆ 2079900545225⑈

Rick Scott
Governor



John H. Armstrong, MD
State Surgeon General

August 17, 2012

Mr. Michael D. Wanchick, County Administrator
Saint Johns County Board of
County Commissioners
500 San Sebastian View
Saint Augustine, Florida 32084

Dear Mr. Wanchick:

I am pleased to award Saint Johns County state emergency medical services (EMS) county grant ID Code C1058 for \$16,300.00. You should receive the full amount in advance within 30 days. The purpose of this grant is to improve and expand pre-hospital EMS.

Paragraph 401.113(2) (a), *Florida Statutes*, authorizes and requires this grant program, which is number 64.005 in the *Florida Catalog of State Financial Assistance*. The money is state funds from the Department of Health's EMS Trust Fund and there are no federal funds involved.

Your signed grant application affirms you have read, understand, and will comply with the conditions and requirements in the "Florida EMS County Grant Program Application Packet, June 2008." You can obtain a copy from your identified contact person or at the following internet location: <http://www.fl-ems.com/Forms/Forms.html>.

The grant begins the date of this letter and ends September 30, 2013. Please note it is a requirement that you send reports to us covering the grant's activities and purchases by January 18, 2013, June 21, 2013, and October 18, 2013, the final report.

Thank you for your participation in this state EMS grant program. If you need assistance, you may contact Mr. Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, Emergency Medical Services Program at (850) 245-4440, extension 2734.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor Johnson".

Victor Johnson
Interim Division Director
Emergency Preparedness
And Community Support

VJ/avl

cc: Mr. Jeffrey A. Prevatt, Assistant Fire Rescue Chief