

Resolution No. 2017-422

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO APPLY FOR GRANT FUNDS UNDER THE STATE OF FLORIDA'S EMERGENCY MEDICAL SERVICES COUNTY GRANT PROGRAM ON BEHALF OF ST. JOHNS COUNTY, FLORIDA AND CERTIFYING THAT THE GRANT FUNDS WILL BE USED FOR THE IMPROVEMENT AND EXPANSION OF THE COUNTY'S PRE-HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM.

WHEREAS, the State of Florida, has announced that St. Johns County may now request funds under the Emergency Medical Services County Grant Program; and
WHEREAS, the amount of grant funds available for St. Johns County this year is \$23,286.40; and

WHEREAS, Section 401.113(1), Florida Statutes, provides that the funds must be used solely to improve and expand pre-hospital Emergency Medical Services (EMS) within the state; and

WHEREAS, this grant opportunity was not anticipated when preparing the Fiscal Year 2017-2018 St. Johns County General Fund Emergency Medical Services Department Budget. NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County:

1. The above recitals are hereby adopted as legislative findings of fact and incorporated herein.
2. The Board of County Commissioners certifies that the grant funds will be used solely to improve and expand the County pre-hospital Emergency Medical Services (EMS) system and will not be used to supplant current levels of County expenditures.
3. The Board of County Commissioners authorizes the County Administrator or his designee to apply for a grant under the Emergency Medical Services County Grant Program and to execute any grant agreement or other documents associated with the grant upon a finding of legal sufficiency by the Office of the County Attorney.
4. To the extent there are typographical errors that do not substantively change the tone, tenor, or concept of this resolution, this resolution may be revised without subsequent approval by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida this 5th day of December, 2017.

BOARD OF COUNTY COMMISSIONERS
ST. JOHNS COUNTY, FLORIDA

Henry Dean
Henry Dean, Chairman

ATTEST: Hunter S. Conrad, Clerk

Ram Halterman
By: Deputy Clerk

RENDITION DATE 12/21/17



County Government Application Form 2017-2018

The amount of your new grant is in the "Total" column of the county amount table at the website link.

The first application form page has five items, the first three are self-explanatory.

However, note that Item 2 is where the county's authorized person must provide his/her signature.

Item 4 describes the content of the resolution. Please provide this in your county's customary format and approval process. The resolution must be current or if a previous one has continuing authority, please include with it a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

Item 5 of the first page of the application form asks for the name of the organizations that will receive funds from your new county grant. The second page of the application form is the budget page and one of these budget pages is needed for each organization listed in item 5,

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service.

All costs combined must total to the exact amount of new funds for your grant. You can request changes after the new grant begins.

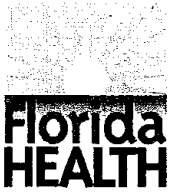
Your budget totals in the application should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click on the resulting menu "Update Field."

Request for Grant Fund Distribution Form

Request for Grant Fund Distribution Form: this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. The address on this form must be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776 Monday to Friday, 8 a.m. to 6 p.m., or by email at: MyFloridaMarketPlace@dms.myflorida.com.



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: St. Johns
Business Address: St. Johns County Fire Rescue
3657 Gaines Road
St. Augustine, FL 32084
Telephone: 904-209-1700
Federal Tax ID Number (Nine Digit Number): VF 596000825

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: Michael 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: Stephanie Whaley	
Position Title: Deputy Chief	
Address: St. Johns County Fire Rescue	
3657 Gaines Road	
St. Augustine, FL 32084	
Telephone: 904-209-1726	Fax Number: 904-209-1716
E-mail Address:	

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)

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 =	
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
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
ACR4 Ambulance Child Restraint (22)	16608.90
RescueLift Litter (13)	1495.00
RescueLift Litter Straps (13)	325.00
Active Shooter Medical Equipment Bags (13)	715.00
Pelvic Splint (50)	4142.50
Total Vehicles & Equipment =	\$23286.40
<u>Grand Total =</u>	<u>\$23286.40</u>

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: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View

St. Augustine, Florida 32084

Federal Identification number: 59-600825

Authorized County Official: _____

Signature

Date

Michael D. Wanchick, County Administrator

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: _____