

RESOLUTION NO. 2021 149

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, ACCEPTING THE 2020-2021 FLORIDA DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY GRANT PROGRAM AWARD IN THE AMOUNT OF \$18,691; APPROVING TERMS, CONDITIONS, AND REQUIREMENTS OF GRANT AGREEMENT; AUTHORIZING COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE GRANT AGREEMENT ON BEHALF OF ST. JOHNS COUNTY; AND RECOGNIZING AND APPROPRIATING GRANT FUNDING WITHIN THE FISCAL YEAR 2021 GENERAL FUND AND EMERGENCY MEDICAL SERVICES BUDGETS.**

**WHEREAS**, St. Johns County ("County") has been awarded grant funding from the Florida Department of Health Emergency Medical Services County Grant program in the amount of \$18,691 for the purpose of purchasing training manikins and associated computer equipment for use in training St. Johns County Emergency Medical Services personnel; and

**WHEREAS**, the County did not anticipate receiving funding through this grant program during the Fiscal Year 2021 budget process; and

**WHEREAS**, the County must recognize and appropriate the grant award of \$18,691 from the Florida Department of Health Emergency Medical Services County Grant Program within the Fiscal Year 2021 General Fund Budget.

**NOW THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of St. Johns County, Florida, as follows:

**Section 1.** The above recitals are hereby adopted as legislative findings of fact and incorporated herein.

**Section 2.** The Board of County Commissioners accepts the grant award from the Florida Department of Health Emergency Medical Services County Grant Program in the amount of \$18,691; approves the terms, conditions, and requirements of the grant agreement; and authorizes the County Administrator, or designee, to execute the agreement on behalf of St. Johns County.

**Section 3.** The FY 2021 General Fund and Emergency Medical Services budgets shall be adjusted to account for unanticipated funds from the Florida Department of Health Emergency Medical Services County Grant in the amount of \$18,691.

**Section 4.** To the extent there are typographical and/or administrative errors and/or omissions that do not 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 08 day of April 2021.

BOARD OF COUNTY COMMISSIONERS  
ST. JOHNS COUNTY, FLORIDA

By: Jeremiah R. Blocker  
Jeremiah R. Blocker, Chair

ATTEST: Brandon J. Patty, Clerk of the  
Circuit Court & Comptroller

By: Sam Hatterman  
Deputy Clerk

RENDITION DATE 4/8/21



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

December 14, 2020

Hunter Conrad, County Administrator  
St. Johns County  
3657 Gaines Road  
St. Augustine, Florida 32084

Dear Mr. Conrad:

I am pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C9058 in the amount of \$18,691.00 to St. Johns County. The purpose of this grant is to improve and expand pre-hospital EMS. Section 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 funds for the stated amount will be sent in full, in advance, within approximately 30 days. The grant begins the date of this letter and ends December 15, 2021. Please note that the county must report to the state its grant activities and purchases by the following dates: April 23, 2021, August 27, 2021, and January 7, 2022, the final report. 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, December 2008."

Thank you for your participation in this state EMS grant program. If you need assistance, please contact Mr. Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, EMS Section at (850) 558-9550.

Sincerely,

Douglas H. Woodlief  
Division Director  
Emergency Preparedness and Community Support

DHW/avl

~~cc: Jeff Prevatt, Fire Chief~~



## **Instructions: County Government Application Form 2020-2021**

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

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

However, note that item 2 on the first application page is where the county's authorized person must provide his/her signature and date.

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 resolution has continuing authority, include 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 organization(s) to which you decide to allocate funds from your new county grant. The second page of the application form is the budget page. 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. However, all costs in your budget combined must total to the exact amount of total new-funds for your grant. You can request budget changes and add unexpended previous funds 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 "Update Field" on the resulting menu.

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to 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. Your 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 top half of the Distribution Form, the corresponding address and its 9-digit federal tax 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 at the website: [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com).



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) \_\_\_\_\_

<b>1. County Name:</b> St. Johns County
<b>Business Address:</b> St. Johns County Fire Rescue
3657 Gaines Road
St. Augustine, Florida 32084
Telephone: 904-209-1702
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: Hunter Conrad

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: Jeff Prevatt

Position Title: Fire Chief

Address: St. Johns County Fire Rescue

3657 Gaines Road

St. Augustine, Florida 32084

Telephone: 904-209-1702 Fax Number: 904-209-1716

Email Address: jprevatt@sjcfl.us

**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)


**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
Lifecast ALS Toddler Manikin with Hand Punched Hair x 1	\$13,200.00
Advanced Trauma Module Kit from Laerdal Item# 276-00001 x 1	\$3,047.00
Apple I-Pad, 10.2" with WiFi 32 GB for Simulation x 2	\$659.98
Total Vehicles & Equipment =	\$ 17,006.98
<u>Grand Total =</u>	<u>\$ 17,006.98</u>

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: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View

St. Augustine, Florida 32084

Federal 9-digit Identification number: 59-6000825 3-digit seq. code \_\_\_\_\_

Authorized County Official: \_\_\_\_\_  
Signature Date

Hunter Conrad, County Administrator  
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

**Do not write below this line. For use by State Emergency Medical Services Section**

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

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: \_\_\_\_\_

RESOLUTION NO. 2020- 485

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO APPLY FOR THE 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 \$16,906.98; and

WHEREAS, section 401.113 (1), Florida Statutes, provides that 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 2020/2021 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 Service (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 a grant agreement or any 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 substantially 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


~~1st~~ day of ~~December~~ 2020.

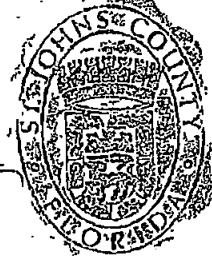
BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

Attest: Brandon J. Patty, Clerk of the Circuit Court and Comptroller

By:

  
Deputy Clerk

  
Henry Dean, Vice Chairman



RESOLUTION DATE 12/3/20



Rs 2020-485

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: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View  
St. Augustine, Florida 32084

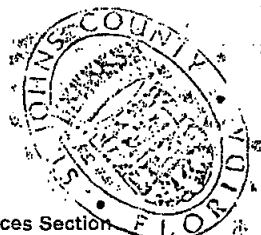
Federal 9-digit Identification number: 59-6000825 3-digit seq. code \_\_\_\_\_

Authorized County Official: Hunter Conrad 10 Dec 20  
Signature Date

Hunter Conrad, County Administrator  
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



Do not write below this line. For use by State Emergency Medical Services Section

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

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

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

State Fiscal Year: 2020-2021

Organization Code E.O. OCA Object Code Category  
64-61-70-30-000 05 SF005 751000 059998

Federal Tax ID: VF \_\_\_\_\_ Sequence Code: \_\_\_\_\_

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