

RESOLUTION NO. 2024 - 55

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, RECOGNIZING AND APPROPRIATING \$24,331.00 ALLOCATED TO THE COUNTY FROM THE STATE EMERGENCY MEDICAL SERVICES TRUST FUND; CERTIFYING THE FUNDS WILL BE USED FOR THE IMPROVEMENT AND EXPANSION OF THE COUNTY PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE AND SUBMIT NECESSARY FORMS AND AGREEMENTS FOR DISBURSEMENT OF THE FUNDS.

RECITALS

WHEREAS, pursuant to section 401.113(2)(a), Florida Statutes, Florida Department of Health allocated the County \$24,331.23 as its proportionate share of the State Emergency Medical Services Trust Fund for the fiscal year 2023 -2024; and

WHEREAS, pursuant to section 401.113(1), Florida Statutes, these funds must be used to solely improve and expand prehospital emergency medical services in the state; and

WHEREAS, St. Johns County Emergency Medical Services Department will use the funds to purchase equipment that will improve and expand prehospital services; and

WHEREAS, to receive the funds the Board of County Commissioners must certify the funds will improve and expand the County prehospital Emergency Medical Services system and will not be used to supplant current levels of County expenditures; and

WHEREAS, the amount of the disbursement was unknown when preparing the fiscal year 2023-2024 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, Florida, as follows:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution and are adopted as findings of fact.

Section 2. The Board of County Commissioners hereby certifies that the \$24,331.23 allocated to the County will be used solely to improve and expand the County prehospital Emergency Medical Service (EMS) system and will not be used to supplant current levels of

County expenditures.

Section 3. The Board of County Commissioners hereby authorize the County Administrator, or designee, to execute and submit any necessary forms and agreements for the disbursement of the funds.

Section 4. The Board of County Commissioners hereby recognizes and appropriates \$24,331.23 allocated to the County as its proportionate share of the Emergency Medical Services Trust Fund for the fiscal year 2023-2024 to the Emergency Medical Services Department to purchase equipment that will improve and expand prehospital services.


Section 5. 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, State of Florida, this 6th day of February, 2024.

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

By: 
Sarah Arnold, Chair

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

By: 
Deputy Clerk

Rendition Date: **FEB 07 2024**



Instructions: County Government Application Form 2023-2024

The first application page has five numbered items.

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

Item 4 describes the content of the current "resolution" that is required. However, if a previous resolution has continuing authority, include a signed message about this and provide a copy of the previous resolution.

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, and one of these budget pages is needed for each organization listed in Item 5.

The county alone has the authority to use all the grant funds itself or to provide some of the funds to other organizations within the county. However, the county remains responsible to the state for all the funds.

The budget costs must total to the exact amount of new funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, after the new grant begins.

The Request for Grant Fund Distribution Form is the last page herein and you must complete only the top part of the form. State EMS will complete the bottom part, as stated on the form.

You should copy all forms on your computer to use them. If you place them in restricted editing mode, you can use your keyboard Tab key to go from field to field.

Note: This instruction form is for information purposes only and is not part of form DH 1684.



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) _____

1. County Name: St. Johns County Fire Rescue
Business Address: 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:	
Position Title:	

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: Bob Snell	
Position Title: Deputy Chief	
Address: St. Johns County Fire Rescue	
3657 Gaines Road	
St. Augustine, FL 32084	
Telephone: 904-209-1727	Fax Number: 904-209-1716
E-mail Address: rsnell@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 <u>cannot process</u> for funds without this resolution.
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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)

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 used herein **must** be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state can provide these.

Name of County: St. Johns County Board of County Commissioners

Mailing Address: 500 San Sebastian View

St. Augustine, FL 32084

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

Authorized County Official: _____
Signature Date

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: 2023 - 2024

<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 _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____

**2023 - 2024 Payments to County Governments Required
by Section 401.113 (2)(a), Florida Statutes**

County	New Funds
Alachua	\$39,734.92
Baker	\$4,668.24
Bay	\$20,645.32
Bradford	\$20,357.34
Brevard	\$45,041.36
Broward	\$92,781.44
Calhoun	\$2,556.10
Charlotte	\$29,198.18
Citrus	\$15,885.82
Clay	\$21,754.11
Collier	\$78,658.02
Columbia	\$15,641.91
Desoto	\$5,771.04
Dixie	\$2,048.50
Duval	\$82,316.27
Escambia	\$28,097.03
Flagler	\$9,788.44
Franklin	\$1,130.34
Gadsden	\$6,984.86
Gilchrist	\$2,411.24
Glades	\$7,388.89
Gulf	\$2,718.53
Hamilton	\$5,942.28
Hardee	\$10,052.07
Hendry	\$8,072.82
Hernando	\$20,643.45
Highlands	\$10,857.66
Hillsborough	\$97,576.60
Holmes	\$1,606.94
IndianRiver	\$18,251.69
Jackson	\$6,194.84
Jefferson	\$7,039.89
Lafayette	\$804.42
Lake	\$33,179.90
Lee	\$66,473.70
Leon	\$24,425.81
Levy	\$8,465.79
Liberty	\$1,714.34
Madison	\$5,851.85
Manatee	\$41,137.91
Marion	\$25,611.15

Martin	\$23,728.21
Miami Dade	\$127,966.97
Monroe	\$36,639.33
Nassau	\$6,482.13
Okaloosa	\$24,597.23
Okeechobee	\$4,138.55
Orange	\$237,962.72
Osceola	\$59,253.35
Palm Beach	\$183,816.99
Pasco	\$34,979.14
Pinellas	\$140,321.03
Polk	\$96,280.26
Putnam	\$5,210.37
St. Johns	\$24,331.23
St. Lucie	\$40,317.82
Santa Rosa	\$23,939.42
Sarasota	\$48,326.05
Seminole	\$63,897.50
Sumter	\$17,476.43
Suwannee	\$6,904.61
Taylor	\$1,856.20
Union	\$785.23
Volusia	\$55,486.25
Wakulla	\$3,552.63
Walton	\$8,007.68
Washington	\$2,431.04

Totals	\$ 2,208,169.38
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