

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: Indian River County
Business Address: 1800 27th Street
Vero Beach, FL 32960
Telephone: 772-226-3900
Federal Tax ID Number (Nine Digit Number): VF 59-60006764

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: Joseph E. Flescher
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: Cory S. Richter
Position Title: Battalion Chief
Address: 4225 43rd Avenue
Vero Beach, FL 32967
Telephone: 772-226-3863 Fax Number: 772-226-3868
E-mail Address: crichter@ircgov.com

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)

**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: Indian River County Board of County Commissioners

Mailing Address: 1800 27th Street

Vero Beach, FL 32960

Federal Identification number: VF 59-60006764

Authorized County Official: _____ 11/14/2017

Signature **Date**

Joseph E. Flescher

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: _____