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 <u>new</u> funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, <u>after</u> the new grant begins.

<u>The Request for Grant Fund Distribution Form</u> 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

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ID. Code (The State EMS Program will assign the ID Code – leave this blank)
1. County Name: Indian River County
Business Address: 1801 27 th St
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 an
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: Susan Adams
Position Title: Chairman, Board of County Commissioners
2. Contact Donous /The individual with discretion and due of the marie of an end of the device and have
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: Stephen R. Greer
Position Title: Assistant Fire Chief of EMS
Address: 4225 43 rd Ave
Vero Beach, FL 32967
Telephone: 772-226-3900 Fax Number: 772-978-1820
E-mail Address: sgreer@indianriver.gov
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.
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)
provide funds. List the organization(s) below. (Ose additional pages if necessary)

BUDGET PAGE - When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, <u>right</u> click your mouse, then <u>left</u> click "Update Field" on the resulting menu.

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.00
Total Expenses	V 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
Strategic Operations TCCC Instructor Kit Advanced Tier 3	18,251.42
Total Vehicles & Equipment =	\$ 0.00
One and Total -	A 40 054 CO
<u>Grand Total =</u>	<u>\$ 18,251.69</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:

Mailing Address: 1800 27th St

The county <u>name</u>, <u>address</u>, and <u>corresponding</u> federal ID number used herein <u>must</u> 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: Indian River County Board of County Commissioners

	Vero Beach, FL	32960	
Federal 9-0	digit Identification numb	per: 59-60006764	3-digit seq. code 070
Authorized	County Official:		
	Signa	ature	Date
		an Adams Chairman or Print Name and Title	
	Sign and re	eturn this page with your a	pplication to:
	Emerg 405 Ta	Florida Department of Hea ency Medical Services Uni 52 Bald Cypress Way, Bin allahassee, Florida 32399-	it, Grants A-22 1722
Do not	write below this line.	For use by State Emerge	ency Medical Services Section
		For use by State Emerge Grant ID: Code	-
Grant Amount for S	tate to Pay: \$	Grant ID: Code	-
Grant Amount for S	tate to Pay: \$		-
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