



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SUBJECT: 1995-96 Emergency Medical Services (EMS) County Award  
TO: Chairperson, Nassau County Board of County Commissioners

OCT 1 1995

It gives me great pleasure to inform you that an Emergency Medical Services (EMS) county grant has been awarded to you in the amount of \$18,547.47. The grant award is for the purpose of the prehospital activities, services, and items in your county grant application and its department approved revisions on file with the state's Office of EMS.

The grant must be executed within the limits of the amount awarded to you. Any costs above the grant amount, awarded under section 401.113(2)(a), Florida Statutes, are the responsibility of the county. The grant begins October 1, 1995, and ends September 30, 1996.

The purchase of any communications equipment or services during the grant period must have the written final approval of the Department of Management Services, Division of Communications, before the purchase is made; otherwise, we will disallow the communications costs, as required.

Your grant application on file with us acknowledges and ensures that you have read, understood and will comply fully with Appendix D of the booklet titled: Florida EMS County Grant Program," by the Department of Health and Rehabilitative Services. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

We must have expenditure reports using the form provided in your grant booklet and a program activity report by the following dates:

**April 30, 1996**, which will include expenditures from October 1, 1995, through March 31, 1996.

**July 31, 1996**, which will include expenditures from October 1, 1995, through June 30, 1996.

**October 31, 1996**, which will include expenditures from October 1, 1995, through September 30, 1996.

The program activity report is due no later than **November 14, 1996**. It must contain a written summary indicating the degree to which the EMS system was improved and expanded through this grant.

Thank you for your continued support and involvement in the state county grant program.

  
KEITH R. DUTTON, MSHRM  
Director  
Emergency Medical Services

l:ph/gwcoaw95

**APPLICATION**  
**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION**

GRANT NO. 9545

**1. Board of County Commissioners (grantee) Identification:**

**Name of County:** Nassau

**Business Address:** 11 North 14th St. Box 12  
Fernandina Beach, FL 32034

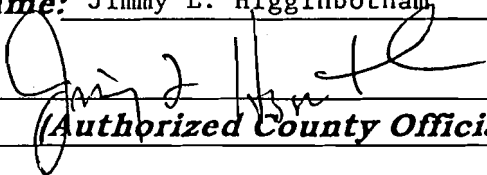
**Phone #** (904) 321 - 5732

**Suncom #** 848 - 5732

**2. Certification: I, the undersigned official of the previously named county, certify that to the best of my knowledge and belief all information and data contained in this EMS County Grant Application and its attachments are true and correct.**

**My signature acknowledges and ensures that I have read, understood, and will comply fully with Appendix D of the Florida EMS County Grant Program booklet.**

**Printed Name:** Jimmy L. Higginbotham **Title:** Chairman

**Signature:**  **Date Signed:** 9-11-95

*(Authorized County Official)*

**3. Authorized Contact Person: Person designated authority and responsibility to provide the department with reports and documentation on all activities, services, and expenditures which involve this grant.**

**Name:** R. L. Kotsis **Title:** Director

**Business Address:** 11 North 14th St. Box 12, Fernandina Beach, FL 32034

**Telephone:** (904) 321-5732 **SunCom:** 848-5732

**4. County's Federal Tax Identification Number:** 59-1863042

**5. Resolution:** Attach a resolution from the Board of County Commissioners certifying the monies from the EMS County Grant will improve and expand the county's prehospital EMS system and that the grant monies will not be used to supplant existing county EMS budget allocations.

**6. WorkPlan:** Increase safe working environment during highway incidents.  
Provide toxic atmosphere monitoring during confined space incidents.

**Work Activities:**

Provide safety equipment/appliances, ie, illuminated/retroreflective vest & reflective warning markers/cones. Provides worker identification during highway/roadway incidents. Highly visible to other motorists. Cones/markers displayed to warn motorists of working incidents.

**Time Frames:**

Within 60 days of funding.

Provide monitors (co, CO2, explosive atmosphere) for personnel responding to confined space or toxic atmosphere incidents. Establish training in use of monitors.

Within 60 days of funding.

Purchase and Place into service extrication equip.

Within grant period

**7. Proposed Expenditure Plan: Prepare a line item budget.**

<b>Recipient of Line Item</b>	<b>Line Item</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Total Cost</b>
Nassau County Fire/EMS	Lighted Vest	\$60.00	20 each	\$1,200.00
Nassau County Fire/EMS	Kwik-Kones (set of 4)	\$70.00	5 sets	\$350.00
Nassau County Fire/EMS	Atmospheric Monitor	\$800.00	8 each	\$6,400.00
Nassau County Fire/EMS	Extrication Equipment			10,597.47
<b>Total</b>				<b>\$18,547.47</b>

Attach additional pages if necessary for item 7.

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8. APPLICATION (Requires Signature)

**REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT)  
EMERGENCY MEDICAL SERVICES (EMS)  
COUNTY GRANT PROGRAM**

In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

Payment To: Board of County Commissioners, Nassau County  
Name of Board of County Commissioners (Payee)

P.O. Box 1010

Address

Fernandina Beach, Florida 32034

(City) (State) (Zip)

Federal Tax ID Number of county: 59-1863042

Authorizing County Official

SIGNATURE: [Signature] Date: 9-11-95

Printed Name: Jimmy L. Higginbotham Title: Chairman

**SIGN AND RETURN WITH YOUR GRANT APPLICATION TO:**

**Department of Health and Rehabilitative Services  
Office of Emergency Medical Services  
EMS County Grants  
400 W. Robinson Street, Suite 832, South Building  
Orlando, Florida 32801**

**For Use Only by Department of Health and Rehabilitative Services,  
Office of Emergency Medical Services**

Amount: \$ 18,547.47 Grant Number: C95 45

Approved By: [Signature] Date: 10-1-95  
Signature, State EMS Grant Officer

Fiscal Year: 1995/96

Amount: \$18,547.47

Organization Code  
60-20-60-30-100

E.O.  
HR

Object Code  
730060

Federal Tax I.D. VF 591 863 042

Beginning Date: 10-1-95

Ending Date: 9-30-96

RESOLUTION NO. 95- 135

A RESOLUTION OF THE NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFYING THAT MONIES FROM THE EMS COUNTY GRANT AWARD WILL BE USED TO IMPROVE AND EXPAND THE COUNTY'S EXISTING PRE-HOSPITAL EMS SYSTEM

WHEREAS, the Nassau County Board of County Commissioners is responsible for the provision of Pre-hospital Emergency Medical Services, and

WHEREAS, the Nassau County Board of County Commissioners is committed to maintaining and improving Pre-hospital Emergency Medical Services to the citizens and residents of Nassau County, Florida, and that the grant monies will not be used to supplement existing County EMS Budget Allocations.

WHEREAS, the Nassau County Board of County Commissioners will use funds in the amount of \$18,547.47, to be received from the County Emergency Medical Services (EMS) Award Application, to improve the existing quality of pre-hospital and EMS activities, services or to decrease patient mortality and morbidity.

NOW, THEREFORE, BE IT RESOLVED that the Nassau County Board of County Commissioners certifies that monies in the amount of \$18,547.47 will be used to expand the extent, size, or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

ADOPTED this 11th day of September, 1995.

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

BY: 

Jimmy L. Higginbotham  
Its: Chairman

ATTEST:

APPROVED AS TO FORM BY THE  
NASSAU COUNTY ATTORNEY:

  
T. J. "Jerry" Greeson  
Its: Ex-Officio Clerk

  
Michael S. Mullin  
County Attorney