

RESOLUTION

90-56

WHEREAS the EMS County Award Fund has received EMS award money, grant number LP275, from the State of Florida to purchase training aids to ensure quality care for prehospital EMS activities and decrease patient mortality and morbidity.

WHEREAS these revenues were not anticipated in the 1989/90 budget for the EMS County Award Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 23th day of January, 1990, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

118-334-290-201	EMS Award LP275	\$20,908.66
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APPROPRIATION

118-161-64-201	EMS Award-Equipment-LP275	\$10,000.00
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118-161-49-201	Training Aids-LP275	\$10,908.66
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ADOPTED this 23th day of January, 1990.


CHAIRMAN

ATTEST:


EX-OFFICIO CLERK



90-56

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
DEPARTMENT OF EMERGENCY SERVICES

NASSAU COUNTY OFFICE ANNEX
11 North 14th Street, Box 12
Fernandina Beach, Florida 32034-0494



*Cathy -
for your
grant records -
JRC*

ARMON C. SUMMERALL
Director

DIVISIONS

- Civil Defense
- Communications
- Emergency Medical Services
- Fire
- Fuel Allocation
- Water Safety

TO: BOARD OF COUNTY COMMISSIONERS

FROM: ARMON C. SUMMERALL, DIRECTOR *AS*

DATE: AUGUST 31, 1989

RE: APPLICATION FOR FUNDING COUNTY EMERGENCY MEDICAL SERVICES (EMS) AWARD

(904) 261-6612
 (904) 879-3300
 Suncom 821-5227
 Emergency Dial 911
 (904) 261-5962

We need the Chairman's signature and Resolution. This Award money must be used to:

- A. Improve the existing quality of pre-hospital EMS activities, services or to decrease patient mortality and mobility; and
- B. To expand the extent, size or number of existing pre-hospital EMS activities or services.

We will be purchasing training aids, due to the fact that the State is requiring quality assurance for pre-hospital care. (Please note attached letter from Dr. Ullah, M.D., Nassau Medical Director).

This application must be submitted to the State no later than September, 1989.

Your prompt attention and assistance is appreciated.

ACS/va

FARID ULLAH, M.D.P.A.
INTERNAL MEDICINE & CARDIOLOGY
DIPLOMATE AMERICAN COLLEGE OF INTERNAL MEDICINE
1750 EAST LIME STREET
UNIT #4
FERNANDINA BEACH, FLORIDA 32034
(904) 261-6135

August 25, 1989

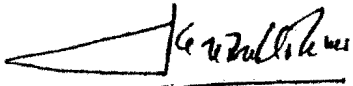
Chairman Nassau County Commissioners
Nassau County Florida
P.O. Box 1010
Fernandina Beach, Florida 32034

Re: Application for Funding EMS Award

Dear Mr. J. Higginbotham;

As continuing education and Quality Assurance are very important to our rescue system and mandated by the state, I fully support the Director of EMS in his effort to obtain grant money for purchases of training aids. Your prompt attention to this matter will be greatly appreciated.

Sincerely,



Farid Ullah, M.D.
Medical Director,
Nassau County Emergency Services

FU/se:

cc: Armand Summerall
Director Public Safety
Nassau County

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

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: Nassau Board of County Commissioners
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

Total Requested County Grant Amount: \$ 20,908.66

Authorizing County Official
SIGNATURE: *Jimmy L. Higginbotham* Date: 9-12-89

Printed Name: Jimmy L. Higginbotham Title: Chairman

SIGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:

Department of Health and Rehabilitative Services
Office of Emergency Medical Services
EMS County Grants
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

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

Amount: \$ _____ Grant Number: _____

Approved By: _____ Date: _____
Signature, State EMS Grant Officer

Title: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
1989 EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION

1. *Board of County Commissioners (Grantee) Identification: (Legal Name)*

Name of County: Nassau Board of County Commissioners

Business Address: P.O. Box 1010

Fernandina Beach, Florida 32034

2. *Certification:* I, the undersigned authorizing 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 state's EMS grant booklet titled, Florida Emergency Medical Services Grant Program for Counties, 1989.

Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

Printed Name: Jimmy L. Higginbotham Title: Chairman

Signature: *Jimmy L. Higginbotham* Date Signed: 4-12-89

(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: Armon C. Summerall Title: Director, Emergency Services

Business Address: 11 North 14 th. Street, Fernandina Beach Beach Florida 32034

Telephone: (904) 261-6612 SunCom: 821-5227

4. *Communications Approval:* All grant applications which involve communications equipment and/or services, in total or part, will be reviewed by the state Department of General Services, Division of Communications (Div Comm). Div Comm will then send to the applicant a written conceptual review concerning the communications request and recommend any changes necessary to comply with Federal Communications Commission rules and/or the Florida EMS Communications Plan. With this initial approval, the applicant may then proceed with the proposed project but prior to any purchase commitment, copies of the purchase documents must be forwarded to Div Comm for review and issuance of final written approval.

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

6. *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.

7. Work Plan

Work objectives are specific quantifiable statements identifying the intended outcome of activities and services.

Work actions are the activities and services that enable completion of the specific objectives.

Time frames are the limits within which the objectives and actions will be started and completed, and should be stated as the number of weeks or months after the grant begins.

Measurable Objectives	Actions	Time Frames
Training Aids: Purchasing training aids to ensure Quality Care for prehospital EMS activities & decrease Patient mortality & morbidity.	With the equipment we plan to purchase, skills learned in Paramedic classes can be practiced, allowing personnel to stay up on skills, assuring Quality Care and continued training in Advance Life Support.	Within 120 days after receiving Award.

Comments: Nassau County has no training equipment or supplies of its own, all such equipment must be borrowed from other counties or is not available at all. Training is a continual process and mandatory for Quality Assurance.

8. Proposed Expenditure Plan: Prepare a line item budget. Identify all expenditures to be purchased with EMS grant monies. The county is not eligible for more funding than the amount allocated. Any costs above the allocated amount are the responsibility of the county. Use generic words for all equipment, especially communications equipment. Contact your assigned state EMS Grant Officer if assistance is needed.

Grantee/Recipient of Line Item	Line Item	Unit Price	Quantity	Total Cost
Resusci Annie Torso		\$ 611.00	2	\$1,222.00
Child Manikin		\$ 570.00	1	\$ 570.00
Adult Intubation Manikin		\$ 958.00	1	\$ 958.00
Child Intubation Manikin		\$ 255.00	1	\$ 255.00
Injectable Training Arm		\$ 250.00	1	\$ 250.00
Two Channel Stethoscope		\$ 17.00	2	\$ 34.00
Disposable Lungs		\$ 53.00	10pks.	\$ 530.00
Annie Recording Paper		\$ 38.00	20pks.	\$ 760.00
Face Overlay Mask		\$ 12.00	20pks.	\$ 240.00
27" T.V. Monitor		\$ 900.00	1	\$ 900.00
Four Head VCR W/Remote		\$ 450.00	1	\$ 450.00
Stand for Monitor & VCR		\$ 150.00	1	\$ 150.00

NOTE: Attach page for #8 items.

Amount of Total to be paid by:

\$ 20,908.66 FY 1989-90 Grant
 \$ -0- Previous Grant Balance FY 88-89
 \$ -0- Earned Interest from FY 88-89
 \$ _____ Other (Specify: _____) Total \$ 20,908.66

Attach additional pages if necessary for items 7 and 8.

HRS Form 1684, JUL, 89 (Obsoletes previous editions which may not be used.)

8. Proposed Expenditure Plan:

Grantee/Recipient of Line Item	Unit Price	Quantity	Total Cost
Slide Projector	\$ 385.00	1	\$ 385.00
Training Slide & Cassette Set	\$ 950.00	1	\$ 950.00
Overhead Projector	\$ 350.00	1	\$ 350.00
Camcorder W/Tripod	\$ 1,800.00	1	\$ 1,800.00
Movie Screen	\$ 75.00	1	\$ 75.00
Assorted Training/VCR Films	\$ 2,379.66	sets	\$ 2,379.66
Defibrillator/Patient Monitor	\$ 8,500.00	1	\$ 8,500.00
Assorted Training Aids	\$ 150.00	sets	\$ 150.00

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-7 332 345

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE 0-202192002-60350000-20-05999800	OLO 600000	SITE 20	DOCUMENT NUMBER H0000133080	OBJECT 7300	DATE 12/27/89	WARRANT NO 1369449
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WARRANT AMOUNT
\$ 20,908.66

DO NOT CASH

AGENCY DOCUMENT NO
V011042

NASSAU COUNTY BOARD OF CO. COM.
POST OFFICE DRAWER 1010
FERNANDINA BEACH FL 32034-1010

- 1) Delete 118-161-64-106
(in twice plus "525" code)
- 2) unanticipated
- 3) open up new ac for exp

INVOICE NUMBER	AMOUNT
ADVANCE	\$ 20,908.66

118-334-290-201 EMS Award LP275
118-161-526-64-201 EMS Award LP275
49- Training Aids

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT



SAMAS ACCOUNT CODE 60-202192002-60350000-20-05999800	DOCUMENT NO. H0000133080	OBJECT 7300	DATE 12/27/89	WARRANT NO 1369449	63-69 630
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STATE OF FLORIDA
OFFICE OF COMPTROLLER

VOID AFTER 12 MONTHS
4-7 332 345

PAY

TWENTY-THOUSAND-NINE-HUNDRED-EIGHT & 66/100 DOLLARS

AMOUNT

\$*****20,908.66

TO THE ORDER OF:

NASSAU COUNTY BOARD OF CO. COM.
POST OFFICE DRAWER 1010
FERNANDINA BEACH FL 32034-1010

VENDOR ID NUMBER

EXPENSE WARRANT

TO: TREASURER OF FLORIDA
TALLAHASSEE

Herold Harris
COMPTROLLER OF FLORIDA

⑈04 136944909⑈

⑈06 3000691⑈

⑈ L 2⑈

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Authorizing County Official
SIGNATURE: Jimmy L. Higginbotham

Date: 9-12-89

Printed Name: Jimmy L. Higginbotham

Title: Chairman

SIGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:

Department of Health and Rehabilitative Services
Office of Emergency Medical Services
EMS County Grants
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

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

Amount: \$ 20,908.66

Grant Number: LP275

Approved By: Gloria Woods
Signature, State EMS Grant Officer

Date: 11-15-89

Title: EMS Grant Officer

Inv. Rec. On 12/08/89

Goods & Svcs. Rec. On Advance

Goods Inspected and Approved On 11/15/89

8 1989

SEP 29 2 27 PM '89

RECEIVED
PDHEMS