

RESOLUTION NO. 91 - 128

A RESOLUTION OF THE NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFYING THAT MONIES FROM THE COUNTY EMS 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 Service, and

WHEREAS, the Nassau County Board of County Commissioners is committing to maintaining and improving Pre-hospital Emergency Medical Services to the citizens and residents of Nassau County, Florida.

WHEREAS, the Nassau County Board of County Commissioners will use funds in the amount of \$20,197.18, 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 mobility.

NOW, THEREFORE, BE IT RESOLVED that the Nassau County Board of County Commissioners certifies that monies in the amount of \$20,197.18 will be used to expand the extent, size or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

ADOPTED this 9th day of September, 1991.

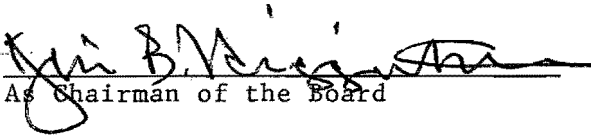
BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

ATTEST:



Ex-Officio Clerk

BY:



As Chairman of the Board



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



September 5, 1991

ARMON C. SUMMERALL
Director

Board of County Commissioners
Post Office Box 1010
Fernandina Beach, Florida 32034

DIVISIONS

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

Dear Commissioners:

Please note the attached EMS Awards Grant Application.

I respectfully request the signature of the Chairman on the application and resolution.

(904) 261-5962

(904) 879-3300

Suncom 821-5227

Emergency Dial 911

These funds are made available to eligible county governments to improve and expand their prehospital emergency medical services systems.

Ongoing cost for EMS and the replacement of equipment cannot be funded under this grant program.

We will be purchasing equipment, first aid supplies and drugs required to be carried on the new ambulances that have been budgeted for in FY 91-92.

This application must be submitted to the State no later than September 30, 1991.

Your prompt attention and assistance is appreciated.

Sincerely,

Armon Summerall
Director

AS/lc

GRANT NO. _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
1991 EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION

1. Board of County Commissioners (grantee) Identification:

Name of County: NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
Business Address: POST OFFICE BOX 1010
FERNANDINA BEACH, FLORIDA 32034
Phone # (904) 261-6127 Suncom # 821-5560

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 state's EMS grant booklet titled, Florida Emergency Medical Services Grant Program for Counties, 1991.

Printed Name: Jim B. Higginbotham Title: Chairman

Signature: Jim B. Higginbotham Date Signed: 9-9-91
(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

Business Address: 11 NORTH 14TH STREET, BOX 12 FDNA BCH, FL. 32034

Telephone: (904) 261-5962 SunCom: 821-5227

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

11-1-91

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. EMS State Plan: Describe how your project (item 8) relates to the EMS State Plan goals and objectives.

Nassau County is limited with back-up resources (transportation). FY 91/92 the County has budgeted to purchase an ALS Ambulance. This award Grant will be used to purchase mandated equipment, first aid supplies and drugs as outlined in 10D-66. This grant will enable the County to maintain 100% coverage. Per EMS goals, transportation, page 29, 24 hours per day.

7. Outcome statement: Describe in measurable terms how the grant will improve and expand your current EMS system.

Without this award grant, the County will not have funding to place required 10D-66 equipment & supplies on the new ALS Ambulances. Nassau County will improve and expand its ALS service by insuring a better back-up unit, insuring 100% ALS coverage 24 hours per day for continuous services.

8. Proposed Expenditure Plan: Prepare a line item budget.

Recipient of Line Item	Line Item	Unit Price	Quantity	Total Cost
One man stretcher with attachments		\$2,300.00	2	\$4,600.00
Defibrillation Monitor		8,800.00	1	8,800.00
ALS Vehicle permits 10D-66.053		20.00	2	40.00
Medical equipment & supplies 10D-66.055			Misc.	2,500.00
Rescue extrication equipment 10D-66.0555			Misc.	2,500.00
ALS equipment & medications			Misc.	1,500.00
			Misc.	1,760.00

Attach additional pages if necessary for item 8.

HRS Form 1684, JUL, 91 (Obsoletes previous editions which may not be used)

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 pre-hospital EMS.

Payment To: NASSAU BOARD OF COUNTY COMMISSIONERS

Name of Board of County Commissioners (Payee)

POST OFFICE BOX 1010

Address

FERNANDINA BEACH, FLORIDA 32034

(City) (State) (Zip)

Federal Tax ID Number of county: 59-186-3042

Total Requested County Grant Amount: \$ 20,197.18

Authorizing County Official

SIGNATURE: Jim B. Higginbotham

Date: 9-9-91

Printed Name: Chairman

Title: Jim B. Higginbotham

SIGN AND RETURN WITH YOUR GRANT APPLICATION 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: _____

Signature, State EMS Grant Officer

Date: _____

Fiscal Year: _____

Amount: \$ _____

Organization Code
60-20-60-30-100

E.O.
H R

Object Code
730060

Federal Tax I.D. V F _____

Beginning Date: _____

Ending Date: _____