### RESOLUTION 91-40

WHEREAS EMS County Award - HRS Fund has received EMS award money, grant number C9045, from the State of Florida to improve and expand the county's prehospital EMS system pursuant to Resolution 90-143. The award also allocated the balance of grant LP275 received in 1989/90 and related interest earned in 1989/90, in the amounts of \$791.36 and \$362.43, respectively, toward grant award C9045.

WHEREAS these revenues were not anticipated in the 1990/91 budget for the EMS County Award - HRS Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 10th day of December, 1990, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

### REVENUE

118-334-290-202	EMS Award - C9045	\$19,619.00
118-399-999-901	Balance Fwd - Cash	1,154.00
		\$20,773.00
APROPRIATION		
118-161-49-202	Training Aids-C9045	3,118.00
118-161-64-202	Equipment-C9045	17,655.00
	:	\$20,773.00

12 thouse

ADOPTED this 10th day of December, 1990.

1100

PFICIO CLERK

### RESOLUTION NO. 90- 143

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 Services, 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 \$20,773.19, 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 \$20,773.19 will be used to expand the extent, size or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

ADOPTED this 25th day of September, 1990.

NASSAU COUNTY, FLORIDA

TTEST:

-Officio/Clerk

As Chairman of the Board

BOARD OF COUNTY COMMISSIONERS

Messay (lek, b., Bradley, D. C. Charles County Comm.

41.5

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE **4-10 680 272** THIS IS NOT A PAYMENT DEVICE SAMAS ACCOUNT CODE OLO SITE DOCUMENT NUMBER OBJECT WARRANT NO H1000109101 202192002-60350000-20-05999900 600000 20 7300 WARRANT AMOUNT 19,619.40 DO NOT CASH

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

AGENCY DOCUMENT NO **VO09**163

INVOICE NUMBER

ADVANCE \$

19,619.40

118-334-290-202 Ems Award -

118-161-202 Egispment -118-161-202 EMS Award C9045 118-161-49-202 Train, Aids (9045

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STATE OF FLORIDA

OFFICE OF COMPTROLLER

SAMAS ACCOUNT CODE DOCUMENT NO. 60-202192002-60350000-20-08989900

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ORDER ORDER

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

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

DATE: 9-25-90  DATE: 9-25-90  Title: Chairman  IGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:  Department of Health and Rehabilitative Services Office of Emergency Medical Services FMS County Grants 1317 Winewood Boulevard Tallahassee, Florida 32399-0700  For use only by Department of Health and Rehabilitative Services Office of Emergency Medical Services Grant Number: C90 45	accordan istribution	(advance payment) for the im	•		
Post Office Box 1010  Address  Fernandina Beach, Florida (City) (State) (Zip)  Oral Requested County Official Muthorizing County Official Muth	yment To:	Nassau Board of Co	unty Commissioner	· 8	
Address  Fernandina Beach, Florida  (City) (State) (Zip)  oral Requested County Great Amount: \$ 19,619.40  uthorizing County Official GNATURE:  Jimmy L. Higginbotham  Title: Chairman  IGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:  Department of Health and Rehabilitative Services Office of Buergeary Medical Services PMS County Grant  1317 Winewood Boulevard Tallahassee, Plorida 32399-0700  Por sec only by Department of Health and Rehabilitative Services Office of Buergeary Medical Services Office of Buergeary		Name of B	oard of County Commissioners	payce)	
Fernandina Beach, Florida  (City) (State) (2Jp)  orial Requested County Official  uthorizing County Official  mored Name: Jimmy L. Higginbotham  DATE: 9-25-90  DATE: 9-25-90  Title: Chairman  IGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:  Department of Health and Rehabilitative Services Office of Emergency Medical Services FMS County Grants 1317 Winewood Boulevard Tallahassee, Florida 32399-0700  Por use only by Department of Health and Rehabilitative Services Office of Emergency Medical Services  Grant Number: C9045  pproved By: August Grant State EMS Orant Officer  Fiscal Year: 1990-1991  Organization Code 60-20-60-30-100  Vendor I.D. V F S 9 1 8 4 S 0 4 1		Post Office Box 10	10		·····
City) (State) (Zip)  Oral Requested County Grant Amount: \$ 19, 619.40  Attorizing County Original County Origi			Address	, .	
DATE: 9-25-90  Withorizing County Official  ONATURE:  Jimmy L. Higginbotham  Title: Chairman  IGN AND RETURN WITH YOUR GRANT APPLICATION AND RESOLUTION TO:  Department of Health and Rehabilitative Services  Office of Emergency Medical Services  FMS County Grants  1317 Winewood Boulevard  Tallahassee, Florida 32399-0700  Por use only by Department of Health and Rehabilitative Services  Office of Emergency Medical Services  FMS County Grants  1317 Winewood Boulevard  Tallahassee, Florida 32399-0700  Office of Emergency Medical Services  MOUNT: 3 / 96 / 9 / 0  Grant Number:  C 90 45  Date: 1984/90  Organization Code  60-20-60-30-100  H R  Object Code  730060  Vendor LD. V F 5 9 / 8 6 3 0 4 2		Fernandina Beach,	Florida	32034	
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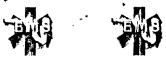






## REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT) EMERGENCY MEDICAL SERVICES (EMS) GRANT PROGRAM FOR COUNTIES

	(advance payment) for the	improvement and expansion	undersigned hereby requests an EMS co n of prehospital EMS.			
Payment To:	Nassau Board of (	County Commissioner	8			
	Name of	Name of Board of County Commissioners (payee)				
	Post Office Box	1010				
		Address	·			
	Fernandina Beach	, Florida	32034	<u>.</u>		
	(City)	(State)	(Zip)			
Total Requests Authorizing Co	- 1 1:55 A 1	773.19	DATE: 9-25-90	**************************************		
Printed Name:	Jimmy L. Higgi	Inbotham	Title: Chairman	**********		
SIGN AND	RETURN WITH YOUR	GRANT APPLICATION	AND RESOLUTION TO:			
	EMS County Gra	nts				
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GRANT NO.

# STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES OFFICE OF EMERGENCY MEDICAL SERVICES 1990 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: PORT Office Nox 1010
Fernandina Beach, Florida 32034
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, 1990.
Printed Names 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signature: Date Signed: 9-25-90  (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: Linda Cox Title: Office Manager/Administrative
Assistant, Dept. Emergency Svcs Business Address: 11 North 14th Street, Box 12, Fernandin Beach, FL. 3203
Telephone: (904) 261-5962 SunCom: 821-5227
4. Communications Approval: All grant applications which involve communication 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

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.

#### West Plan

Measurable Objectives <u> Time Frames</u> With this equipment Within 120 days Training Aids: Purchasing training aids to further enhanced our abilities we wild learn after receiving to protect the people of Nassau County skills to practice award. trhough training therefore decreasing in the field therefore Patient mortality and morbidity. allowing personnel to stay informed on skills and assuring Quality Assurance 8. Treposed Espenditure 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 . Unit Total Quantity Line Item Item Price Cost 1 Ø\$10,580.00 1 \$400.00 64 Amkus Tool \$10,580.00 79 Child CPR Manikin 400.00 600.00 900.00 04,000.00 600.00 Mass Casualty Kit 69 Intubation Training Head 900.00 Ey Hegacode Training Manikin Computer + Software 4,000.00 Amount of total to be paid by: 19,619.40 FY 1990-91 Grant 791.36 Previous Grant Balance FY 89/90 537 \$ (A) 362.43 Earned Interest from FY 89/90 (Da) 8/31/90 4P275 SAFW S Other (Specify: \_\_\_\_\_) Total \$ 20,773 \$ 20,773.19

Attach additional pages if necessary for items 7 and 8.

HRS Form 1684, JUL, 90 (Obsoletes previous editions which may not be used)

0.00 \* 59/90 36360 YSBA INTLPA75 10,580.00 + 362 (A) 900 • 00 + 4,000.00 + 5731 FACE 8/2009/76 1.17 2,175.00 + Repa Tint LP275 13062 004 17,655.00 \* 21.80 betrier abrille 400.00 + + actual LPQ-15 600 - 00 + from \$9/90 15 70/11 2,000·00 + 28 003 3,000.00 4 20,773.19 + 17,655.00 -53000+6.5

Proposed Expenditure Plan:

Grantee/Recipient of	Unit	Quantity	Total
Line Item	Price		Cost
Assorted Training/VCR Tapes	\$ 2,000.00	sets	\$2,000.00
	435.00	5	<b>2,175.00</b>