

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

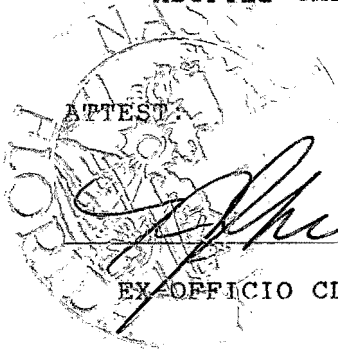
118-334-290-202	EMS Award - C9045	\$19,619.00
118-399-999-901	Balance Fwd - Cash	<u>1,154.00</u>
		\$20,773.00

APROPRIATION

118-161-49-202	Training Aids-C9045	3,118.00
118-161-64-202	Equipment-C9045	<u>17,655.00</u>
		\$20,773.00

ADOPTED this 10th day of December, 1990.

APPEST



[Signature]

EX OFFICIO CLERK

[Signature]

CHAIRMAN

91-40

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.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

ATTEST:

Ex-Officio Clerk

BY:

As Chairman of the Board

[Handwritten signatures of the Ex-Officio Clerk and the Chairman of the Board]

TRUE COPY

[Handwritten signature]
Clerk, by *[Handwritten signature]*
Clerk to the Board of County Comm.
Nassau County, Florida

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVISE

4-10 680 272

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE	OL0	SITE	DOCUMENT NUMBER	OBJECT	DATE	WARRANT NO
202192002-60350000-20-05999900	600000	20	H1000109101	7300	11/21/90	1142071
						WARRANT AMOUNT \$ 19,619.40

DO NOT CASH

AGENCY DOCUMENT NO
V009163

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

Cats

Rev
118-334-290-202 Ems Award -
C9045

INVOICE NUMBER AMOUNT
ADVANCE \$ 19,619.40

Exp
118-~~161~~-64-202 Equipment -
EMS Award C9045
118-161-49-202 Training Aids C9045

*Training aids
supplies*

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

SAMAS ACCOUNT CODE	DOCUMENT NO.	OBJECT	STATE	DATE	WARRANT NO	63-69
80-202192002-60350000-20-05999900	H1000109101	7300	FL	11/21/90	1142071	630

VOID AFTER 12 MONTHS

STATE OF FLORIDA
OFFICE OF COMPTROLLER

4-10 680 272
AMOUNT
\$19,619.40

PAY
NINETEEN-THOUSAND-SIX-HUNDRED-NINETEEN & 40/100 DOLLARS

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

Bill Lewis
COMPTROLLER OF FLORIDA

114114207101 100000694



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

SEP 27 11 27 AM '90

In accordance with the provision 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)

Post Office Box 1010
Address

Fernandina Beach, Florida 32034
(City) (State) (Zip)

Total Requested County Grant Amount: \$ 19,619.40

Authorizing County Official
 SIGNATURE: *Jimmy L. Higginbotham* DATE: 9-25-90

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: \$ 19,619.40 Grant Number: C9045

Approved By: *Shirley Davis* Date: 10/2/90
Signature, State EMS Grant Officer

Title: *EMS Grant Officer*

Fiscal Year: 1990-1991

Amount: \$ 19,619.40

Organization Code
60-20-60-30-100

E.O.
H R

Object Code
730060

Vendor I.D. V F 591863042

Beginning Date: 10/2/90

Ending Date: 9/30/91

NCBPC

118 fluid slat LP275 analysis
Balance 9/30/90

Date 11/30/90	Prepared By [Signature]	Work Paper No.
	Reviewed By	

		Amount	
1	Grant proceeds 8/90 R.645	20908.66	
2			
3	Grant Expenditures 8/90	< 20117.30 >	
4			
5	Grant Balance 9/30/90	<u>771.36</u>	
6			
7			
8			
9	Interest Earned: 8/90		
10	Repo 118-361-103-275	20.63	
11	SBA 118-361-202-101	<u>363.60</u>	
12			
13		<u>384.23</u>	
14			
15	Total for LP275		
16	9/30/90 balance		<u><u>1175.59</u></u>
17			
18			
19			
20			
21	Cash 118-101-101-101 (LP275)	① 1089.00	
22			
23	SBA c/c 118-18-202-70	86.59	
24	(LP275)		
25	LP275 bal 9/30/90		<u><u>1175.59</u></u>
26			
27			
28	M134		
29	8/90 int repo (liab)	131.16	
30	9/90 int repo (liab)	154.63	
31		① <u>285.79</u>	
32			
33	M135		
34	8/90 int repo (liab)	73.67	
35	9/90 int repo (liab)	86.66	
36		① <u>160.33</u>	
37	City Contrib for M134		
38	8/90 int repo 118-361-103-275	131.16	
39	9/90 int repo	154.63	
40		① <u>285.79</u>	



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

In accordance with the provision 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)

Post Office Box 1010
Address
Fernandina Beach, Florida 32034
(City) (State) (Zip)

Total Requested County Grant Amount: \$ 20,773.19

Authorizing County Official
SIGNATURE: *Jimmy L. Higginbotham* DATE: 9-25-90

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 Winwood 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: _____

Fiscal Year: _____ Amount: \$ _____

Organization Code E.O. Object Code
60-20-60-30-100 HR 730060

Vendor I.D. V F _____

Beginning Date: _____ Ending Date: _____



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: Post Office Box 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 Name: Jimmy L. Higginbotham Title: Chairman

Signature: [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, Fernandina Beach, FL. 32034
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

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

Measurable Objectives	Time Frames
Training Aids: Purchasing training aids to further enhance our abilities to protect the people of Nassau County through training therefore decreasing Patient mortality and morbidity.	With this equipment we will learn skills to practice in the field therefore allowing personnel to stay informed on skills and assuring 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
64	Amkus Tool	\$10,580.00	1	① \$10,580.00
49	Child CPR Manikin	400.00	1	② 400.00
49	Mass Casualty Kit	600.00	1	③ 600.00
64	Intubation Training Head	900.00	1	④ 900.00
64	Hexacode Training Manikin + Computer + Software + printer	4,000.00	1	⑤ 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		
\$ ① 362.43	Earned Interest from FY 89/90 (Bal 8/31/90)	SBA LP275	
\$ _____	Other (Specify: _____)		
	Total		\$ 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)

5/9/90
 SBA Int LP275 363⁰⁰
 ① 362⁰⁰
 SBA Int 8/30/90 1.17
 Rep Int LP275 2016⁰⁰
 difference 21.80
 between above
 + actual LP275
 carry forward
 from 89/90 to 90/91 28

	0.00 *
	10,580.00 +
	900.00 +
	4,000.00 +
	2,175.00 +
004	17,655.00 *
	400.00 +
	600.00 +
	2,000.00 +
003	3,000.00 *
	20,773.19 +
	17,655.00 -
	3,000.00 -

Proposed Expenditure Plan:

Grantee/Recipient of Line Item	Unit Price	Quantity	Total Cost
49 Assorted Training/VCR Tapes 64 Carrie Life Seats	\$ 2,000.00 435.00	sets 5	\$2,000.00 ①2,175.00