

RESOLUTION 92- 79

WHEREAS the Department of Emergency Services received matching grant funds M2156 from the State of Florida to be used to purchase and outfit two ambulances.

WHEREAS these revenues were not anticipated in the 1991/92 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 24th day of February 1992, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

118-334-290-103 HRS Grant M2156 \$74,000.00

APROPRIATION

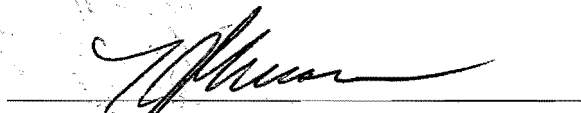
118-161-64-103 HRS Matching Grant M2156 \$74,000.00

ADOPTED this 24th day of February, 1992.

ATTEST:



CHAIRMAN



EX-OFFICIO CLERK

92-19

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MEMORANDUM

TO: COUNTY FINANCE STAFF
FROM: CATHY LEWIS ^G
DATE: JANUARY 28, 1992
SUBJECT: HRS MATCHING GRANT M2156

The County has recently received a 50/50 matching grant from HRS for two ambulances. 1/2 of the costs is to be paid from account 118-161-64-103 "HRS Matching Grant M2156" and 1/2 is to be paid from account 001-161-64-103 "Equipment." Grant revenue will be recorded in account 118-334-290-103 "HRS Grant M2156." Interest earned on grant will be owed to HRS and should be posted to liability account 118-208-101-2156 "Due to HRS-Grant M2156 Interest." Grant proceeds will be invested with the SBA and reflected in account 118-151-202-2156 "Investment-SBA-M2156" and as expenditures occur, withdrawals made. I have attached information I have about the grant, if you have any questions please ask. Thanks.



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

January 10, 1992

M2156
Matching Grant

The Honorable Jim B. Higginbotham
Commissioner
Board of County Commissioners
Nassau County
Post Office Box 1010
Fernandina Beach, Florida 32034

Dear Commissioner Higginbotham:

It gives me great pleasure to inform you that your organization is awarded an emergency medical services (EMS) matching grant in the amount of \$74,000.00. This matching grant is to support the purchase of the prehospital activities, services and items outlined in your matching grant application and its department approved revisions which are on file in the State of Florida, Department of Health and Rehabilitative Services, Office of Emergency Medical Services, Tallahassee, Florida.

The matching grant must be executed within the limits of the amount awarded to you. Any costs above the matching grant amount awarded under paragraph 401.113(2)(b), Florida Statutes, are the responsibility of the grantee (applicant).

This matching grant begins on January 13, 1992, or the date of this letter, whichever is later, and ends September 30, 1993.

Your grant application on file with us acknowledges and ensures that you have read, understood and will comply fully with Appendix C of the booklet titled: "Florida Emergency Medical Services Matching Grant Program 1992", 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.

Thank you for your continued support and involvement in improving and expanding the prehospital emergency medical services system.

Sincerely,

Michael S. Williams
Director
Emergency Medical Services

J:\AV\EMSS16g

ID Code to be Assigned by State EMS Office: M2 / 56
 Florida Department of Health and Rehabilitative Services
 Office of Emergency Medical Services (EMS)
MATCHING GRANT APPLICATION

Nov 26 8 35 AM '91

1. **Legal Name of Agency/Organization:** Board of County Commissioners
 Department of Emergency Services

Name and Title of Grant Signer: Jim B. Higginbotham, Chairman

Mailing Address: P. O. Box 1010
 Fernandina Beach, Florida 32034 County: Nassau

Telephone Number: 904-261-6127 **SunCom Number:** 821-5660

2. **Name and Title of Contact Person:** Armon C. Summerall, Director of Emergency Services

Mailing Address: 11 North 14th Street, Box 12
 Fernandina Beach, Florida 32034

Telephone Number: 904-261-5962 **SunCom Number:** 821-5227

3. Legal Status of Agency/Organization: (Check only one) <input type="checkbox"/> Private Not for Profit (you must provide copy of certificate) <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Public	Your fiscal year: <u>10/01/91</u> <u>09/30/92</u> BEGINS ENDS
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4. **Agency/Organization's Federal Tax Identification Number nine digits VF** 5 9 1 8 6 3 0 4 2

5. **Application Status:** (Check only one)

This is the continuation of a project already funded by the state EMS matching grant program.

This is not the continuation of a project already funded by the state EMS matching grant program.

6. **Type of Project:** (Check only one):

<input type="checkbox"/> Communications	<input type="checkbox"/> Continuing Professional Education (medical director must sign Item 15a)
<input checked="" type="checkbox"/> Emergency Transport Vehicles	<input type="checkbox"/> Public Education
<input type="checkbox"/> System Evaluation/Quality Assurance	<input type="checkbox"/> Research
<input type="checkbox"/> Medical/Rescue Equipment (signatures required for Items 15b and 15c)	

Does your project include the purchase of any communications equipment? yes No

CATEGORIES	APPLICANT		State Grant Funds	TOTAL
	Cash Match	In-Kind Match		
13. Equipment: a. New equipment. Ground transport as per 10D-66 requirements <i>2 ambulances</i>	\$74,000	Do Not Write In This Area	\$74,000	\$148,000
b. Existing/In-Kind Equipment	Do Not Write In This Area		Do Not Write In This Area	
TOTAL EQUIPMENT COSTS				

14. Financial Summary - Total of salaries and benefits, expenses, and equipment, all combined.	\$74,000.00 ===== Cash Match Grand Total	\$ ===== The above figure must be equal to or less than the cash match Grand Total	\$74,000.00 ===== The above figure must equal the sum of the two preceding columns	\$148,000.00 ===== The above figure must equal the sum of the preceding three columns
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(Attach additional pages if needed)

*MBM
12/17/01*

17. ASSURANCES AND APPLICATION SIGNATURE (Applications without an appropriate signature for this item will not be considered for funding):

Certification of Standards Statement

I, the undersigned, certify that if granted funds under Chapter 401, Part II, F.S.; as amended, all applicable regulations and standards will be adhered to including: Chapter 401, F.S.; Chapter 10D-66, F.A.C.; Minimum Wage Act; Title VI of the Civil Rights Act of 1964 (42 USC 2000D et. seg.); DHEW Regulation (45 CFR Part 80); Rehabilitation Act (Sec 504); Developmentally Disabled Assistance and Bill of Rights of 1975 (P.L. 95-602) as amended by Title V of the Comprehensive Rehabilitative Services Amendments of 1978: Confidentiality; Human Rights; Habilitation Plans; Employment of the Handicapped; Services for Persons Unable to Pay.

Statement of Cash & In-Kind Commitment

I, the undersigned, certify that cash and in-kind match will be available during the grant period and used in direct support of this grant project. State and federal funds will not be used for matching requirements, unless specified by law. No costs or third-party in-kind contributions count towards satisfying a matching requirement of a department grant if they are used to satisfy a matching requirement of another state or federal grant. Cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed on this application shall be committed and used for the department's final approved project during the grant period.

Acceptance of Terms and Conditions

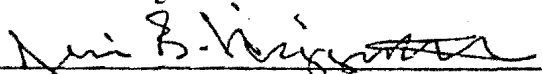
Acceptance of the grant terms and conditions in Appendix C of the booklet, "Florida Emergency Medial Services Matching Grant Program 1992-93", by the Department of Health and Rehabilitative Services is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

Disclaimer

I, the undersigned, hereby certify that the facts and information contained in this application and any follow-up documents are true and correct to the best of my knowledge, information, and belief. I further understand that if it is subsequently determined that this is not correct, the grant funded under Chapter 401, Part II, F.S.; Chapter 10D-66, F.A.C.; as amended by Chapter 85-167, Laws of Florida, may be revoked, and any monies erroneously paid and interest earned will be refunded to the department with any penalties which may be imposed by law or applicable regulations.

Notification of Awards

I understand the availability of the notice of award will be advertised in the Florida Administrative Weekly, and that 30 calendar days after this Florida Administrative Weekly advertisement I waive any right to challenge or protest in anyway the decisions to award grants.



Signature of Authorized Grant Signer
(Individual Identified in Item 1)

11-22-91
Date

NOTE:

Please check to insure that all required signatures have been made for Items 15, 16, and 17.

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-14 848 289

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE 60-202192002-60350000-20-05999900	OLO 600000	SITE 20	DOCUMENT NUMBER H2000152863	OBJECT 7300	DATE 01/21/92	PAYMENT NO 1601422
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PAYMENT AMOUNT \$ 74,000.00
DO NOT CASH
AGENCY DOCUMENT NO V010997

NASSAU CO. BOARD OF COUNTY
COMMISSIONERS
P.O. BOX 1010
FERNANDINA BEACH FL 32034-0456

INVOICE NUMBER	AMOUNT
EMS ADV	\$ 74,000.00

118-334-290-103

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



SAMAS ACCOUNT CODE 60-202192002-60350000-20-05999900	DOCUMENT NO. H2000152863	OBJECT 7300	DATE 01/21/92	WARRANT NO 1601422	63-69 630
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STATE OF FLORIDA
OFFICE OF COMPTROLLER

4-14 848 289

PAY
SEVENTY-FOUR-THOUSAND & 00/100 DOLLARS

AMOUNT
\$****74,000.00

TO THE ORDER OF:

NASSAU CO. BOARD OF COUNTY
COMMISSIONERS
P.O. BOX 1010
FERNANDINA BEACH FL 32034-0456

VENDOR ID NUMBER

TO: TREASURER OF FLORIDA
TALLAHASSEE

Gerald Lewis
COMPTROLLER OF FLORIDA

EXPENSE WARRANT

APPLICATION ITEM 16 (signature required)

REQUEST FOR MATCHING GRANT DISTRIBUTION (ADVANCE PAYMENT)
EMERGENCY MEDICAL SERVICES (EMS)
Governmental Agency and Non-profit Entity ONLY

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

Payment To: Board of County Commissioners, Nassau County Florida

Legal Name of Agency/Organization

Post Office Box 1010

Address

Fernandina Beach, Florida

32034

(City)

(State)

(Zip)

Authorized Official

SIGNATURE [Signature]

DATE: 11-22-91

Printed Name: J. B. Higginbotham

Title: Chairman

SIGN AND RETURN WITH YOUR MATCHING GRANT APPLICATION TO:

Department of Health and Rehabilitative Services

Office of Emergency Medical Services (HSTM)

EMS Matching Grants

1317 Winewood Boulevard

Tallahassee, Florida 32399-0700

For Use Only by Department of Health and Rehabilitative Services,

Office of Emergency Medical Services

Matching Grant Amount: \$ 74,000.00

Grant ID Code: m2156

Approved By: [Signature]

Date: 1/10/92

Signature, Title, State EMS Grant Officer

State Fiscal Year: 92-93

Amount: \$ 74,000.00

Organization Code

E.O.

Object Code

60-20-60-30-100

HS

730060

Federal Tax ID V F: 5 9 1 8 6 3 0 4 2 002

Grant Beginning Date: 1/10/92

Ending Date: 9/30/93

Inv. Rec'd on 1-10-92

Goods & Svcs. Rec'd on ADV

Goods Inspected & Approved on 1-10-92