

RESOLUTION 93-59

WHEREAS the EMS County Award-HRS Fund received grant funds from the State of Florida for grant C9245 to be used for the expansion of rescue services in the O'Neal section of Nassau County.

WHEREAS these revenues were not anticipated in the 1992/93 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 11th day of January 1993, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

118-334-290-204	EMS Grant C9245	\$22,705
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APROPRIATION

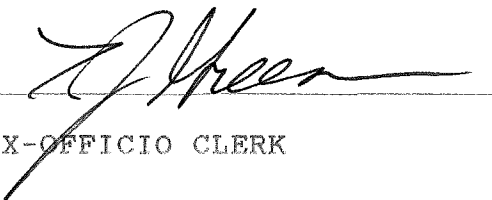
118-161-64-204	EMS Grant C9245 Equipment	\$ 2,100
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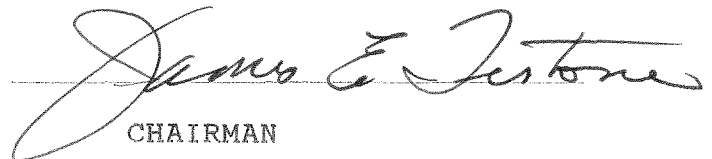
118-161-62-204	Grant C9245 Building	15,255
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118-161-52-204	Grant C9245 Equip >\$500	5,350
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ADOPTED this 11th day of January, 1993.

ATTEST:


EX-OFFICIO CLERK


CHAIRMAN

BA

MEMORANDUM

TO: FINANCE STAFF
FROM: CATHY LEWIS
DATE: DECEMBER 23, 1992
SUBJECT: HRS/EMS GRANT AWARD C9245

Nassau County recently received award C9245 for \$22,704.91 from the state for ems purposes as outlined in attached grant award documentation. The following accounts will be used to record grant revenue, interest earned, and expenditures with budget as presently approved by state noted:

REVENUE: 118-334-290-204 EMS GRANT C9245 (\$22,704.91)

INTEREST: 118-208-101-9245 DUE TO HRS-AWARD C9245
(interest considered due to state)

INVESTMENT: 118-151-202-9245 INVESTMENT-SBA-C9245

EXPENSES: 118-161-64-204 EMS GRANT C9245 EQUIPMENT (\$2,100)
118-161-62-204 GRANT C9245 BUILDING (\$15,254.91)
118-161-52-204 GRANT C9245 EQUIP >\$500 (5,350)

The necessary budget amendment for this unanticipated revenue will go to the Board on January 11, 1992.

Mr. Summerall and Mary Potochnik must approve requisitions and invoices. Doyle will be coordinating the actual building of the O'Neil fire station, but Mr. Summeral's approval still must be obtained. It will be Mary's responsibility to match expenditure requests with approved grant expenditures per state. Mary will also maintain the grant file, so if any questions arise, all information finance has will be in this file.

Copies of paid vouchers should be sent to Mr. Summeral and Mary.

Please make note of the above information in your work. Thank you and if you have any questions, ask me.

Also, Mr. Summeral told me today that he is requesting additional funds and may change items approved to purchase in future. I'll keep you updated.

cc: Armon Summeral
Doyle Powell
Grant file C9245



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DEC 5 1992

SUBJECT: 1992-93 Emergency Medical Services (EMS) County Award
TO: Chairperson, Nassau County Board of County
Commissioners

It gives me great pleasure to inform you that an Emergency Medical Services (EMS) county grant number C9245 has been awarded to you in the amount of \$22,704.91. The grant award is for the purpose of the prehospital activities, services, and items in your county grant application and its department approved revisions on file with the state's Office of EMS.

The grant must be executed within the limits of the amount awarded to you. Any costs above the grant amount, awarded under section 401.113(2)(a), Florida Statutes, are the responsibility of the county. The grant begins October 1, 1992 and ends September 30, 1993.

The purchase of any communications equipment or services during the grant period must have the written final approval of the Department of General Services, Division of Communications, before the purchase is made; otherwise, we will disallow the communications costs, as required.

The audit compliance addendum and your grant application on file with us acknowledges and ensures that you have read, understood and will comply fully with Appendix D of the booklet titled: "Florida EMS County Grant Program," 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 the state county grant program.

Regin B. Intcheel
MICNEAL S. WILLIAMS
Director
Emergency Medical Services

msh/oswerd



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

November 12, 1992

SUBJECT: New Audit Requirement - 1992 Florida Emergency Medical Services (EMS) County Grant Booklet

TO: Chairman, Nassau County Board of County Commissioners

This regards your soon to be awarded state EMS county grant. A new grant condition has been mandated and added to the 1992 Florida EMS County Grant Program booklet.

An audit of EMS county grant funds awarded is now required by Section 216.349, Florida Statutes, as amended by Chapter 92-142, Laws of Florida. Accordingly, the conditions of the EMS county grant for which you have applied must be modified to meet this requirement before this office can process your application and award funds.

Handwritten note: Mary will look at this

The attached addendum to the conditions of the 1992 EMS county grant for which you have applied is therefore submitted for your concurrence.

My approval is affirmed by my signature on this letter. Please sign on the line provided at the bottom of the two enclosed identical letters as to your concurrence with these additional requirements. Retain one for your files and return the other:

Gloria Woods
EMS County Grants Manager
Department of Health and Rehabilitative Services
Office of Emergency Medical Services
400 West Robinson Street
Orlando, Florida 32801
Telephone: (407) 423-6542 or Suncom 344-6542

MICHAEL S. WILLIAMS
Director
Emergency Medical Services

Attached Addendum to EMS county grant conditions is approved:

Printed Name: Thomas D. Branan, Jr.

Signature: *Thomas D. Branan, Jr.*
(Authorized County Official)

Title: Chairman, Board of County Commissioners

Date: November 23, 1992

**STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
1992 EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION**

GRANT NO. C 9245

1. Board of County Commissioners (grantee) Identification:

Name of County: Nassau
Business Address: 11 North 14 th. Street, Box 12
Fernandina Beach, Florida 32034
Phone # (904) - 261-6612 Suncom # -

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, 1992 Florida EMS County Grant Program.

Printed Name: Tom Branan Title: Chairman

Signature:  Date Signed: 9-14-92
(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 Box 12, Fernandina Beach, FL

Telephone: (904) 261-6612 SunCom:

4. County's Federal Tax Identification Number: 591863042

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. **WorkPlan:** Expansion of Rescue Services - Sub-station

Work Activities:

Purchase Kitchen appliances, Furniture and construction for expansion of existing Rescue service to enhance Advance Life Support in the O'Neal section of Nassau County, Florida.

Time Frames:

Within 12 Months after receiving Award Money.

7. **Proposed Expenditure Plan:** Prepare a line item budget.

Recipient of Line Item	Line Item	Unit Price	Quantity	Total Cost
Nassau Co.	Electric Stove	\$900.00	one 64	\$ 900.00
	Refrigerator	\$1,200.00	one 64	\$1200.00
	Microwave	\$ 350.00	one 52	\$ 350.00
	Furniture (Sofa, End Tables, Dinning Table with Chairs, etc.)	\$5,000.00	52	\$5000.00
	Building Construction		one 62	\$15,254.91

Total: \$22,704.91

64 = \$2100
 52 = 5300
 62 15,254.91

 22,704.91

Attach additional pages if necessary for item 7.

Appendix D

**EMS COUNTY GRANT -
GENERAL CONDITIONS
AND REQUIREMENTS**



EMS
*The Heart
of the
Community*

13. The grantee agrees that all communications activities and equipment shall be approved in writing by the Florida Department of General Services, Division of Communications as required by section 401.024, F.S. Any costs for communications activities and equipment which do not receive such approval shall be disallowed. This approval must be dated after the effective date of the grant and prior to any commitment to purchase the requested equipment and/or services or both. This approval is required in addition to any previous Division of Communications recommendation, review, conceptual or other approval dated prior to the effective date of the grant.

14. The grantee shall own all items including facilities, vehicles, and equipment purchased by EMS county grant funds unless otherwise described in the grant application and/or award. The grantee shall clearly document the assignment of facilities, vehicles, and equipment ownership and usage, and maintain this documentation so it is available during any audit. The owner shall be responsible for the proper insurance, licensing, permitting, and maintenance of facilities, vehicles, and equipment purchased with county EMS grant funds.

15. The grantee must ensure facilities, vehicles, and equipment purchased by EMS county grant funds shall be used solely for improving and expanding pre-hospital EMS throughout their useful life whether owned by the grantee or other recipients.

16. The grantee agrees that a complete copy of the EMS Notice of Grant Award, department approved budget, approved grant changes if any, and grant application, must be on file with the county person responsible for directly administering the grant.

17. The grantee, his sub-grantee(s) or contractor(s) and assignees shall provide access to, and furnish whatever information is necessary for the department to monitor the grant including access to all client records.

18. A Vendor Ombudsman has been established within the Department of Banking and Finance. The duties of this individual include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from a state agency. The vendor ombudsman may be contacted at (904) 488-2924 or by calling the State Comptroller's Hotline, 1-800-848-3792.

19. The Grantee agrees to comply within the provisions of section 216.347, Florida Statutes, which prohibits the expenditure of grant funds for the purpose of lobbying the Legislature or a state agency.

EMS COUNTY GRANT GENERAL REQUIREMENTS

These requirements are an integral part of the EMS county grant. In the event of a conflict, the following requirements shall always be controlling:

1. A final financial report shall be submitted detailing all expenditures of this grant. Bills for fees or other compensation for services or expenses shall be maintained by the grantee in sufficient detail for a proper pre-audit and post-audit of the grantee's records.

2. To the extent provided by law, the grantee hereby agrees to indemnify and hold the department harmless from any and all claims or demands for any personal injury or property damage resulting or occurring in connection with any activities conducted under the grant agreement and shall investigate all such claims of every nature at its expense. In addition, to the extent provided by law, the grantee hereby agrees to be responsible for any injury or property damage resulting from any activities conducted under this EMS grant.

3. The grantee agrees to use the facilities, vehicles, and equipment purchased under this grant, solely for EMS throughout their useful life, or the grantee must return to the department funds equivalent to the remaining value of the facilities, vehicles and equipment.

4. All county grants are made in accordance with section 401.113(2)(a), F.S., and shall be made through an EMS Notice of Grant Award. The Notice of Grant Award and Appendix D of this booklet contain by reference all regulations, rules, and other conditions governing this grant. The Department agrees to request advance distribution (payment) of the grant amount when the Notice of Grant Award is sent to the grantee. This payment is usually sent to the grantee by the Department of Banking and

emergency transport vehicle, the grantee agrees to provide the department the following information about vehicles purchased with grant funds: number of emergency and nonemergency responses; total mileage accrued; number of days in service; number of days out of service; mean response time (measured from the time an EMS dispatcher is notified until the crew arrives on scene) for emergency calls.

c. Medical/Rescue Equipment

If the county grant includes purchase and use of any or all equipment which meets standards in Chapter 10D-66, F.A.C., or is approved by the provider's medical director, the grantee agrees to provide the department the following information about equipment purchased with grant funds; the number of individual instances where defibrillators and power rescue tools were used.

d. Public Education

If the county grant includes public education activities or services, the grantee agrees to provide the department the following information about activities or services conducted with grant funds: the number of participants and number of participants who successfully completed the training course.

e. Continuing Professional Education

If the county grant involves continuing professional education activities or services, the grantee agrees to provide the department the following information about activities or services conducted with grant funds: type of training conducted; number of participants; and the number of individuals successfully completing any training course.

f. System Evaluation/Quality Assurance

If the county grant involves system evaluation/quality assurance, the grantee agrees to submit a brief one page report describing the improvement and expansion brought about by any quality assurance or evaluation activities conducted with grant funds.

Program Activity and Expenditure reports will be used to ensure adequate monitoring and auditing of the grantee. These reports must be submitted within the time frames specified. The grantee, his sub-grantee(s) or contractor(s), and assignee(s) shall provide access to and furnish whatever information is necessary for us to monitor this grant including access to all client records.

ASSURANCE OF COMPLIANCE

CREDIT STATEMENT

The grantee assures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by _____"

Grantee Organization

and the State of Florida, Department of Health and Rehabilitative Services, Office of Emergency Medical Services. If the sponsorship reference is in written material, the words "State of Florida, Department of Health and Rehabilitative Services, Office of Emergency Medical Services" shall appear in the same size letters or type as the name of the grantee's organization.

One copy of any such materials will be sent to the department.

COPYRIGHTS

The grantee assures that where activities supported by this grant produce original writing, sound recordings, pictorial reproductions, drawings or other graphic representation and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the department to do so. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefit of the state. Pursuant to section 286.021, F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

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

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 County
Name of Board of County Commissioners (Payee)
11 North 14 th. Street, Box 12,
Address
Fernandina Beach, Florida 32034
(City) (State) (Zip)

Federal Tax ID Number of county: 591863042

Authorizing County Official
SIGNATURE: [Signature] Date: 9-14-92

Printed Name: Tom Branan Title: Chairman

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: \$ 22,704.91 Grant Number: C9245
Approved By: [Signature] Date: 10-1-92
Signature, State EMS Grant Officer

Fiscal Year: 1992-93 Amount: \$ 22,704.91
60-20-60-30-100 E.O. HR Object Code 730060
Federal Tax I.D. VF591863042
Beginning Date: 10-1-92 Ending Date: 9-30-93



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

Michelle



ARMON C. SUMMERALL

Director

MEMORANDUM

DIVISIONS

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

TO: T.J.(Jerry) Greeson, Financial Director

FROM: Armon C. Summerall, Director *Armon*

RE: EMS County Grant Award #C9245

DATE: December 15, 1992

(904) 261-5962

(904) 879-3300

Suncom 821-5227

Emergency Dial 911

We received from the State the letter of commitment for our EMS County Award.

These monies are to be used solely for expansion of the Rescue Service (kitchen appliances, furniture and construction of building in O'Neal).

We should be receiving the money from the State shortly after the first of the year.

The Board of County Commissioners has approved an additional \$17,000.00 from Impact Fees for this project.

It is my recommendation that Doyle Powell be given permission to start construction as soon as possible.

ACS/dd

enc.

cc: Doyle Powell
R.H. Law, Jr.
Bill Lecher
John Crawford



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DEC 5 1992

SUBJECT: 1992-93 Emergency Medical Services (EMS) County Award
TO: Chairperson, Nassau County Board of County
Commissioners

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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 the state county grant program.

Regan B. Intcheell
MICHEAL S. WILLIAMS
Director
Emergency Medical Services

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

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Payment To: Nassau County
Name of Board of County Commissioners (Payee)

11 North 14 th. Street, Box 12,
Address

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

Federal Tax ID Number of county: 591863042

Authorizing County Official

SIGNATURE: [Signature]

Date: 9-14-92

Printed Name: Tom Branam

Title: Chairman

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: \$ 22,704.91

Grant Number: C9245

Approved By: [Signature]
Signature, State EMS Grant Officer

Date: 10-1-92

Fiscal Year: 1992-93

Amount: \$ 22,704.91

Organization Code
60-20-60-30-100

E.O.
HR

Object Code
730060

Federal Tax I.D. VF591863042001

Beginning Date: 10-1-92

Ending Date: 9-30-93

STATE OF FLORIDA

OFFICE OF COMPTROLLER

REMITTANCE ADVICE

4-00 351 663

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE 60-202192002-60350000-20-05999800	OLO 600000	SITE 20	DOCUMENT NUMBER H3000121104	OBJECT 7300	DATE 12/17/92	PAYMENT NO 1360440
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PAYMENT AMOUNT
\$ 22,704.91

DO NOT CASH

AGENCY DOCUMENT NO
V010031

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY
11 NORTH 14TH STREET, BOX 12
FERNANDINA BEACH FL 32034-3106

118

PLEASE DIRECT QUESTIONS TO: (904) 488-4612, HRS - HQ PROCESSING SERVICES

INVOICE NUMBER	AMOUNT
ADVANCE \$	22,704.91

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



SAMAS ACCOUNT CODE 60-202192002-60350000-20-05999800	DOCUMENT NO. H3000121104	OBJECT 7300	DATE 12/17/92	WARRANT NO 1360440	63-69 630
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STATE OF FLORIDA
OFFICE OF COMPTROLLER

VOID AFTER 12 MONTHS
4-00 351 663

PAY

TWENTY-TWO-THOUSAND-SEVEN-HUNDRED-FOUR & 91/100 DOLLARS

AMOUNT

*****22,704.91

TO THE ORDER OF:

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY
11 NORTH 14TH STREET, BOX 12
FERNANDINA BEACH FL 32034-3106

VENDOR ID NUMBER

EXPENSE WARRANT

TO: TREASURER OF FLORIDA
TALLAHASSEE

Gerald Herrera
COMPTROLLER OF FLORIDA

34 136044004 0630006941

11 4 211