

RESOLUTION NO: 94- 178

A RESOLUTION OF THE NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFYING THAT MONIES FROM THE EMS COUNTY GRANT 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 \$26,543.58 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 \$26,543.58 will be used to expand the extent, size or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

ADOPTED this 12th day of September , 1994.

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

ATTEST:

*J. G. Green* by  
*Joanna R. Cason*, Deputy  
EX-Officio Clerk *Clerk*

BY:

*John A. Crawford*  
John A. Crawford,  
As Chairman of The Board



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

**GRANT NO. \_\_\_\_\_**

**1. Board of County Commissioners (grantee) Identification:**

Name of County: Nassau  
 Business Address: 11 North 14th St. Box 12  
Fernandina Beach, Fl 32034  
 Phone # (904) 321 - 5732 Suncom # 848 - 5732

**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 Florida EMS County Grant Program booklet.*

Printed Name: John A. Crawford Title: Chairman

Signature:  Date Signed: \_\_\_\_\_  
 (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 14th St., Fernandina Beach, Fl

Telephone: (904) 321-5732 SunCom. (904) 848-5732

**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 and upgrade of Nassau EMS Services

**Work Activities:**

**Time Frames:**

Infection Exposure Control  
(Bloodborn Pathogen Compliance)

Within 12 months after  
receiving funds.

Construct a facility with hot & cold running water to wash and disinfect equipment, clothing & personnel outside of normal living quarters.

Purchase & install commercial washer & dryers, stainless steel sinks, etc.  
"Compliance with State & OSHA Laws"

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

| <i>Recipient of<br/>Line Item</i> | <i>Line<br/>Item</i>    | <i>Unit<br/>Price</i> | <i>Quantity</i> | <i>Total<br/>Cost</i> |
|-----------------------------------|-------------------------|-----------------------|-----------------|-----------------------|
| Nassau EMS                        | Buildings               | \$7,000               | Two             | \$14,000.00           |
| Nassau EMS                        | Washers                 | \$2,000               | Two             | 4,000.00              |
| Nassau EMS                        | Dryers                  | \$2,000               | Two             | 4,000.00              |
| Nassau EMS                        | Equipment &<br>Supplies | Unknown               | Misc.           | 4,543.58              |

Attach additional pages if necessary for item 7.

8. APPLICATION (Requires Signature)

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

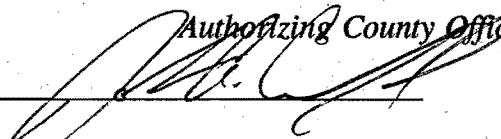
In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

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

11 North 14th Street, Box 12  
*Address*

Fernandina Beach, Fl, 32034  
*(City) (State) (Zip)*

Federal Tax ID Number of county: 591863042

*Authorizing County Official*  
SIGNATURE:  Date: \_\_\_\_\_

Printed Name: John A. Crawford 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: \$ \_\_\_\_\_ Grant Number: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature, State EMS Grant Officer*

Fiscal Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Federal Tax I.D. V F \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_



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



BOARD  
DATE: 9-12 19 94  
ACTION: 2  
INFO: \_\_\_\_\_

September 1, 1994

Board of County Commissioners  
John A. Crawford, Chairman  
P.O. Box 1010  
Fernandina Beach, Florida 32034

Dear Sirs:

Please have the chairman sign the attached County Award Grant Application on front and back pages. The projected figure of the award is \$26,543.58.

Also please sign the attached Resolution enclosed in this packet.

I must have these documents signed and in Tallahassee no later than October 1, 1994.

Please sign and return to my office as soon as possible.

Sincerely,

Armon C. Summerall  
DIRECTOR

enc.



**NASSAU COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
P.O. Box 1010  
Fernandina Beach, Florida 32034

|                       |                              |
|-----------------------|------------------------------|
| Jim B. Higginbotham   | Dist. No. 1 Fernandina Beach |
| John A. Crawford      | Dist. No. 2 Fernandina Beach |
| Tom Branan            | Dist. No. 3 Yulee            |
| James E. Testone      | Dist. No. 4 Hilliard         |
| Jimmy L. Higginbotham | Dist. No. 5 Callahan         |

T.J. "Jerry" GREESON  
Ex-Officio Clerk

MICHAEL S. MULLIN  
County Attorney

**MEMORANDUM**

**TO: ARMON SUMMERALL, DIRECTOR OF EMERGENCY SERVICES**  
**FROM: T. J. "JERRY" GREESON, EX-OFFICIO CLERK** *JG*  
**DATE: SEPTEMBER 14, 1994**  
**RE: EMS COUNTY AWARD GRANT APPLICATION**

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Attached please find the original of the above named grant application, executed by the Chairman on September 12, 1994. Also attached is a certified copy of Resolution No. 94-178 - A Resolution Certifying that Monies from the Grant award will be used to improve and expand the county's existing pre-hospital EMS System.

Please forward a fully executed copy to my office for our files at your earliest convenience.

(904) 225-9021 Board Room; 261-6127, 879-1029, 355-6275

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