

RESOLUTION NO. 95- 135

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

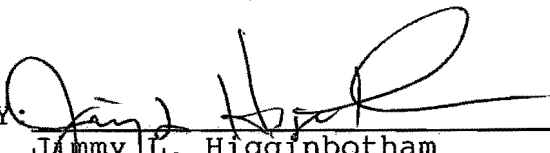
WHEREAS, the Nassau County Board of County Commissioners is committed to maintaining and improving Pre-hospital Emergency Medical Services to the citizens and residents of Nassau County, Florida, and that the grant monies will not be used to supplement existing County EMS Budget Allocations.

WHEREAS, the Nassau County Board of County Commissioners will use funds in the amount of \$18,547.47, 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 morbidity.

NOW, THEREFORE, BE IT RESOLVED that the Nassau County Board of County Commissioners certifies that monies in the amount of \$18,547.47 will be used to expand the extent, size, or number of existing pre-hospital EMS activities or services in Nassau County, Florida.


ADOPTED this 11th day of September, 1995.

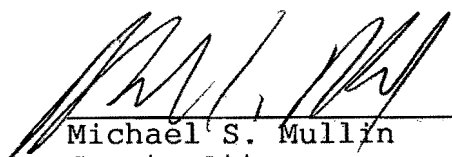
BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

BY: 
Jimmy L. Higginbotham
Its: Chairman

APPROVED AS TO FORM BY THE
NASSAU COUNTY ATTORNEY:

ATTEST:


T. J. "Jerry" Greeson
Its: Ex-Officio Clerk


Michael S. Mullin
County Attorney

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

GRANT NO. 9545

1. Board of County Commissioners (grantee) Identification:

Name of County: Nassau

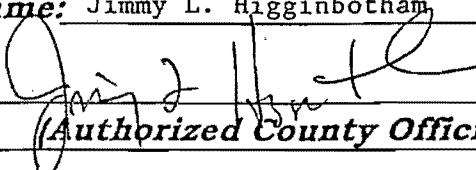
Business Address: 11 North 14th St. Box 12
Fernandina Beach, Fl 32034

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: Jimmy L. Higginbotham **Title:** Chairman

Signature:  **Date Signed:** 9-11-95
(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: R. L. Kotsis **Title:** Director

Business Address: 11 North 14th St. Box 12, Fernandina Beach, Fl 32034

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

4. County's Federal Tax Identification Number: 59-1863042

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: Increase safe working environment during highway incidents.
Provide toxic atmosphere monitoring during confined space incidents.

Work Activities:

Time Frames:

Provide safety equipment/appliances, ie, illuminated/retroreflective vest & reflective warning markers/cones.

Within 60 days of funding.

Provides worker identification during highway/roadway incidents. Highly visible to other motorists. Cones/markers displayed to warn motorists of working incidents.

Provide monitors (co, CO2, explosive atmosphere) for personnel responding to confined space or toxic atmosphere incidents. Establish training in use of monitors.

Within 60 days of funding.

Purchase and Place into service extrication equip.

Within grant period

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

Recipient of Line Item	Line Item	Unit Price	Quantity	Total Cost
Nassau County Fire/EMS	Lighted Vest	\$60.00	20 each	\$1,200.00
Nassau County Fire/EMS	Kwik-Kones (set of 4)	\$70.00	5 sets	\$350.00
Nassau County Fire/EMS	Atmospheric Monitor	\$800.00	8 each	\$6,400.00
Nassau County Fire/EMS	Extrication Equipment			10,597.47
Total				\$18,547.47

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: Board of County Commissioners, Nassau County
Name of Board of County Commissioners (Payee)

P.O. Box 1010

Address

Fernandina Beach, Florida 32034

(City) (State) (Zip)

Federal Tax ID Number of county: 59-1863042

Authorizing County Official

SIGNATURE: [Signature] Date: 9-11-95

Printed Name: Jimmy L. Higginbotham Title: Chairman

SIGN AND RETURN WITH YOUR GRANT APPLICATION TO:

Department of Health and Rehabilitative Services
Office of Emergency Medical Services
EMS County Grants
400 W. Robinson Street, Suite 832, South Building
Orlando, Florida 32801

For Use Only by Department of Health and Rehabilitative Services,
Office of Emergency Medical Services

Amount: \$ 18,547.47 Grant Number: C95 45

Approved By: [Signature] Date: 10-1-95
Signature, State EMS Grant Officer

Fiscal Year: 1995/96 Amount: \$ 18,547.47

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

Federal Tax I.D. VF 591 863 042

Beginning Date: 10-1-95 Ending Date: 9-30-96