

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.

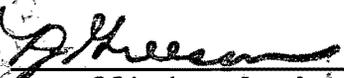
WHEREAS, the Nassau County Board of County Commissioners will use funds in the amount of \$22,830.55, to be received from the County Emergency Medical Services (EMS) Award Application, to improve the existing quality of pre-hospital and EMS activities, services or to decrease patient mortality and mobility.

NOW, THEREFORE, BE IT RESOLVED that the Nassau County Board of County Commissioners certifies that monies in the amount of \$22, 830.55 will be used to expand the extent, size or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

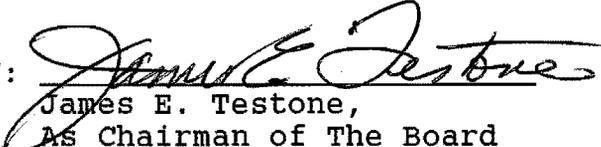
ADOPTED this 13th day of September , 1993.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

ATTEST:


Ex-Officio Clerk

BY:


James E. Testone,
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. C 9345

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) 321--5732 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 Florida EMS County Grant Program booklet.

Printed Name: James E. Testone Title: Chairman

Signature: *James E. Testone* Date Signed: 9-13-93
 (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, Fernandina Beach, Florida

Telephone: (904) 321-5732 SunCom:

4. County's Federal Tax Identification Number: 591863042

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

Federal Tax ID Number of county: 591863042

Authorizing County Official

SIGNATURE: [Signature] Date: 9-13-93

Printed Name: James E. Testone 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: \$ 22,830.55 Grant Number: C9345

Approved By: [Signature] Date: 10-1-93
Signature, State EMS Grant Officer

Fiscal Year: 1993/94 Amount: \$ 22,830.55

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

Federal Tax I.D. VF 591863042

Beginning Date: 10-1-93 Ending Date: 9-30-94