

RESOLUTION 2008 - 191

A RESOLUTION SUPPORTING THE COUNTY GRANT APPLICATION FOR FUNDS TO BE USED SOLELY TO IMPROVE AND EXPAND PRE-HOSPITAL EMERGENCY MEDICAL SERVICES.

WHEREAS, according to Florida Statutes, Section 401.113, funds, mostly from traffic citations, are deposited into the Emergency Medical Services Trust Fund; and

WHEREAS, the funds in the Emergency Medical Services Trust Fund must be used solely to improve and expand pre-hospital emergency medical services; and

WHEREAS, the Florida Department of Health annually dispenses funds contained in the Emergency Medical Services Trust Fund; and

WHEREAS, Forty-five percent (45%) of such monies must be divided among Florida Counties according to the proportion of the combined amount deposited in the Trust Fund from the county; and

WHEREAS, the Board of County Commissioners may distribute these funds to emergency medical services organizations within the County, as it deems appropriate; and

WHEREAS, funds distributed in Nassau County will be used to purchase Mobile internet gateway devices for EMS Ground Transport Vehicles; and

WHEREAS, as a part of the application required by Florida Administrative Code, Chapter 64J-1.015, there must be a Resolution from the Board of County Commissioners that certifies that the monies from the Emergency Medical Services Trust Fund Grant monies will improve and expand the County's pre-hospital emergency medical services system and that the grant monies will not be utilized to supplant existing County emergency medical services budget allocations.

NOW, THEREFORE, BE IT RESOLVED this 10th day of December, 2008, by the Board of County Commissioners of Nassau County, Florida, as follows:

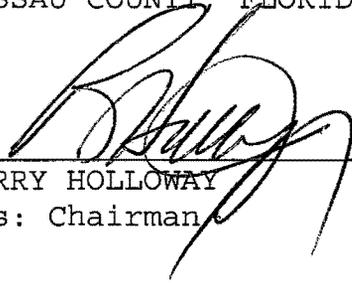
1. The Board of County Commissioners hereby certifies that the monies received from the Emergency Medical Services County Grant will improve and expand Nassau County's pre-hospital emergency medical services system.

2. The Grant monies will not be utilized to supplant existing County budget allocations.

3. The Board of County Commissioners hereby authorizes its Chairman to sign any and all documents required for the Grant application.

4. The Board of County Commissioners also authorizes Sam Young, Deputy Chief of the Fire Rescue Department, to be the authorized contact person responsible to provide the Florida Department of Health with reports and documentation of all activities, services, and expenditures which involve this Grant.

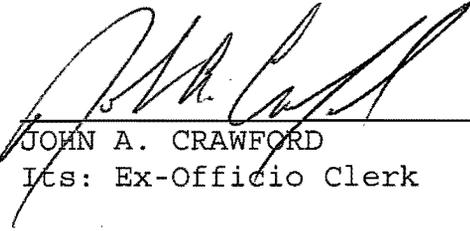
BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA



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BARRY HOLLOWAY  
Its: Chairman

Attest as to Chairman's  
Signature:

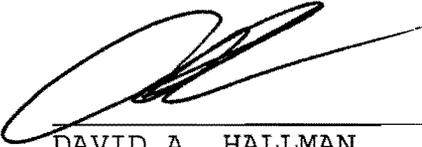


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JOHN A. CRAWFORD  
Its: Ex-Officio Clerk

*EBK 12/11/08*

Approved as to form by the  
Nassau County Attorney



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DAVID A. HALLMAN

h/anne/res/emerg-med-srvices-trust-fund2008

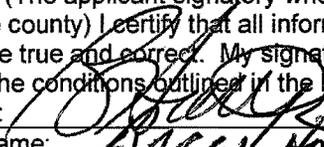
# EMS COUNTY GRANT APPLICATION

## FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

**ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C**

<b>1. County Name:</b> Nassau County Board of County Commissioners
<b>Business Address:</b> P.O. Box 1010
Fernandina Beach, FL 32035
<b>Telephone:</b> (904) 491-7525
<b>Federal Tax ID Number (Nine Digit Number):</b> VF 59-1863042

<b>2. Certification:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
<b>Signature:</b> 	<b>Date:</b> 12/10/08
<b>Printed Name:</b> BARACK NOTOWIJIGONO	
<b>Position Title:</b> Chairman of the Board of County Commissioners	

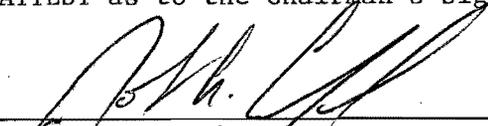
<b>3. Contact Person:</b> (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
<b>Name:</b> Sam Young	
<b>Position Title:</b> Deputy Chief	
<b>Address:</b> 96135 Nassau Place; Suite 1	
Yulee, FL	
32097	
<b>Telephone:</b> (904) 491-7525	<b>Fax Number:</b> (904) 321-5748
<b>E-mail Address:</b> syoung@nassaucountyfl.com	

**4. Resolution:** Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.

<b>5. Budget:</b> Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Nassau County Fire Rescue

DH Form 1684, Rev. June 2002

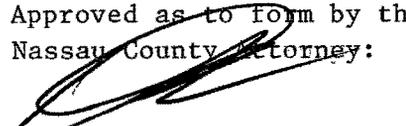
ATTEST as to the Chairman's Signature:

  
John A. Crawford  
Ex-Officio Clerk

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EBK 12/10/08

Approved as to form by the  
Nassau County Attorney:

  
David A. Hallman



FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

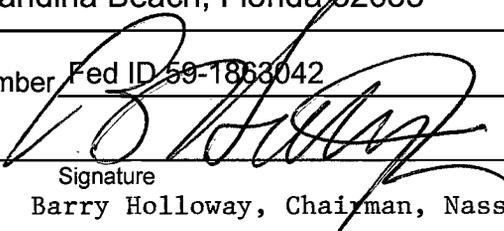
In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

Name of Agency: Nassau County Board of County Commissioners

Mailing Address: P.O. Box 1010  
Fernandina Beach, Florida 32035

Federal Identification number Fed ID 59-1863042

Authorized Official:  12-10-08  
Signature Date

Barry Holloway, Chairman, Nassau County  
Board of County Commissioners  
Type Name and Title

*Sign and return this page with your application to:*

*Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738*

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

Organization Code E.O. OCA Object Code  
64-25-60-00-000 N\_ N2000 7 \_\_\_\_\_

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_