

County Government Application Form July 2016-2017

Effective August 26, 2016, county governments may submit their Fiscal Year 2016-2017 application for county grant funds. The deadline for submission is December 16, 2016. The new grant amount can be found in the “Total” column included in the link for the “county amount” table.

The first three items on page one of the application are self-explanatory. Please note that Item 2 requires the signature of the individual who is authorized to sign contracts, grants, or other legal documents for the county.

Item 4 describes the content of the resolution. Please provide this in your county’s customary format and approval process. The resolution must be current. If a previous one is still in-effect, a message from a lead county official stating such for 2016-2017 must be included.

Item 5 requests the names of the organizations that will receive funds from the new county grant. A budget page is needed for each organization listed in item 5. The budget page must list specific and quantifiable items or services, with the cost for each unit or type of item or service. All costs must add to the exact amount of grant funds available. Changes may be requested after the new grant begins.

To add budget totals in the application, place your cursor over a subtotal or total field, right click your mouse, then left click on the resulting menu “Update Field.”

Request for Grant Fund Distribution Form

The Request for Grant Fund Distribution form is the last page of the application. The county is required to complete only the top portion of the form. In addition, the address on this form must be the same one that is on file in the state MyFloridaMarketplace (MFMP) system.

If needed, MFMP customer service may be contacted at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com.



EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items

ID. Code (The State EMS Program will assign the ID Code – leave this blank) **C50**

1. County Name: Bay County Board of County Commissioners
Business Address: 840 West 11th Street
Panama City, FL 32401
Telephone: 850-248-6040
Federal Tax ID Number (Nine Digit Number). VF 59-60000512

2. Certification: (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.	
Signature:	Date:
Printed Name: William T. Dozier	
Position Title: Chairman, Bay County Board of County Commissioners	

3. Contact Person: (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.)	
Name: C.R. "Corky" Young	
Position Title: EMS Division Chief	
Address: 700 Highway 2300	
Panama City, FL 32409	
Telephone: 850-248-6079	Fax Number: 850-248-6078
E-mail Address: cyoung@baycountyfl.gov	

4. Resolution: Attach a 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. We <u>cannot process</u> for funds without a <u>current</u> resolution.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Bay County Emergency Medical Services Division

BUDGET PAGE**A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Protective Rescue Apparel	26,839.00
Total Veh. & Equipment =	\$ 26,839.00
<u>Grand Total =</u>	<u>\$ 26,839.00</u>

**FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT SECTION**

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

The agency name and mailing address **must** be in the state MyFloridaMarketPlace (MFMP) system.

Name of Agency: Bay County Board of County Commissioners

Mailing Address: 840 West 11th Street
Panama City, FL 32401

Federal Identification number: 59-60000512

Authorized County Official: _____
Signature Date

William T. Dozier, Chairman
Type or Print Name and Title

Sign and return this page with your application to:

*Florida Department of Health
Emergency Medical Services Section, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by State Emergency Medical Services Program

Grant Amount for State to Pay: \$ _____ Grant ID: Code: C50

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	750000	059998

Federal Tax ID: VF _ _ _ _ _

Grant Beginning Date: _____ Grant Ending Date: _____