

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 200060824

1. ACTION REQUESTED/PURPOSE: Accept EMS Matching Grant in the amount of \$25,875.00 from the Florida Bureau of Emergency Medical Service for the purpose of promoting safety awareness in the use of portable gas operated generators and distribute home carbon monoxide detectors. Also approve a budget amendment resolution in the amount of \$25,875.00.

2. WHAT ACTION ACCOMPLISHES:

The action gives budgetary authority to accept the grant funds while completing the agreement process with the Florida Bureau of Emergency Medical Service.

3. MANAGEMENT RECOMMENDATION:

Management recommends approval.

4. Departmental Category: 07

CJA

5. Meeting Date: 6/27/06

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner _____
 Department _____
 Division Public Safety
 By: John D. Wilson, Director

9. Background:

Lee County EMS matching grant application for the purchase of Carbon Monoxide Detectors was approved by the Florida Bureau of Emergency Medical Service. The grant award of \$25,875.00 will enable EMS to initiate a safety awareness program for the public in the use of portable gas operated generators. The program includes the purchase and distribution of home carbon monoxide detectors.

The grant funds represent 75% of the project cost. Lee County's 25% matching contribution will be \$8,625.00. Total project cost is \$34,500.00. No recurring cost of equipment is expected.

Grant proceeds will be available in account string:

- Printing (External) 12084200100.334290.9007.504710: \$3,375.00
- Match 14084200100.504710: \$1,125.00
- Minor Equipment 12084200100.334290.9007.505280: \$22,500.00
- Match 14084200100.505280: \$7,500.00

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>J. Wilson</i>	<i>[Signature]</i>	N/A		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
					6/15/06	6/15/06	6/15/06	6/15/06	

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN:
 6-15-06 3pm
 COUNTY ADMIN FORWARDED TO:
 [Signature]
 5pm

Rec'd by County
 Date: 6/15/06
 Time: 1:00pm
 Forwarded To:
 [Signature]
 6/15/06 2:33pm

RESOLUTION

Amending the Budget of General Fund 00100 to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2005-2006.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the General Fund 00100 budget for \$25,875 of the unanticipated revenue from the Department of Health and an appropriation of a like amount for equipment costs and;

WHEREAS, the General Fund 00100 budget shall be amended to include the following amounts which were previously not included.

ESTIMATED REVENUES

Prior Total:		\$538,735,426
Additions		
12084200100.334290.9007	Department of Health	25,875
Amended Total Estimated Revenues		\$538,761,301

APPROPRIATIONS

Prior Total:		\$538,735,426
Additions		
12084200100.504710	Printing, Binding, Copying	3,375
14084200100.504710	Printing, Binding, Copying	1,125
12084200100.505280	Minor Equipment	22,500
12084200100.505280	Minor Equipment	7,500
GC5890100100.509910	Reserve for Contingencies	(8,625)
Amended Total Appropriations		\$538,761,301

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the General Fund 00100 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this ____ day of _____, 2006.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRWOMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA
LEDGER TYPE BA

FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE

GRANT AT A GLANCE

GRANT AWARD INFORMATION

- 1. County Grant ID (project #): 12084200100.334290.9007
- 2. Title of Grant: Carbon Monoxide Detectors Program
- 3. Amount of Award: \$25,875.00
- 4. Amount of Match Required: \$8,625.00
- 5. Type of Match: Cash
(cash, in-kind etc)

6. SOURCE OF GRANT FUNDS & CATALOG NUMBER:

FEDERAL <input type="checkbox"/> CFDA #	STATE <input checked="" type="checkbox"/> CSFA #64.005
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7. Agency Contract Number: M6064

8. Contract Period:	Begin Date: 5/30/06	End Date: 6/30/07
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9. Name of Subrecipient(s)

10. Business Unit(s)

11. Scope of Grant: (describe project). The grant is to promote the safe use of gas powered generators and distribute home carbon monoxide detectors.

12. Has this Grant been Funded Before? YES X NO If YES When?

13. Is Grant Funding Anticipated in Subsequent Years? YES X NO

14. If Grant Funding Ends Will This Program Be Continued at County Expense? YES NO
If YES What is the Lee County Budget Impact:

1st Year	2 nd Year	3 rd Year
4 th Year	5 th Year	

Check Box if Additional Information on Program and Budget Impact is provided in *Comment Section* on page 2

ADMINISTERING DEPARTMENT INFORMATION

- 1. Department: Public Safety / EMS
- 2. Contacts: David Kainrad, Administrative Manager

Deputy Public Safety Director Cbrls Hansen	Phone #: 335-1604
Fiscal Mgr. Patti Hojnacki	Phone #: 335-1609

GRANTOR AGENCY INFORMATION

(The agency you signed this agreement with)

- 1. Grantor Agency: Florida Department of Health
- 2. Program Title/Division: Bureau of Emergency Medical Services
- 3. Agency Contact: Edward Wilson, Grants Coordinator
- 4. Phone Number: (850) 245-4444 Ext 2737
- 5. Mailing Address: 4052 Bald Cypress Way, Bin C 18
Tallahassee, Florida 32399-1738

SOURCE OF FUNDS

- 1. Original Funding
Source: EMS Trust Fund
(name of agency where funding originated from)
- 2. Pass Through Agency: _____
(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT---then from STATE DOT to Lee County DOT --- STATE of FL DOT is the pass-through agency).
- 3. Additional Information for Other Agencies Involved:

3a. Is the County a Grantee or Subrecipient in #3 above: Grantee

REPORTING REQUIREMENTS

1. Does this grant require a separate subfund? YES NO (Example: you need to return interest earnings)

Please Explain: _____

2. Is funding received in advance? YES NO
(If YES, please indicate conditions for returning residual proceeds, or interest and the address to return it to, if different from the Grantor Agency Information)

Unspent funds including interest are to be returned to grantor agency. _____

COMMENTS--INSTRUCTIONS:

Empty box for comments and instructions.



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

May 30, 2006

Ms. Tamara Hall
Chairperson
Lee County Board
of County Commissioners
Post Office Box 398
Fort Myers, FL 33902-0398

Dear Ms. Hall:

It gives me great pleasure to inform you that your organization has been awarded an emergency medical services (EMS) matching grant, number M6064, in the amount of \$25,875.00, which is 75 percent of the total project costs. According to section 401.113, *Florida Statutes*, the grant is 75 percent state funds and 25 percent matching funds, which must be provided by the applicant. Your required local cash match for this grant is \$8,625.00. The purpose of this matching grant is to assist your organization in the purchase of 5,000 public education brochures, 100 store displays, and 1,000 CO² detectors.

You acknowledge acceptance of the grant terms and conditions when you draw or otherwise obtain funds from the grant payment system. Your signed grant application acknowledges you have read, understood, and will comply with all terms and conditions of the approved grant and departmental rules. You may place these funds in any type of bank account you choose; however, any interest earned on these funds must be returned to the department.

By separate letter, the Bureau of Emergency Medical Services will provide you and the individual identified as the contact person in your application, a copy of the approved grant budget, a list of any special grant conditions, and the due dates of the required grant reports. This matching grant begins on the date of this letter and will end June 30, 2007.

Thank you for your continued support and involvement in improving and expanding the prehospital EMS system. If you need assistance, please feel free to contact Mr. Ed Wilson, Program Administrator in the Bureau of EMS, at (850) 245-4440, extension 2737, or Mr. Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of EMS, at (850) 245-4440, extension 2734.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Rony François".

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

MRF/ew
cc: Mr. David Kainrad

EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

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

1. Organization Name: Lee County Board of Commissioners	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Tamara Hall	
Position Title: Chairwoman	
Address: P.O. Box 398	
City: Ft. Myers	County: Lee
State: Florida	Zip Code: 33902-0398
Telephone: 239-335-2111	Fax Number:
E-Mail Address:	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: David Kainrad	
Position Title: EMS Administrative Manager	
Address: 14752 Ben Pratt – Six Mile Cypress Parkway	
City: Ft. Myers	County: Lee
State: Florida	Zip Code: 33912
Telephone: 239-335-1614	Fax Number: 239-335-
E-mail Address: davek@leegov.com	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private For Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number). VF 590600702

6. EMS License Number: 2594 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: ____ BLS 46 ALS Transport 15 ALS non-transport.

8. Type of Service (check one): Rescue Fire Third Service (County or City Government, nonfire) Air ambulance: Fixed wing Rotowing Both Other (specify)_____

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____ Date: _____

Print/Type: Name of Director _____

FL Med. Lic. No. _____

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) Explain the derivation of all numbers.
- D) How does this integrate into your agency's five year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

Lee County EMS Co2 Detector Matching Grant

10) Justification Summary

- ***Problem Description:*** During Calendar Years 2004 & 2005, Lee County was directly impacted by Hurricanes Charley and Wilma respectively. Prior to and after each storm, many residents / visitors purchased gas operated generators in order to maintain minimum power in their homes and gas operated grills for cooking. Due to the unknown dangers of carbon monoxide poisoning associated with portable operating generators, many people chose to operate their equipment within closed or confined spaces such as a garage. During the recovery phase of Hurricane Charley, Lee County EMS was dispatched to forty-two (42) possible carbon monoxide poisonings in which 1 death was recorded and thirty-three (33) individuals were transported to medical facilities with carbon monoxide poisoning. In the recovery phase of Hurricane Wilma, EMS responded to eight (8) carbon monoxide poisonings and five (5) individuals were transported with probable carbon monoxide poisoning. There is a need to better educate the public on the dangers of carbon monoxide poisoning with the use of portable generators.
- ***Present Situation:*** During the last two hurricane seasons, officials from the Lee County Emergency Management agency, along with EMS, Fire Departments and the Health Department, provided press releases to both the print and electronic media warning the public of the dangers of carbon monoxide poisoning when operating portable generators in confined spaces

within a home. Currently, the same message is relayed during hurricane preparation seminars being held in Lee County and can be found in hurricane preparedness booklets distributed during hurricane season. After each storm, EMS paramedics have been driving around neighborhoods looking for home with power and stopping by to check homes for possible high levels of carbon monoxide fumes. After Hurricane Wilma in October 2005, EMS personnel checked 437 homes and found 73 homes (17%) with dangerous levels of carbon monoxide fumes.

- ***The Proposed Solution:* In an effort to better protect the residents and visitors in Lee County during a post storm event, Lee County EMS is proposing a wide spread public education campaign that includes the purchase and distribution of carbon monoxide detectors to all those who have bought or will buy portable gas operated generators. Also included would be an information pamphlet that would describe the proper use of the equipment purchased and the proper placement of carbon monoxide detectors in a home. A list of signs and symptoms associated with carbon monoxide poisoning would be included in the pamphlet. The pamphlets would be provided to local businesses that sell portable generators (i.e. Home Depot, Lowes) to hand out to customers purchasing generators for use.**
- ***Consequences:* If not the project is not funded, the risk and probability of more accidental carbon monoxide poisoning, including death remains high in Lee County where the electrical power is knocked out of service for days or weeks after a hurricane.**

- ***The Geographic Area:*** The geographic area covered would be all of Lee County and is home to a population of over 545,000 residents. Lee County covers 1,020 square miles and is bordered by 75 islands along the Gulf of Mexico. Many of the islands are only accessible by boat or air. Some of the islands include, Sanibel, Captiva and Ft. Myer Beach. Cities with Lee County are Ft. Myers, Ft. Myers Beach, Bonita Springs, Cape Coral and Sanibel. Lehigh Acres is located in east Lee County.
- ***Proposed Time Frames:*** If the grant were funded, the project would be used for both the 2006 and 2007 hurricane season.
- ***Data Sources:*** Lee County Emergency Communications CAD dispatch records provided the number of 911 calls for ambulance responses to possible carbon monoxide poisonings. EMS electronic field data program provided patient transport information. Medical Examiner's Office provided confirmation of death from Co2 poisoning. University of Florida, Bureau of Economic and Business Research provided population statistics.
- ***Statement of Non Duplication of Funding:*** Lee County EMS has not submitted a similar request for funding of the proposed grant project.

Lee County EMS Co2 Detector Matching Grant

11) Outcome Summary

- ***A) Quantify:*** On August 13, 2004 and October 24, 2005, Lee County was directly impacted by Hurricanes Charley and Wilma respectively. After each storm, Lee County experienced the loss of power to a majority of residential and commercial structures. During both post hurricane assessment and cleanup, Lee County EMS was dispatched to forty-nine (49) possible carbon monoxide poisoning calls. In 70% of the calls for assistance, thirty-eight (38) patients exhibited signs and symptoms of carbon monoxide poisoning as the result of using portable gas generators in a confined space in the home such as a garage or near an open window or door of a home (i.e. lanai). One call on August 15th resulted in the death a patient. Symptoms of Co2 poisoning included weakness, dizziness, malaise, nausea, vomiting and difficulty in breathing. After Hurricane Wilma, EMS in an attempt to reduce the number Co2 poisoning among residents and visitors, had paramedics drive through residential areas looking for homes that were being powered by portable gas generators. The medics would request permission to check each home for levels of carbon monoxide gas. Out of the 437 homes checked, seventy-three (73) or 17% were found to have dangerous levels of carbon monoxide fumes.
- ***B) Grant Accomplishment after 12 Months:*** Should another hurricane(s) make landfall in Lee County, EMS is expecting to see an 80% reduction

in the number of emergency calls for response to possible carbon monoxide poisoning. The department will continue monitor the placement of portable gas operated generators and check Co2 levels in homes through residential drive through. It is anticipated that the number of homes with high level of carbon monoxide will be reduced by 80% due to the educational effort by all Public Safety agencies.

- ***C) Outcome Justification:* The decreased numbers of projected emergency responses to possible carbon monoxide poisoning is subjective and predicated on a hurricane landfall in Lee County. The department anticipates at least 20% of those who purchased generators prior to the grant promotional campaign will not have heard or will ignore the dangers of carbon monoxide poisoning.**
- ***D) Other Outcome:* Educate the public in general about the dangers of carbon monoxide poisoning through the efforts of the departments PIER section.**
- ***E) Program Integration into Lee County's 5 Year Strategic Plan:* An educational component within the department's PIER section will include the addressing the dangers of carbon monoxide poisoning during hurricane preparedness seminars and during hurricane season. Educational material designed will be bi-lingual in order to cover to the majority of Lee County residents.**

Lee County EMS Matching Grant

15) Statutory Considerations and Criteria

- A) *Population:* The grant project will serve those individuals who have purchased or will purchase portable gas powered generators.**
- B) *Established State Standards:* N/A**
- C) *Minimum Equipment & Supplies on Vehicles:* N/A**
- D) *Direct Communications Link with Hospitals:* N/A**
- E) *Improve and Expand Provision of EMS Services***
 - 1) EMS services will be improved on a county-wide basis through an educational effort designed by the department's PIER program to alert the public on the dangers of carbon monoxide poisoning during the use of portable gas powered generators. The distribution of educational brochures along with carbon monoxide detectors will decrease emergency calls for possible carbon monoxide poisoning.**

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	\$ -0-	


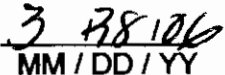
Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
5,000 Public Education Brochures re. Dangers of Co2 poisoning.	0.30 / Brochure = \$1,500.00	Brochures needed as public education campaign re. dangers of Co2 poisoning
100 Store brochure displays to be placed in stores selling generators	\$30.00/ Display = \$3,000.00	Brochure displays to be placed at registers In stores that sell generators (i.e. Lowes)
TOTAL:	\$ 4,500.00	

DH Form 1767, Rev. 2002

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
1,000 Carbon Monoxide Detectors	\$30.00 / Unit = \$30,000.00	Needed to distribute to individuals who have or will buy a portable gas generator.
TOTAL:	\$30,000.00	

State Amount (Check applicable program)		
<input type="checkbox"/> Matching: 75 Percent	<u>\$25,875.00</u>	
<input type="checkbox"/> Rural: 90 Percent	\$ _____	
Local Match Amount (Check applicable program)		
<input type="checkbox"/> Matching: 25 Percent	<u>\$8,625.00</u>	
<input type="checkbox"/> Rural: 10 Percent	\$ _____	
Grand Total	<u>\$34,500.00</u>	

DH Form 1767, Rev. 2002

19. Certification:	
My signature below certifies the following.	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 <hr/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	 MM / DD / YY

DH Form 1767, Rev. June 2002

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

Name of Agency: Lee County Board of Commissioners

Mailing Address: P.O. Box 398

Ft. Myers, Florida 33902-0398

Federal Identification Number VF 590600702

Authorized Agency Official:  3/28/06
Signature Date

Tammara Hall, Chairwoman
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: _____ / / 2006
Signature of EMS Grant Officer Date

State Fiscal Year: 2005 - 2006

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-42-10-00-000	MG	N2000	7 0000	059999

Federal Tax ID: VF _____

Grant Beginning Date: / / 2006 Grant Ending Date: / / 2007