

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

Blue Sheet No. 200060825

1. ACTION REQUESTED/PURPOSE: Accept EMS Matching Grant in the amount of \$16,987.50 from the Florida Bureau of Emergency Medical Service for the purpose of promoting bicycle safety awareness among Hispanic males. Also, approve a budget amendment resolution in the amount of \$16,987.50.

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

C7B

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 promotion of bicycle safety awareness to Hispanic males was approved by the Florida Bureau of Emergency Medical Service. The grant funds of \$16,987.50 represent 75% of the project cost. Lee County's 25% matching contribution will be \$5,662.50. Total project cost is \$22,650.00. No recurring cost of equipment is expected.

EMS will enter into a Memorandum of Understanding with the Lee County Health Department (LCHD) who will coordinate the Bicycle Safety Awareness Program grant through the Injury Prevention Bike & Pedestrian Section. EMS will provide both the grant funds and the department's match to the LCHD. EMS will monitor the grant program and will be responsible for submitting expenditure reports to the grantor agency.

Grant proceeds will be available in account string:

Aids To Government Agencies 12084100100.334290.9007.508120: \$16,987.50

Match 14084100100.508120: \$5,662.50

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>[Signature]</i>	<i>[Signature]</i>	N/A		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: <i>[Signature]</i> 6/15/06 3pm MP
COUNTY ADMIN FORWARDED TO: <i>[Signature]</i> 6/15/06 2pm

File by LCAtty
Date: 6/15/06
Time: 1:00pm
From: Budget
6/15/06 2:55pm

RESOLUTION

Amending the General Fund Budget, 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 Budget, Fund 00100 for \$ 16,988 of the unanticipated revenue from Grant funding and an appropriation of a like amount for grant expenditures and;

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

ESTIMATED REVENUES

Prior Total:		
Additions		\$ 538,729,363
12084100100.334290.9007	EMS Bicycle Safety	\$ 16,988
Amended Total Estimated Revenues		\$ 538,746,351

APPROPRIATIONS

Prior Total:		\$ 538,729,363
Additions		
12084100100.508120	Grants & Aid to State Government	\$ 16,988
Amended Total Appropriations		\$ 538,746,351

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the General Fund Budget, Fund 00100 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

CHAIRMAN

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 #): 12084100100.334290.9007
- 2. Title of Grant: Bicycle Safety Awareness
- 3. Amount of Award: \$16,987.50
- 4. Amount of Match Required: \$5,662.50
- 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 #
---	--

7. Agency Contract Number: M6063

8. Contract Period:	Begin Date: 5/30/06	End Date: 6/30/07
---------------------	---------------------	-------------------

9. Name of Subrecipient(s) Lee County Health Department

10. Business Unit(s):

11. Scope of Grant: (describe project). The grant funds were awarded to promote bicycle safety awareness among Hispanic males. EMS will enter into a MOU with the Lee County Health Department and turn all grant and match funds over to the agency to direct the bicycle safety awareness program.

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

13. Is Grant Funding Anticipated in Subsequent Years? YES 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

Program Mgr. Chris Hansen	
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 Service
- 3. Agency Contact: Edward Wilson
- 4. Phone Number: 850-245-2440, Ext 2737
- 5. Mailing Address: 4052 Bald Cypress Way, 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:
Lee County Health Department / Injury Prevention Section
- 3a. Is the County a Grantee or Subrecipient in #3 above: Grantee

REPORTING REQUIREMENTS

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

Please Explain: _____

- 2. Is funding received in advance? YES X 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 M6063, in the amount of \$16,987.50, 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 \$5,662.50. The purpose of this matching grant is to assist your organization in the implementation of a bicycle safety awareness program.

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 cursive script, 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

B. S. S. 3

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 Joseph Lemmons, D.O.

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 Bike Safety Matching Grant

10) Justification Summary

- ***Problem Description:*** During Calendar Year 2005, Lee County EMS responded to 74,996 medical emergencies. Of the ambulance responses, 199 (0.26%) were to bicycle accidents, where 157 (79%) of the accidents involved males; in which 29 (18%) were Hispanic males. Of the 29 Hispanic males involved in bicycle accidents, 6 (20.6%) succumbed to traumatic injuries. There is a need for a bicycle safety program among the Hispanic male population.
- ***Present Situation:*** Lee County has realized a 45% increase in the Hispanic population over the past two-years. As a result of the influx of this special population, Public Safety agencies in Lee County (EMS, Fire & Law Enforcement) are realizing that many of the Hispanics are recent immigrants; and due to lack of mobility (not driving motorized vehicles) they are utilizing bicycles as a mode of travel. It has become apparent that many riding bicycles lack familiarity of traffic laws and the need to utilize safety devices, thus resulting in accidents. In Calendar 2005, Lee County experienced 143 traffic fatalities. Of the 143 recorded traffic deaths, 8 (5.5%) involved bicyclist of which 6 (75%) were Hispanic males who live in the east Ft. Myers area. EMS medics reported that 4 (66.7%) of the 6 deaths involving Hispanic males were at night. Cyclist in east Ft. Myers are riding on two lane roads that have little or no lights. Many of the Hispanic males, as part of their culture, tend to wear dark clothing and do not wear safety

helmets or have reflective or lighting devices on their bicycles. Subsequently, vehicle drivers do not see the cyclist at night until it is too late.

- ***The Proposed Solution:*** The proposed solution is to introduce a bicycle safety awareness campaign among the Hispanic males who live in the east Ft. Myers area. Lee County EMS, along with the Lee County Bicycle-Pedestrian Program Office in the Lee County Health Department, will develop a bi-lingual brochure that will promote bicycle safety awareness while clearly explaining common U.S. traffic laws, signs, rules and behaviors. The brochures will be distributed to males of the targeted Hispanic community in east Ft. Myers. Part of the bicycle safety awareness campaign will be the distribution of a bike helmet, a night lighting package and a reflective vest to each individual who participates in a bicycle safety session. The night lighting devices will be installed on each participant's bike. EMS paramedics that are bi-lingual will be used to help promote the program with the department's PIER section.
- ***Consequences:*** If not the project is not funded; the risk and probability of more Hispanic male bicyclist being injured or killed will remain high.
- ***The Geographic Area:*** The geographic area covered would be all of Lee County and is home to a population of over 545,000 residents. In the past two years, Lee County has seen a 45% increase in the Hispanic population. 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 in the remainder of Calendar 2006 and throughout Calendar-Year 2007.**
- ***Data Sources:* Lee County Emergency Communications CAD dispatch records provided the number of 911 calls for ambulance responses to bicycle crashes. EMS electronic field data program provided patient transport information. Lee County Department of Transportation provided statistical data of accident locations. Medical Examiner's Office provided confirmation of deaths. 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
Bicycle Safety Matching Grant**

11) Outcome Summary

A) Quantify: During Calendar Year 2005, Lee County EMS responded to 74,996 medical emergencies. Of the ambulance responses, 199 (0.26%) were to bicycle accidents, where 157 (79%) of the accidents involved males; in which 29 (18%) were Hispanic males. Of the 29 Hispanic males involved in bicycle accidents, 6 (20.6%) succumbed to traumatic injuries. Lee County experienced 143 traffic fatalities. Of the 143 recorded traffic deaths, 8 (5.5%) involved bicyclist of which 6 (75%) were Hispanic males who live in the east Ft. Myers area. EMS medics reported that 4 (66.7%) of the 6 deaths involving Hispanic males were at night. Cyclist in east Ft. Myers are riding on two lane roads that have little or no lights. Many of the Hispanic males, as part of their culture, tend to wear dark clothing and do not wear safety helmets or have reflective or lighting devices on their bicycles. Subsequently, vehicle drivers do not see the cyclist at night until it is too late.

B) After the Bicycle Safety Awareness Program has been in place for 12 months a Lee County EMS is anticipating a reduction of 75% in bicycle deaths among Hispanic males in the east Ft. Myers section of Lee County.

C) The data noted in "A" are from statistical data taken from the Emergency Dipatch CAD program, EMS electronic field data collection system, the Medical Examiners Office and the Lee County Department of Transportation. The outcome in "B" will be the result of a concerted effort to promote the Bicycle Safety Awareness Program among Hispanic males in east Ft. Myers.

- ***D) Other Outcome:*** The program success can be duplicated to other areas of Lee County where bicycle accidents are prevalent.
- ***E) Program Integration into Lee County's 5 Year Strategic Plan:*** An educational component within the department's PIER section includes "public education and awareness" programs to promote safety and welfare among the citizens and visitors of Lee County.

**Lee County EMS
Bicycle Safety Matching Grant**

15) Statutory Considerations and Criteria

A) *Population:* The grant project will serve the ethnicity group of Hispanic males living in the east Ft. Myers section of Lee County.

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 Hispanic male population on the dangers of riding a bicycle without the proper safety protective equipment and lighting devices.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Purchase 500 bicycle helmets, 5200 bicycle safety lighting kits and 500 reflective vests	June 2006	July 2006
Develop educational brochure written in Spanish to be distributed in educational campaign.	June 2006	August 2006
Order educational brochure	August 2006	August 2006
Coordinate bicycle safety campaign among Hispanic males with Lee County's Bicycle-Pedestrian Coord.	August 2006	September 2006
Launch public education awareness program among Hispanic males in East Ft. Myers	November 2006	September 2007

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

Lee County's EMS County Award Grant application has been approved by the Board of County

Commissioners and submitted prior to the completion of the matching grant application.

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.
1,000 bicycle safety brochure written in Spanish	0.35 / brochure = \$350.00	Educational brochure needed for distribution among target population
500 bicycle helmets	\$10.00 / helmet = \$5000.00	Price of helmets from Lee County Bicycle Safety-Pedestrian Program.
500 bicycle safety lighting kits	\$25.00 / kit = \$12,500.00	Includes red flashing seat light with pedal reflectors.
500 reflective vests with illumination tape	\$9.60 / vest = \$4,800.00	Price quoted from Safety Today
TOTAL:	\$ 22,650.00	

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, <u>and</u> 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.
TOTAL:	\$-0-	

State Amount (Check applicable program)	<u>\$16,987.50</u>	
<input type="checkbox"/> Matching: 75 Percent	\$ _____	
<input type="checkbox"/> Rural: 90 Percent		
Local Match Amount (Check applicable program)	<u>\$5,662.50</u>	
<input type="checkbox"/> Matching: 25 Percent	\$ _____	
<input type="checkbox"/> Rural: 10 Percent		
Grand Total	<u>\$22,650.00</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.

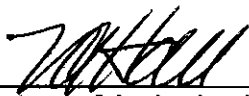
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is 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 *Florida Administrative Weekly*, 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.



Signature of Authorized Grant Signer
(Individual Identified in Item 2)

3 28 06
MM / DD / YY

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: *T Hall* 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

March 24, 2006

Chris Hansen, Deputy Director
Lee County Public Safety
PO Box 398
Fort Myers, Florida 33902

Chris,

I'd like to endorse your department's grant application seeking resources needed to improve bicycle safety among our county's Hispanic population. As our statistics show, this particular population is involved in crashes at a rate much higher than should be expected -- or tolerated - so working to educate them about proper cycling techniques and providing resources such as bike helmets, lights, and reflective vests and hats is an approach that I believe will have a positive impact.

I and many others from our Injury Prevention Coalition and Community Traffic Safety Team look forward to working with you on this effort.

Sincerely,

Dan Moser
Bicycle/Pedestrian Program Coordinator
Lee County Health Department

CC: Dr. Judith Hartner, LCHD Director
Glenda Wolnik, LCHD Injury Prevention Program Coordinator