

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

Blue Sheet No. 200060827

1. ACTION REQUESTED/PURPOSE: Accept EMS Matching Grant in the amount of \$9,949.50 from the Florida Bureau of Emergency Medical Service for the purpose of purchasing eleven (11) automatic external defibrillators for the Lee County Sheriff's Office Marine units. Also approve a budget amendment resolution in the amount of \$9,949.50.

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

CTD

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 eleven (11) automatic external defibrillators (AEDs) for the Lee County Sheriff's Office Marine units was approved by the Florida Bureau of Emergency Medical Service. The grant funds of \$9,949.50 represent 75% of the project cost. The 25% matching contribution of \$3,316.50 will be provided by the Sheriff's Office. Total project cost is \$13,266.00. No recurring cost of equipment is expected.

EMS will enter into a Memorandum of Understanding with the Lee County Sheriff Office (LCSO) for the purpose of fulfilling the grant requirements. EMS will provide the grant funds to the LCSO who will be responsible to purchase the AEDs and ancillary equipment and train the agency's staff in the use and care of the equipment. 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 12084300100.334290.9007.508120: \$9,949.50

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>
					6/15/06	6-15-06	6/15/06	6/15/06	H: edelou

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN:

 COUNTY ADMIN FORWARDED TO: *[Signature]*

 5 PM

Rec. by CoAtty
 Date: 6/15/06
 Time: 1:00 pm
 Forwarded To: *[Signature]*
 6/15/06 2:50 pm

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 \$ 9,950 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		\$ 538,803,272
12084300100.334290.9007	EMS Defibrillators	\$ 9,950
Amended Total Estimated Revenues		\$ 538,813,222

APPROPRIATIONS

Prior Total:		\$ 538,803,272
Additions		
12084300100.508120	Grants & Aids to State Government	\$ 9,950
Amended Total Appropriations		\$ 538,813,222

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 #): 12084300100.334290.9007
- 2. Title of Grant: Automatic External Defibrillator
- 3. Amount of Award: \$9,949.50
- 4. Amount of Match Required: \$3,316.50
- 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: M6062

8. Contract Period:	Begin Date: 4/30/06	End Date: 6/30/07
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9. Name of Subrecipient(s) Lee County Sheriff Office

10. Business Unit(s):

11. Scope of Grant: (describe project). The grant funds were awarded to purchase 11 automatic external defibrillators (AEDs) for the Lee County Sheriff Marine boats. EMS will enter into a MOU with the Sheriff Office and turn the grant award over the Sheriff's Department who will be responsible for purchasing the AEDs. The Sheriff will also be responsible for providing the 25% match of \$3,316.50.

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 Sheriff Office
- 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:



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 M6062, in the amount of \$9,949.50, 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 \$3,316.50. The purpose of this matching grant is to assist your organization in the purchase of 11 AEDs and marine cases.

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: 239-335-2226	Fax Number: 239- 477-2054
E-Mail Address: thall@leegov.com	

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: 3.15.06

Print/Type: Name of Director Joseph Lemmons, D.O.

FL Med. Lic. No. OS 0005632

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 AED Matching Grant

10) Justification Summary

- ***Problem Description:*** During a 12 month period (October 04 – October 05), the Lee County Sheriff Department Marine unit responded to 261 water search and rescue emergencies along the coastal waterways of Lee County. Of the 261 emergency calls, 29 responses (11%) were medical calls. Three (3) of the 29 (10.3%) medical calls were for people experiencing chest pains and breathing difficulties. Since the sheriff's marine boats are routinely the only first responder agency to water medical emergencies, there is a need for an automatic external defibrillator to be available in each marine vessel for use by sheriff department personnel.

- ***Present Situation:*** On a daily basis and at any given time, the Lee County Sheriff Marine Unit can have up to 11 boats patrolling 590 miles of shoreline. Often, the Sheriff Marine Units will be the first Public Safety agency to respond to all water related emergencies, including medical calls. On all medical emergencies, the marine unit will call for assistance from the US Coast Guard (USCG) stationed at Ft. Myers Beach. The USCG will transport a patient(s) to the nearest marina where Lee County EMS or Ft. Myers Beach Fire Rescue is waiting to receive the patient(s). Also, Big M Casino departs daily for a gambling cruise up the Caloosahatchee River with over 400 patrons and crew.

- ***The Proposed Solution:*** The proposed solution is to equip each Lee County Sheriff Marine vessel with an automatic external defibrillator in the event a marine unit responds to or happens upon a patient in cardiac arrest.
- ***Consequences:*** If not the project is not funded it would leave personnel operating Lee County Sheriff Marine vessels without an important life saving tool that could be used in cardiac arrest situations.
- ***The Geographic Area:*** The geographic area covered would be all of Lee County and is home to a population of over 545,000 residents. During the “tourist season” the County’s population grows to over a million visitors and residents. Lee County covers 1,020 square miles, with 590 miles of shoreline 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. According to the Fish and Wildlife Conservation there are 48,274 registered boats in Lee County
- ***Proposed Time Frames:*** If the grant were funded, the project would be used for the remainder of 2006 and all of 2007. The AED program will remain an integral component of the Lee County Sheriff Marine Unit for years after the completion of the grant.
- ***Data Sources:*** Lee County Sheriff Department Marine Unit response records, Lee County Sheriff Emergency Dispatch Center radio logs, Lee County

**Lee County EMS
AED Matching Grant**

11) Outcome

A) Between October 2004 through October 2005, the Lee County Sheriff Marine Unit responded to 261 water search and rescue calls. Of the 261 emergency calls, 29 responses (11%) were medical calls. Three (3) of the 29 (10.3%) medical calls were for people experiencing chest pains and breathing difficulties and were transported by EMS to a medical facility.

B) Within months after the grant is awarded and each Lee County Sheriff Marine vessel is equipped with an AED, 100% of all responses to emergency medical calls on the water will have available an AED for use.

C) The numbers in (A) are from the Lee County Sheriff Department dispatch and marine unit records. At present, none of the Sheriff marine vessels are equipped with AED. In (B), 100% of marine vessels would be equipped if the grant is approved in its entirety.

D) Lee County EMS will train all Sheriff Marine Unit officers in the use of an AED; and would expect the officers to be and remain proficient in the equipment's use. If a medical emergency arises requiring the use of an AED, the marine unit officers will be able to successfully use the equipment.

E) *Program Integration into Lee County's 5 Year Strategic Plan:* The placement of automatic external defibrillators in Lee County Sheriff Marine vessels coincides with the department's 5 year strategic plan to have AEDs accessible for use and the public trained in the use of the equipment.

**Lee County EMS
AED Matching Grant**

15) Statutory Considerations and Criteria

- A) *Population:* The grant project will impact both resident and visitor recreational and non-recreational boaters in 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 and enhanced with the placement of automatic external defibrillators on all Lee County Sheriff Department Marine vessels.**
 - 2) EMS will purchase equipment and provide CPR and AED training to all Sheriff department personnel assigned to the Marine Unit.**
 - 3) Establish communications protocol between the Lee County Sheriff and Lee County Emergency Dispatch Centers in regards to communicating information from a Marine vessel to an EMS medical crew that an AED has been used. Early notification will allow paramedics to prepare to initiate additional treatment for stabilization once the Marine vessel arrives with a patient.**

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
Process order to purchase 11 AEDs off the Seminole County Bid for AEDs	June 2006	July 2006
Prepare an MOU between LC EMS and LC Sheriff for interagency transfer of AED equip purchased.	June 2006	August 2006
Take receipt of AEDs	August 2006	August 2006
Train Marine staff on the use of AEDs	August 2006	September 2007
Place AED equipment on all LC Sheriff Marine Unit vessels.	September 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.
TOTAL:	-0-	

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.
(11) Phillips FRX AEDs \$1,150.00 per unit.	\$12,650.00	One AED for each of the 11 marine units. The price is from Seminole County Bid.
(11) special marine case for AED at \$56.00 per unit	\$616.00	Due to the salt water environment a special case to house the AED is recommended.
TOTAL:	\$13,266.00	

State Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 75 Percent	<u>\$9,949.50</u>	
<input type="checkbox"/> Rural: 90 Percent	\$ _____	
Local Match Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 25 Percent	<u>\$3,316.50</u>	
<input type="checkbox"/> Rural: 10 Percent	\$ _____	
Grand Total	<u>\$13,266.00</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.

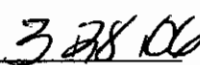
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

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)


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.

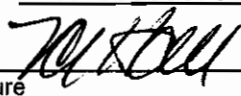
DOH Remit Payment To:

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:  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

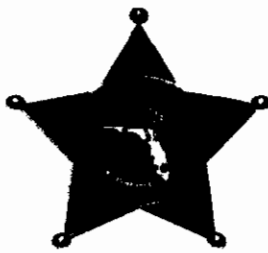
State Fiscal Year: 2005 - 2006

<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

Mike Scott
Office of the Sheriff



State of Florida
County of Lee

February 16, 2006

Mr. Chris Hansen
Lee County Deputy Public Safety Director

Mr. Hansen:

The Lee County Sheriff's Office is pleased to be working in conjunction with the Lee County Division of Public Safety to apply for a Florida Department of Health, Bureau of Emergency Medical Services grant to purchase automated external defibrillators. If awarded, the Lee County Sheriff's Office agrees to pay the grant's required 25 percent match for AEDs that will be assigned to our agency.

We appreciate your efforts to help make Lee County a safer place.

Sincerely,

Mike Scott
Lee County Sheriff

