

EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH
 Bureau of Emergency Medical Services

Complete all items

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

1. County Name: Leon County
Business Address: Leon County Courthouse
301 South Monroe St
Tallahassee, FL 32301
Telephone: 850-606-2100
Federal Tax ID Number (Nine Digit Number): VF 59-6000708

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name: Parwez Alam	
Position Title: County Administrator	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name:	Tom Quillin
Position Title:	Chief, Emergency Medical Services
Address:	2290 Miccosukee Road
	Tallahassee, FL 32308
Telephone: 850-606-2100	Fax Number: 850-606-2101
E-mail Address: quillint@leoncountyfl.gov	

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

5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Leon County, Emergency Medical Services Division

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: Leon County

Mailing Address: 301 South Monroe Street

Tallahassee, FL 32301

Federal Identification Number 59-6000708

Authorized Agency Official: _____
Signature Date

Parwez Alam, County Administrator
Type Name and Title

Sign and return this page with your application to:

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

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

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

Approved By: _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____

Organization Code E.O. OCA Object Code
64-42-10-00-000 750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____