



## COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 12/3/2018 Meeting Date: 12/20/2018

Name: Jeff Crawford Department: Fire Department

Division Manager's Signature:

A handwritten signature in blue ink that reads "Ben Scott".

### 1. Nature and purpose of agenda item:

BA 19-11: Transfer EMS Grant money to an account to be used to buy ALS supplies

### 2. Recommended Motion/Action:

BA 19-11: Transfer \$10,481 dollars to EMS Grant account

### 3. Fiscal impact on current budget.

This item is not budgeted. The proposed budget amendment to fund this request is provided below.

The budget amendment number is BA 19-11 using fund 102-MSBU.

FROM:	TO:	AMOUNT:
102-0000-334.20-27 GRANT IN AID / EMS GRANT	102-2614-526.30-64 OPERATING EXPENDITURES / NON-CAPITAL EQUIPMENT	\$10,481.00



Fire Chief  
Jeffrey Crawford

## COLUMBIA COUNTY FIRE RESCUE

509 SW Bascom Norris Dr., Lake City, FL 32025

Office (386) 754-7057 Fax (386) 754-7064

### MEMORANDUM

DATE: December 3, 2018

TO: Ben Scott

FR: Jeffery Crawford

RE: Ems Grant funds transfer

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In October 2018, we applied for the State EMS Grant monies. Money has been received by the county. I need to transfer the amount, \$10,481, received for the Grant C7012 from account #102-0000-334.20-27 to account #102-2614-526.30-64 to be used to buy supplies for ALS Engines.



## EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Program  
Complete all items

ID. Code (The State EMS Program will assign the ID Code – leave this blank) C70

1. County Name: **Columbia County**

Business Address: **Columbia County Fire Rescue**

**PO Box 1529**

**Lake City, FL 32056-1529**

Telephone: **386-758-3907**

Federal Tax ID Number (Nine Digit Number): **VF 59-6000564**

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: 10/18/18

Printed Name:

Position Title:

Jim Murphy  
Chairman

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: **Jeffery Crawford**

Position Title: **Fire Chief**

Address: **509 SW Bascom Norris Drive**

**Lake City, FL 32025**

Telephone: **386-758-3907**

Fax Number: **386-754-7064**

E-mail Address: **jeff\_crawford@columbiacountyfla.com**

4. **Resolution:** Attach a resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. We cannot process for funds without this resolution.

5. **Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

**Columbia County Fire Rescue**

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

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

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

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

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

List the item and, if applicable, the quantity	Amount
Equipment for a new ALS Engine (suction, bags, pulse ox, etc...)	10,481.00
Total Vehicles & Equipment =	\$ 10,481.00
<b>Grand Total =</b>	<b>\$ 10,481.00</b>

DH 1684, December 2008



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

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

**DOH Remit Payment To:**

The agency name, address, and federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person in your organization who does business with the state to provide these.

Name of Agency: Columbia County Fire Rescue

Mailing Address: PO Box 1529

Lake City, Florida 32056-1529

Federal 9-digit Identification number: 59-6000564 3-digit seq. code 001

Authorized County Official:  Date 10/18/18  
Signature Date

Tim Murphy, Chairman  
Type or Print Name and Title

*Sign and return this page with your application to:*

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

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

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: C70

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2018 - 2019

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	751000	059998

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

**RESOLUTION NUMBER 2018R-46**

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, FLORIDA, CERTIFYING THAT MONIES FROM COLUMBIA COUNTY'S EMS AWARD WILL IMPROVE AND EXPAND COLUMBIA COUNTY'S OUT-OF-HOSPITAL EMS SYSTEM AND THAT FUNDS WILL NOT BE USED TO SUPPLANT EXISTING COUNTY EMS BUDGET ALLOCATIONS.**

**WHEREAS**, monies are available to Columbia County through Florida Statutes, Section 401.113 (2)(a) for use to improve local emergency medical services; and

**WHEREAS**, there is a need for the use of said funds to improve local emergency medical services.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Columbia County, Florida, that the monies from the County EMS Award described above will not be used to supplant existing County EMS budget allocations.

**PASSED AND DULY ADOPTED** at in regular session this 18<sup>th</sup> day of October, 2018.

**BOARD OF COUNTY COMMISSIONERS  
COLUMBIA COUNTY, FLORIDA**

By: \_\_\_\_\_

Tim Murphy, Chairman

ATTEST: \_\_\_\_\_

P. DeWitt Cason (SEAL)  
P. DeWitt Cason, Clerk of Courts

Approval as to form:

\_\_\_\_\_  
Joel F. Foreman, County Attorney