

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

**DOH Remit Payment To:**

Name of Agency: Miami-Dade County Board of County Commissioners  
Mailing Address: 111 NW 1 Street, 26 floor, Finance Department  
Miami, Fl. 33128

Federal Identification number ~~59~~ 000573

Authorized Official: \_\_\_\_\_

  
Signature

10/4/12  
Date

Genaro "Chip Igelesias  
Chief of Staff/Deputy Mayor  
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: \$ 197,645.00

Grant ID: Code: ~~600~~ C1013

Approved By : Alan Van Lowen  
Signature of EMS Grant Officer

Oct. 25, 2012  
Date

State Fiscal Year: 2012 - 2013  
~~2011 - 2012~~

Organization Code  
64-42-10-00-000

E.O.  
05

OCA  
SF005

Object Code  
750000

Category  
059998

Federal Tax ID: VF 596000573

Grant Beginning Date: Oct. 24, 2012

Grant Ending Date: Nov. 29, 2013