

**FY 2018-19 EMS COUNTY GRANT C7013
LETTER OF UNDERSTANDING/AGREEMENT
PER PAYMENT FROM THE STATE**

The Florida Department of Health is authorized by chapter 401, Part II, Florida Statutes to provide grants to boards of county commissioners for the purpose of improving and expanding pre-hospital emergency medical services. County grants are awarded only to boards of county commissioners but may subsequently be distributed to municipalities and other agencies or organizations involved in the provision of EMS pre-hospital care.

The enclosed grant application, incorporating projects submitted by your organization, has been approved by the Miami-Dade County Board of County Commissioners and the State of Florida Department of Health, Bureau of Emergency Medical Services (EMS). Disbursements will be made to the participating organizations in accordance with the approved grant work plan, upon receipt of new grant funds from the Florida Department of Health, Bureau of EMS and submission of this approved document to Miami-Dade County Fire Rescue Department, Grants Management Bureau, Office 248-A, located at 9300 N.W. 41 Street, Doral, Florida 33178-2414.

Your signature below acknowledges and ensures that you have read, understood and will comply fully with your agency's grant application work plan and/or approved change requests as well as the terms and conditions outlined in the December 2008 EMS County Grant Program Application Packet. You also agree to assume all compliance and reporting responsibilities for your grant projects and to provide timely Expenditure and Activity Reports to Miami-Dade County Fire Rescue Grants Management Bureau for submission to the State of Florida as required under the approved grant.

Name and address of EMS Agency:

Authorized Contact Person – Person designated authority and responsibility to provide Miami-Dade County Fire Rescue with reports and documentation on all expenditures and activities that involve this grant:

Name _____ Title _____

Alternate _____ Title _____

Telephone _____ Fax _____:

Signatory Official

Signature _____ Telephone _____

Attachments