

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, FLOOR 26 (FINANCE DEPT)

MIAMI, FLORIDA 33128

Federal Identification number #59-6000573

Authorized Official: _____

Signature

Date

10/11/11

Genaro "Chip" Iglesias, 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: \$ 125,667.00

Grant ID: Code: 50013

Approved By: Alan Van Loven
Signature of EMS Grant Officer

Oct. 18, 2011
Date

State Fiscal Year: 2010 - 2011

Organization Code
64-42-10-00-000

E.O.
05

OCA
SF005

Object Code
750000

Federal Tax ID: VF 596000573025

Grant Beginning Date: Apr. 18, 2011 Grant Ending Date: April 13, 2012