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Serving Unincorporated
Dade County and the
Municipalities of:

Aventura
Bal Harbour
Bay Harbor Islands
Biscayne Park
Doral
El Portal
Florida City
Golden Beach
Hialeah Gardens
Homestead
Indian Creek
Islandia
Medley
Miami Gardens
Miami Lakes
Miami Shores
Miami Springs
North Bay Village
North Miami
North Miami Beach
Opa-locka
Palmetto Bay
Pinecrest
South Miami
Sunny Isles
Surfside
Sweetwater
Virginia Gardens
West Miami

Miami-Dade Fire Rescue Department

9300 N.W. 41st Street

Doral, Florida 33178-2414

T 786-331-5000

miamidade.gov

February 22, 2010

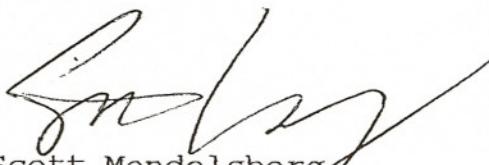
EMS County Grants Program
DOH Emergency Medical Services
4052 Bald Cypress Way, Bin C-18
Tallahassee, Florida 32399-1738

Dear Sir/Madam:

We are enclosing the completed Fiscal-Year 2009-10 Emergency Medical Services County Grant #C9013 Application with the required Resolution (signed original and one copy) for your review and final written approval.

If you need any further information, please feel free to contact Amelia Reyes, Miami-Dade County Fire Rescue Grants Management Bureau, at (786) 331-4638.

Sincerely,



Scott Mendelsberg
Assistant Director/
Grantee's Authorized
Representative

SM/ar

Enclosures



EMS COUNTY GRANT APPLICATION

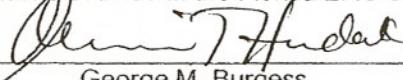
FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

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

| | |
|---|--|
| 1. County Name: | MIAMI-DADE COUNTY |
| Business Address: | 111 NW 1 Street, Floor 29 Miami, FL 33128 |
| Telephone: | (305) 375-5311 |
| Federal Tax ID Number (Nine Digit Number). VF #59-6000573 | |

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: 2/18/10 |
| Printed Name: | George M. Burgess | |
| Position Title: | County Manager | |

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: | Scott Mendelsberg |
| Position Title: | Assistant Director |
| Address: | 9300 NW 41 Street Doral, FL 33178 |
| Telephone: | (786) 331-5121 |
| E-mail Address: | |
| Fax Number: | (786) 331-5123 |

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)

SEE ATTACHMENT I - PROJECTS WORK PLAN FOR GRANT #C9013, FY 2009-10 AND

ATTACHMENT II - PROJECTS EXPENDITURE PLAN FOR GRANT #C9013 FOR DETAILS.

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 |
| | |
| SEE ATTACHMENT I - WORK PLAN FOR GRANT #C9013 AND | |
| ATTACHMENT II - EXP. PLAN FOR GRANT #C9013 FOR DETAILS. | |
| | |
| | |
| TOTAL Salaries | |
| TOTAL FICA | |
| Grand total Salaries and FICA | |

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 |
|---|--------|
| | |
| SEE ATTACHMENT I - WORK PLAN FOR GRANT #C9013 AND | |
| ATTACHMENT II - EXP. PLAN FOR GRANT #C9013 FOR DETAILS. | |
| | |
| | |
| | |
| TOTAL | \$ |

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 |
|---|--------------|
| | |
| | |
| SEE ATTACHMENT I - WORK PLAN FOR GRANT #C9013 AND | |
| ATTACHMENT II - EXP. PLAN FOR GRANT #C9013 FOR DETAILS. | |
| | |
| | |
| | |
| TOTAL | \$ |
| | |
| | |
| Grand Total | \$714,104.66 |

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

George M. Burgess, County Manager

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

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

**MIAMI-DADE COUNTY - ATTACHMENT I
DEPT. OF HEALTH – BUREAU OF EMS
FY 2009-10 EMS COUNTY GRANT #C9013
PROJECTS WORK PLAN**

APPLICATION FOR EMS GRANT FOR COUNTIES

It is the intent of the members of the Miami-Dade County Board of County Commissioners that the expected FY 2009-10 funding for Dade County in the total amount of \$323,988.00 (per letter from the State Bureau of EMS dated 10-23-2009, received by Dade County Grant's Office on 10-27-2009), plus any monies carried forward from FY 2008-09, Grant #C8013, be apportioned and passed through to the participating municipal fire departments in support of the projects herein proposed. Performance and financial reports, as described in the FY 2009-10 EMS County Grant Application, will be assembled and forwarded to Dept. of Health by Miami-Dade County. However, the Dept. of Health agrees to conduct performance and financial compliance audits directly with the municipal fire rescue department responsible for the individual projects.

NOTES:

- A) **TOTAL EXPECTED NEW REVENUE FROM THE STATE DEPT OF HEALTH–
BUREAU OF EMS FOR COUNTY GRANT #C9013, FY 2009-10.** \$323,988.00
- B) **TOTAL ESTIMATED REVENUE CARRYOVER BALANCE FROM GRANT
#C8013 AS OF 01-15-2010 (ENDING DATE OF THE FY 2008-09 GRANT).** \$381,771.50
THE CARRYOVER BALANCE WILL BE USED TO PAY FOR YEAR-END
ENCUMBRANCES /OPEN POs AND REQUESTS IN PROGRESS, PLUS ANY
NEW ITEMS ORDERED FOR COUNTY GRANT #C9013, FY 2009-10.
- C) **TOTAL ESTIMATED INTEREST CARRYOVER BALANCE FROM COUNTY
GRANT #C8013, FY 2008-09 AS OF 12-31-2009.** \$8,345.16
ADDITIONAL REVENUE AND/OR INTEREST CARRYOVER BALANCE
FROM GRANT #C8013, IF ANY, WILL BE ADDED TO COUNTY GRANT
#C9013, FY2009-10 BUDGET VIA PROPER CHANGE REQUESTS OR
EXPENDITURE REPORTS.
- D) **TOTAL ESTIMATED BUDGET FOR 21 APPROVED PROJECTS** \$714,104.66

SOURCE: "FY 09-10 EMS GRT PLAN WORK-CNTY-CITIES-Revised 12-08-2009" FILE.