



## **EMS COUNTY GRANT APPLICATION 2022 - 2023**

**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) \_\_\_\_\_

**1. County Name:** **Broward County**

**Business Address:** **115 South Andrews Avenue**  
**Fort Lauderdale, FL 33301**

**Telephone:** **954-357-5234**

**Federal Tax ID Number (Nine Digit Number):** VF **59-6000531**

**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:**

**Printed Name:** **Monica Cepero**

**Position Title:** **County Administrator**

**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:** **Alison Zerbe**

**Position Title:** **Trauma Agency Manager, Trauma and EMS Section, Office of Medical Examiner and Trauma Service**

**Address:** **5301 SW 31<sup>st</sup> Avenue**

**Fort Lauderdale, FL 33312**

**Telephone:** **954-357-5234**

**Fax Number:** **NA**

**E-mail Address:** **azerbe@broward.org**

**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)

**Fire Chiefs' Association of Broward County**

**City of Hollywood- Hollywood Fire Rescue**

**City of Hollywood- Hollywood Fire Rescue**

**BUDGET PAGE – Fire Chiefs’ Association of Broward County** When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field” on the resulting menu.

### A. Salaries and Benefits:

<b>For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.</b>		<b>Amount</b>
	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
476 Scholarships to the 2023 First (1 <sup>st</sup> ) There First (1 <sup>st</sup> ) Care EMS Conference which provides training and education to EMS, physicians, and nursing personnel. (unit cost: \$125.00)	\$59,500.00
<b>Total Expenses =</b>	<b>\$59,500.00</b>

**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
Total Vehicles & Equipment =	\$ 0.00
<b>Grand Total =</b>	<b>\$59,500.00</b>

**BUDGET PAGE – City of Hollywood- Hollywood Fire Rescue** When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field” on the resulting menu.

**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
4 Simulab Skins (unit price: \$408.10)	1632.40
1 EZ-IO Power Driver	150.00
2 EZ-IO 45 MM Needle Set + Stabilizer (unit price: \$142.60)	285.20
2 EZ-IO 25 MM Needle Set + Stabilizer (unit price: \$142.60)	285.20
2 EZ-IO 15 MM Needle Set + Stabilizer (unit price: \$142.60)	285.20
Total Expenses =	\$2,638.00

**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
1 Simulab TraumaMan	24,225.00
Total Vehicles & Equipment =	\$24,225.00
<u>Grand Total =</u>	<u>\$86,363.00</u>

**BUDGET PAGE – City of Hollywood- Hollywood Fire Rescue** When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field” on the resulting menu.

**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
<b>Total Expenses =</b>	<b>\$ 0.00</b>

**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
<b>1 Newborn Child Harness</b>	<b>408.00</b>
<b>1 Large Child Harness</b>	<b>389.00</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 797.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$87,160.00</u></b>