



**ORANGE COUNTY
EMS COUNCIL
AWARDS PROGRAM**

APPLICATION MANUAL

TABLE OF CONTENTS

SECTION	PAGE
1. INTRODUCTION.....	3
2. ELIGIBILITY	3
3. PROCESS FOR AWARD FUNDING	4
4. COMPLETING THE APPLICATION	4
5. FUNDING	5
6. PURCHASES	5
7. TERMS, CONDITIONS AND REQUIREMENTS	6
8. FINANCIAL.....	8
9. REVISIONS	8
10. EXTENSION OF AWARD ENDING DATE	8

APPLICATION FORM

EMS AWARDS APPLICATION	9 - 14
------------------------------	--------

APPENDICES

A. MEDICAL DEVICE APPROVAL.....	15
B. RADIO EQUIPMENT WORKSHEET	16
C. APPLICATION SCORING SHEET	17
D. DISTRIBUTION AGREEMENT.....	18
E. EQUIPMENT RELEASE FORM	21
F. IMPLEMENTATION	PROGRESS
REPORT.....	22

Orange County EMS Awards Program

INTRODUCTION

The Orange County Award program assists public and private organizations involved in EMS to improve and expand the countywide EMS system.

To apply for Orange County EMS Council (EMSC) awards money, organizations must meet specific eligibility requirements. Applicants certify they will meet all the requirements in this manual when they sign the application.

Retain this manual. It contains the forms for application, reports and budget changes.

ELIGIBILITY

To apply for funding under this program, the applicant must meet the following threshold criteria:

1. The requested award funds must be used for the improvement and expansion of services provided.
2. The requested award funds must be used for one or more of the following activities as stated in section 401.113 (2)(b), Florida Statutes (F.S.):
 - A. **INCREASING EXISTING LEVELS OF EMERGENCY MEDICAL SERVICES:** Projects should be for activities or services to treat a sudden critical illness or injury and to provide emergency medical care and pre-hospital emergency medical transportation to sick, injured or otherwise incapacitated persons within the County. Funds cannot be used for land acquisition or construction projects.
 - B. **EVALUATION:** Projects that directly evaluate the efficiency and effectiveness of EMS services.
 - C. **COMMUNITY EDUCATION:** Activities must be for public (nonprofessional) education in injury prevention or accessing 9-1-1.
 - D. **TRAINING IN CPR AND OTHER LIFESAVING AND FIRST AID TECHNIQUES:** Projects for public (nonprofessional) education are eligible.
 - E. **CONDUCTING RESEARCH:** Projects should be designed to extend the level or scope of EMS knowledge, techniques and practices that will directly improve or expand patient care in the present or near future.
3. Projects will be considered "Existing Service" after two (2) years unless extended by a vote of the EMS Council.

PROCESS FOR AWARDS FUNDING

APPLICATION PACKAGE: To obtain an application package, contact the Orange County EMS Office of the Medical Director (OMD).

FORM TO USE: Applicants must complete the form titled *Orange County EMS Awards Program Application*. Submit the completed original form to:

ATTN: EMS AWARDS
ORANGE COUNTY EMS OFFICE OF THE MEDICAL DIRECTOR
2002-A E. MICHIGAN STREET
ORLANDO, FL 32806

PHONE: 407-836-8960 FAX: 407-836-7625

DEADLINE: The Finance Committee must receive EMS Awards application(s) no later than the deadline stated on the award announcement. The Finance Committee reserves the right to extend the deadline.

MANDATORY CRITERIA: The Finance Committee shall review and determine if application(s) meet mandatory criteria on the application. Any application that does not meet the mandatory criteria may be rejected by the Finance Committee and not reviewed (Appendix D).

COMPLETING THE APPLICATION

ITEMS 1 & 2 - NAMES: Legal name of organization and the applicant signatory who has authority to sign contracts, awards and other legal documents.

The contact person (item 2) is the individual who will have direct knowledge of the project on a day-to-day basis. This person may sign project reports and request project changes. The signer and contact person may be the same or different individuals.

ITEM 3 - LEGAL STATUS: Place a check mark beside only one of the choices.

ITEM 4 - FEDERAL TAX IDENTIFICATION NUMBER: This is a nine digit number (required for non-profits and for-profits only).

ITEM 5 - MEDICAL DIRECTOR APPROVAL FOR MEDICAL EQUIPMENT AND CONTINUING EDUCATION

ITEM 6 - RELATIONSHIP TO EMS STRATEGIC PLAN GOAL

ITEM 7- PROJECT DESCRIPTION/ JUSTIFICATION: This is the NEED STATEMENT. Describe and justify the project as noted on the application.

Cite the source for all information, (e.g. run reports, 9-1-1 logs, or other specific sources). Data should be specific to the geographic area of the project.

ITEM 8 - PROJECT OUTCOME: Measurable degree to which the need will be met or changed.

ITEM 9 - WORK ACTIVITIES AND TIME FRAMES: Indicate procedure for delivery of project.

ITEM 10 - BUDGET: If the project involves agencies other than EMS, the budget should be for the proportion that EMS would use.

- **SALARIES:** Payment for salaries must be for positions or staff over the level of current funding.
- **EXPENSES:** Project expenses for EMS awards must be in direct support of the project. *Indirect or general costs are not allowable.*
- **EQUIPMENT:** Cost for specific equipment is listed here:
 - Medical Devices require Medical Director's approval (Appendix A).
 - Radio Equipment worksheet for all communications projects (Appendix B).

ITEM 11 - ASSURANCES: The authorized official identified in Item 1 signs and dates this page.

FUNDING

NOTICE OF AWARD: The OMD will send a Notice of Award letter to each successful award applicant. This letter is the official notification by the EMS Council that the project will be funded. It will specify the amount of the award, the beginning and ending dates of the award and any possible limitations on execution of the award.

UNSUCCESSFUL APPLICATIONS: On behalf of the EMS Council, OMD will also notify all unsuccessful applicants.

FINAL AUTHORITY: The Orange County EMS Council has final authority for all EMS Award funding decisions.

PURCHASES

All purchases will be through the Orange County procurement process and coordinated by OMD. For purchases up to \$1,500 one quote is required; over \$1,500 to \$33,999 requires three quotes; \$34,000 to \$100,000 requires RFP or sole source justification and greater than \$100,000 requires RFP or sole source justification and Board of County Commissioners approval. All other expenditures must follow Orange County purchasing policies.

Terms, Conditions and Requirements

GENERAL

The awardee hereby agrees to:

- ◆ Improve the quality of existing pre-hospital EMS activities.
 - ◆ Expand the extent, size or number of existing pre-hospital EMS activities or services.
1. **Statutes and Rules:** The recipient agrees to implement all provisions of the award in accordance with federal, state, and local laws, rules, regulations and policies.
 2. **Confidentiality:** The recipient shall not use or disclose any client/patient information under this award for any purpose not in conformity with state and federal regulations (45 CFR, Part 205.50) except upon written consent of the client/patient or his/her responsible parent or guardian as authorized by law.
 3. **Vehicles and Equipment:** The recipient shall own all items, including vehicles and equipment purchased with Orange County awards money, unless otherwise described in the award application. The award recipient shall clearly document the assignment of equipment ownership and usage, and maintain these documents so they are available to the EMS Office of the Medical Director. The owner of vehicles shall be responsible for its proper insurance, licensing, permitting, and maintenance. All equipment purchased with award funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. Useful life is determined by Orange County's Procurement Division. When any award funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary way that the agency disposes of equipment that has no further functional use.
 4. **Availability of Funds:** Orange County EMS awards are subject to the availability of funds.
 5. **Medical Devices:** All medical devices must have the approval of the EMS Medical Director. If the device has not previously received approval, Medical Director's Approval of Medical Device (Appendix A) must be attached.
 6. **Radio Equipment:** The recipient agrees to have all radio activities, services and equipment approved in writing by the Orange County EMS Office of Medical Director. Radio Equipment Worksheet (Appendix B) must be attached.
 7. **Transfer of Property:** If, for whatever reason, the owner of any equipment funded in whole or part by Orange County EMS award funds is compelled to transfer ownership of that equipment before the end of its useful life, OMD shall be that recipient.
 8. **Supplanting Funds:** The applicant cannot propose to use award funds to supplant or replace any county or other funding source. Funds received under the county award program cannot be used to fulfill the matching requirement for the matching award program.

- 9. Notice of Award:** The Notice of Award letter and the contents of this manual contain by reference, all regulations, rules and other conditions governing this award.
- 10. Use of Award Funds:** All money awarded by the EMS Council shall be used between the beginning and ending dates of the award.
- 11. Reports and Documentation:** The Orange County EMS Office of the Medical Director will maintain all records for auditing purposes. To remain eligible for future awards, the recipient agrees to submit a completed Implementation Progress Report (Appendix E) to the Orange County EMS Office of the Medical Director prior to the end of the current award cycle. If a recipient was awarded more than one award, a separate sheet must be submitted for each. The OMD will submit a final expenditure and narrative report to the EMS Council after the ending date of the award cycle.
- 12. Travel Costs:** Travel and per diem expenses shall be in compliance with section 112.061, F.S. and Orange County Purchasing and Contracts policy. The award recipient shall be solely responsible for all costs:
- Which the award recipient pays prior to the beginning date of the project.
 - Which the award recipient does not encumber before the ending date of the award.
 - Which the award recipient encumbered before the ending date of the award but pays 40 or more days after the ending date of the grant.
- 13. Sponsorship Statement:** The recipient ensures that where activities supported by this award produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement: *"Sponsored by the Orange County Emergency Medical Services System and the State of Florida, Department of Health, Bureau of Emergency Medical Services"*. If the sponsorship reference is in written or other visual material, the words *"Sponsored by the Orange County Emergency Medical Services System and the State of Florida, Department of Health, Bureau of Emergency Medical Services"* shall appear in the same size letter or type as the name of the recipient's organization. A copy of materials shall be sent to the OMD within three weeks of reproduction and delivery to the award recipient. Failure to comply with this requirement will result in disallowance of the expenditure.
- 14. Permanence of Agreement:** The recipient agrees that compliance with this assurance constitutes a condition of continued receipt of, or benefit from EMS Awards funds, and that it is binding upon the recipient and assignees for the period during which such assistance is provided. In the event of failure to comply, the recipient understands that the County may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief.
- 15. Orange County Held Harmless:** Orange County Government shall not be liable for violations by recipients of any laws, rules, ordinances, regulations, or guidelines.

FINANCIAL

1. **Termination by the EMS Council:** Failure to meet the financial, activity, reporting, performance, or other obligations under this award may result in termination of the award.
2. **Termination by the Recipient:** Recipients desiring to terminate the award must notify the EMS Council in writing. The EMS Council must receive notice of termination before any funds are expended and agree to the termination.
3. **Termination by Sale Transfer:** Responsibility for an award cannot be transferred to another agency or organization without written authorization from the Orange County EMS Office of the Medical Director.

REVISIONS

The recipient shall obtain written approval from the Orange County EMS Office of the Medical Director for any substantive change to award proposal.

EXTENSION OF PROJECT TIMELINE

No project timelines will be extended without prior approval. All extensions must be requested in writing and approved by the Orange County EMS Office of the Medical Director at least 45 days prior to the award's ending date. Extensions will not be given for avoidable delays.



Orange County EMS Council

EMS AWARDS PROGRAM

APPLICATION

YEAR 2015

ORANGE COUNTY EMS COUNCIL

EMS AWARDS APPLICATION

(FOR OFFICE USE
ONLY)
EMSO ID. Code

Total Award Amount

1. **Organization Name** City of Orlando
- Authorized Official Buddy Dyer
- Title Mayor
- Mailing Address 400 S. Orange Ave.
- City Orlando
- State Florida
- Zip 32801
- Telephone 407-246-2221
- Email Address buddy.dyer@cityoforlando.net
2. **Contact Person** April Taylor
- Title Planning and Grants Manager
- Mailing Address 78 W. Central Blvd.
- City Orlando
- State Florida
- Zip 32801
- Telephone 407-246-2544
- Email Address april.taylor@cityoforlando.net

3. **Legal Status of EMS Organization** (Check only one response).

☐ Private Not For-Profit (attach copy of IRS's 501(c)(3) letter or other legal documentation of this status)

☐ Private For-Profit

☒ City/Municipality

☐ County

☐ State

4. **Federal Tax ID No.** VF 5 9 6 0 0 0 3 9 6

5. **Medical Director**

I hereby affirm my authority and responsibility for the use of all medical equipment and continuing Education awards projects.

SIGNATURE

DATE

PRINTED NAME

MEDICAL LICENSE NO.

PROJECT DESCRIPTION AND JUSTIFICATION

A 12 POINT FONT MUST BE USED OR LEGIBLE HAND PRINTING

6. **Project Description/Justification:** This is the NEED STATEMENT. Describe and justify the project. Include: (1) all available numerical data, time frames for the data, data source; (2) number of people directly impacted by the award(s); (3) whether the project will serve single municipality, county, multi-county, or regional area; and, (4) whether the project will coordinate with other EMS organizations. (Use only space provided).

On a daily basis, the City of Orlando Fire Department responds to challenges associated with moving, lifting, and transporting the morbidly obese. The problem this presents to our EMS system is threefold. First, morbidly obese patients are not getting the service they deserve. Most EMS equipment in use today is undersized in relation to the morbidly obese. Secondly, EMS calls to the morbidly obese often occupy a disproportionate amount of resources which puts a strain on the system as a whole. A routine medical call that would normally require a crew of two may necessitate the commitment of multiple units when the patient is very large. Third, it is well established that moving and transporting obese patients has been associated with an increased risk of employee injuries. In summary, it is our job to get these patients to where they need to be safely and in a dignified manner. In order to help facilitate this, the Orlando Fire Department is seeking to retro-fit 12 of its Stryker Power-Pro stretchers with the Expandable Patient Surface (XPS). From January 1, 2014 to December 31, 2014, the Orlando Fire Department requested a Bariatric Unit for response 87 times. The current fleet of Stryker Power-Pro stretchers is able to lift up to a 700 pound patient. In most circumstances where the Bariatric Unit was requested for transport, it was not because the patient was over the 700 pound weight limit; it was because the patient's size and width prevented them from being comfortably and safely transported on the Power-Pro stretcher. The bariatric stretcher can only be raised and lowered manually, there is no power option thus increasing the risk of EMS personnel injury. This means additional personnel are needed on scene and at the arriving medical facility to off-load the patient out of the rescue. Dedicating extra units and personnel puts an exponential strain on the Orange County EMS system and the Orlando Fire Department's emergency response system. As an alternative to the Orlando Fire Department's fiscal year 2015/2016 budget reductions, we are seeking the support of the initiative through the use of grant funds. For this reason, the City of Orlando Fire Department respectfully requests funding consideration for the Stryker Expanded Patient Surface (XPS) to be added to our current front-line Stryker Power-Pro stretchers. The XPS retro-fit will significantly reduce the need for the Bariatric Unit to respond for transports. The XPS provides an expanded patient surface area that can easily be retrofitted with the current Power-Pro stretchers. The XPS is adjustable with seven locking positions and includes a wider mattress that reduces the transfer gap and is designed with patient comfort in mind. By having the XPS on the power stretchers, the diminished need for the manual bariatric stretcher will in turn decrease the risk of injury to responders during lifting, repositioning and lateral transferring of patients. Because this request is for a retrofit of the City of Orlando Fire Department current stretchers, the attached Quote from Stryker will fall under the parameters of Sole-Source. There are no additional expected costs outside of the quote to implement this project.

7. **Orange County Strategic Plan:** If applicable, specifically reference Orange County EMS Strategic Plan goal(s) and explain relationship to the project.

The Orlando Fire Department's grant application for XPS Expandable Patient Surface falls within the Orange County EMS 2014-2015 Strategic Plan by helping make us a national leader in pre-hospital care. Orange County Fire Rescue currently has XPS on all of their units, so this would ensure a consistent model of service delivery for both agencies that includes safe and efficient transport of bariatric patients. This also improves patient safety during transport as well as provider safety with the reduced need to manually lift obese patients on a manual stretcher. The reduction of the need for Rural Metro and OFD's bariatric units also reduces the number of personnel and equipment needed to handle bariatric calls reducing the cost of manpower helping to provide more cost efficient and effective care.

8. **Outcome measurability:** Degree to which the need will be met or changed (Use only the space provided).

This will reduce the need to have Orlando Fire Department Bariatric Unit and Rural Metro Ambulance Bariatric Unit respond on morbidly obese patients. This will increase patient comfort, patient safety, customer experience, reduce responder injuries and eliminate need for additional units and personnel that put a strain on the EMS system.

9. **Work activities and time frames:** Indicate procedure for delivery of project (Use only the space provided).

Upon receipt of award notification, the twelve XPS retro-fit kits will be ordered and scheduled for immediate installation. The installation costs are included in the purchase of the XPS and all service work for installation and maintenance will be done by certified Stryker personnel.

BUDGET

CATEGORIES		ORANGE COUNTY FUNDS	AGENCY FUNDS	TOTAL
Expenditures:		\$	\$	\$
TOTAL EXPENDITURES		\$	\$	\$
Equipment:	Kit, XPS Retrofit	\$27, 331.20	\$	\$27,331.20
	ProCare Upgrade Charge	\$3,720.00		\$3,720.00
TOTAL EQUIPMENT COSTS		\$31, 051.20	\$	\$31, 051.20
GRAND TOTAL		\$31,051.20	\$	\$31, 051.20

ASSURANCES

ACCEPTANCE OF TERMS AND CONDITIONS: The recipient accepts the award terms and conditions in the "Orange County EMS Awards Program Application Manual", and acknowledges this when funds are expended from the award payment system.

EXECUTION OF EMS AGREEMENT: The recipient agrees to abide by the Agreement with Orange County EMS Office of the Medical Director.

DISCLAIMER: The recipient certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the award.

SIGNATURE OF AUTHORIZED OFFICIAL *(Individual Identified in Item 1)*

DATE

Mayor

TITLE

APPENDIX A
MEDICAL DIRECTOR APPROVAL
OF
MEDICAL DEVICE

THE FOLLOWING MEDICAL DEVICE HAS BEEN EVALUATED AND APPROVED FOR USE IN THE ORANGE COUNTY EMS SYSTEM UNDER MY DIRECTION:

DEVICE _____

GEORGE RALLS, MD
ORANGE COUNTY MEDICAL DIRECTOR

DATE

APPENDIX B

RADIO EQUIPMENT WORKSHEET

EMS Radio equipment	Unit Cost	Quantity	Subtotal
<i>I. Mobile Radios:</i> ^{1 2}			
A. VHF High Band (or Low Band)			
B. UHF ³			
C. 800 MHz			
D. Ancillary equipment			
<i>II. Portable Radios:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Accessories:			
Charger (single or multiple)			
Remote microphone (speaker/microphone/antenna)			
Additional battery (two per portable radio)			
Carrying case			
E. Ancillary equipment			
<i>III. Base Stations:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Duplexers and/or Filters (as required)			
E. Ancillary equipment			
<i>IV. Communications Center:</i>			
A. Dispatch Consoles			
B. Recorders (logging and/or instant recall)			
C. Computer Aided Dispatch (CAD) system			
D. Automatic Vehicle Location (AVL)			
E. RF Control Stations (FX1)			
F. Ancillary equipment			
<i>V. Pagers:</i>			
A. Encoders			
B. Ancillary equipment			
Equipment Subtotal	\$		\$
<i>VI. Miscellaneous</i> <i>[Award Evaluation: 10% of Equipment Total]</i>			
Equipment Subtotal	\$		\$
<i>VII. Installation, Optimization and First Year Warranty</i> <i>[Award Evaluation: 15% of Equipment Total]</i>			
<i>VIII. Design and/or Engineering Fees</i>			
Bottom Line Total	\$		\$

¹ Pricing should include antennas and associated hardware.

² Dual Control Head required if radio is utilized for Local Medical Coordination.

³ Required in all licensed EMS vehicles (MED-8).

APPENDIX C

Application Scoring Sheet

Evaluator _____

Date _____

Please answer the screening questions first.

Screening Questions (If a proposal receives a "YES" it is disqualified).

- | | | |
|---|-----|----|
| A. Is the proposal cost prohibitive? | Yes | No |
| B. Is the proposal unreasonable? | Yes | No |
| C. Is the proposal potentially illegal? | Yes | No |
| D. Failed to submit Appendix E for award(s) approved the previous year? | Yes | No |

Score each remaining application based on the following criteria:

- Each application should be scored on its own merits and not compared to another application or other criteria. If there are issues related to the proposal note these in the comments.
- The score for each element can be between the score levels. For example, for *Overall Merit* the score is 8
- This is higher than "good" but not "excellent".
- Total the points and record the score at the bottom of the form and on the accompanying composite sheet.

1. Overall merit of the application

- 10 - Excellent proposal
- 5 - Good proposal
- 1 - Fair proposal
- 0 - No merit

2. Meeting goal or objective of the Current EMS Strategic Plan

- 10 - Completely meets
- 5 - Partially meets
- 1 - Minimal meets
- 0 - Doesn't meet

3. Value or benefit to the Countywide EMS system

- 6 - Excellent benefit
- 3 - Good benefit
- 1 - Fair benefit
- 0 - No benefit

4. Cost

- 3 - Low cost < 1,500
- 2 - Medium cost < 34,000
- 1 - High cost > 34,000

5. Ease of implementation

- 3 - Easy to implement
- 2 - Moderately easy to implement
- 1 - Hard to implement

TOTAL SCORE _____

APPENDIX D

**DISTRIBUTION AGREEMENT BETWEEN
ORANGE COUNTY EMS OFFICE OF THE MEDICAL DIRECTOR
AND**

THIS ORANGE COUNTY EMS OFFICE OF THE MEDICAL DIRECTOR AGREEMENT is entered into this _____ day of _____ by and between Orange County, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and to the _____, hereinafter referred to as the "OWNER".

WHEREAS, under Section 401.113(2), Florida Statutes, the Department of Health: Bureau of Emergency Medical Services, hereinafter referred to as the "DEPARTMENT" shall annually dispense funds contained in the Emergency Medical Services Trust Fund; and

WHEREAS, the COUNTY has applied for its proportion of funds from said Trust Fund; and

WHEREAS, Section 401.113(2)(a), Florida Statutes (hereinafter the "Statute"), provides that an individual Board of County Commissioners may distribute funds received under the Statute to licensed Emergency Medical Services Providers within the County as designated by the Emergency Medical Service (EMS) grant award; and

WHEREAS, such grant money shall be used solely to improve and expand pre-hospital Emergency Medical Services and will not be used to supplant or replace any other funds; and

WHEREAS, the Board of County Commissioners of Orange County, Florida, has agreed to purchase and distribute equipment and/or services or both, pursuant to grant award to the Owner NOW, THEREFORE, the parties hereto agree as follows:

Section 1 - Term and Termination: The term of this agreement shall begin on the day referenced above and shall continue until five years from that date. However, either party may terminate this agreement without cause upon no less than ten (10) days written notice to the other party. Any notice of termination shall be delivered by certified mail or in person to the business address of the party upon whom such notice is served as set forth on page 3 of this agreement.

Section 2 - The Owner's Obligations: The Owner shall:

- a. Use the equipment for pre-hospital and lifesaving purposes throughout its useful life. Said equipment shall be specifically described and set forth in the "Equipment Release Form" (Appendix E). Failure to use the equipment for pre-hospital and lifesaving purposes will result in:
 - 1) Termination of this agreement.
 - 2) Items being returned to the EMS Office of the Medical Director.
 - 3) Possible restrictions on future Orange County EMS awards allocations.
- b. Accept full title to all designated equipment purchased with EMS awards funds upon distribution of equipment as noted on "Distribution Agreement" (Appendix D).
- c. Be responsible for properly insuring, licensing and maintaining equipment purchased with County EMS grant funds for the useful life of the equipment.
- d. Notify the COUNTY upon the loss, destruction, or theft of the equipment.
- e. Agree not to sell, lease, rent, lend, encumber or dispose of said equipment without written permission from the COUNTY.
- f. Submit an "Implementation Progress Report" (Appendix F) to the Office of the Medical Director prior to the end of the current grant cycle.
- g. Be duly authorized by law to provide pre-hospital Emergency Medical Services and shall maintain all licenses and approvals required by any law, rule or regulation of the State of Florida required for the rendering of pre-hospital Emergency Medical Services.

Section 3 - The County's Obligation: Orange County shall:

- a. Comply with all terms and conditions as "Grantee" of the grant award.
- b. Purchase and distribute, through the Orange County EMS Office of the Medical Director; the designated equipment and/or services or both, pursuant to the grant award.

Section 4 - Entire Agreement: This Agreement contains the entire agreement between the parties. No promises, representations, warranties or covenants not included herein has been or shall be relied upon by either party. Any modifications, additions, or amendments hereto must be in writing, and signed by all parties.

IN WITNESS WHEREOF, the parties hereto have caused this EMS Agreement to be executed by their undersigned officials as duly authorized.

BY: _____ ⇒ _____
SIGNATURE

TITLE: _____

AGENCY: _____

ADDRESS: _____

DATE: _____

TELEPHONE: _____

BY: **Todd Stalbaum** ⇒ _____
SIGNATURE

TITLE: **Disaster Health & Medical Manager**

AGENCY: **Orange County Office of the EMS Medical Director**

ADDRESS: **2002-A E. Michigan Street**
Orlando, FL 32806

DATE: _____

TELEPHONE: **407-836-6515**

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this _____ day of _____
by _____ who is personally known to me or has produced
_____ identification.

WITNESS my hand and official seal in the County and State aforesaid this
_____ day of _____

NOTARY PUBLIC: _____ ⇒ _____
SIGNATURE

MY COMMISSION EXPIRES: _____

APPENDIX E

EQUIPMENT RELEASE FORM

Office of the Medical Director
2002-A E. Michigan St., Orlando, Florida 32806
Telephone (407) 836-8960 * Fax (407) 836-7625

EMS COUNTY AWARD No. _____

YEAR 20__

RECIPIENT AGENCY:

Description	Model No.	Qty	PO Number

EQUIPMENT RECEIVED BY:

↑ SIGNATURE↑

DATE

OMD REPRESENTATIVE:

↑ SIGNATURE↑

DATE

APPENDIX F

Implementation Progress Report

To remain eligible for award funds, Appendix F must be completed and submitted to the Office of the EMS Medical Director before the end of the current award cycle.

PROJECT OUTCOME: The measurable degree to which the project needs have been met.

SUBMITTED BY: _____



SIGNATURE

DATE: _____