Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthlest State in the Nation

April 4, 2019

Michael S. Mullin, County Manager Nassua County 96135 Nassua Place, Suite 2 Yulee, Florida 32097

Dear Sir:

It gives me great pleasure to inform you that your request for Emergency Medical Services Data Collection funding assistance through the Overdose Prevention in States (OPIS) Cooperative Agreement has been approved by the Bureau of Emergency Medical Oversight (BEMO).

A copy of the approved application for \$29,467.30 is enclosed for your records. You are authorized by the application and this letter to purchase the items listed in the table below. All purchases must occur <u>after</u> the date of this letter.

Image Trend software	Unit Cost	ean.	\$ 29,467.30	e (OGO)	*AWARD \$ 29,467.30
startup			•		

Since this is a cost reimbursement program, you must first purchase the hardware, software, and/or services. After the purchase and receipt of the commodities or services, you will have to submit a request for reimbursement to BEMO. Due to strict requirements of the OPIS grant, all expenditure information must be received by the bureau no later than August 31, 2019, 5:00 PM EDT, to be eligible for reimbursement.

The payment request must include a copy of all purchase orders, all receiving reports, all invoices, a Non-expendable Property Accountability Record on Operating Capital Outlay (OCO) purchases over \$5,000 and documentation of payment to the vendor for the amount of funds being requested. In addition, you must provide a written report by August 31, 2019, detailing the actions taken to expend the funds and the progress in implementing or improving an electronic data collection system.

PHONE: 850/245-4440 • FAX: 850/488-9408

FloridaHealth.gov



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Please use the following budget codes on your Request for Reimbursement

Org

EO

OCA Category

Object Code

64-61-70-30-000 PI

OPCR9 790000

000700

CFDA Number is 93.354

The signed application acknowledges you have read, understood and will comply with all terms and conditions of the approved and signed application. Your agency must request a budget modification to the contract before buying anything not included in the approved contracted budget or making any change in purchases not included in the approved contracted budget.

Thank you for your continued support and involvement in improving the Florida pre-hospital EMS system. If you have any questions or need assistance, please contact Brenda Clotfelter, Health Information and Policy Analysis Section at (850) 558-9510.

Sincerely,

Douglas Woodlief Division Director

Emergency Preparedness and Community Support

Enclosures