

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 6, 2007 ☒ Consent ☐ Regular  
[ ] Ordinance ☐ Public Hearing

Department:

Submitted By: PUBLIC SAFETY

Submitted For: Emergency Management / EMS

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to: A) **ADOPT** a Resolution authorizing the County Administrator or his designee to sign and forward to the Florida Department of Health, Bureau of Emergency Medical Services, the FY 2007 annual EMS County Grant Application and County Distribution Agreement for \$498,322; B) **AUTHORIZE** the County Administrator or his designee to sign state budget transfer forms related to the grant; and C) **APPROVE** a budget amendment of \$103,843 in EMS Grant Fund (1425) to adjust budget to actual grant award; D) **APPROVE** a budget amendment of \$50,000 in Fire Rescue Fund to recognize EMS award.

**Summary:** This is an annual grant provided to Palm Beach County from the State of Florida Department of Health, Bureau of Emergency Medical Services, to improve and expand the EMS system. The funds are distributed as reimbursement to the EMS providers and will also fund the Palm Beach County Medical Communications System. The EMS County Grant Award Program begins October 1, 2007 and concludes September 30, 2008. No county match is required. Countywide (DW)

**Background and Justification:** Pursuant to F.S. 401, Part II, the State of Florida Department of Health, Bureau of Emergency Medical Services, has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violation including DUI convictions. Palm Beach County's share of the trust fund for FY 2007 is \$498,322 to improve and expand emergency medical services in the County. The licensed EMS providers within Palm Beach County submitted proposals for funding under this program. The proposals were reviewed by the staff of the Division of Emergency Management, Office of Emergency Medical Services, and the Grant Review Committee of the EMS Advisory Council. The attached Grant Application is the recommended proposal which includes the EMS Medical Communications System and the EMS providers' requests.

**Attachments:**

1. Resolution (2)
2. Grant Application (3)
3. Budget Amendment (1425)
4. Budget Amendment (1300)

Recommended by:

Department Director

Date

Approved by:

Assistant County Administrator

Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures					
Operating Costs	<u>\$613,842</u>				
External Revenues	<u>\$613,842</u>				
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>-0-</b>				
	=====	=====	=====	=====	=====

# ADDITIONAL FTE  
POSITIONS (Cumulative)

Is Item Included In Current Budget? Yes XX No \_\_\_\_\_  
Budget Account No.: Fund 1425 Department 662 Unit 5230  
Object VAR Reporting Category VAR

### B. Recommended Sources of Funds/Summary of Fiscal Impact:

Emergency Medical Services Grant Fund.

All funding derived from the State of Florida Trust Fund. No Palm Beach County match is required.

### C. Departmental Fiscal Review:

*Eugene Vilamann* 10/08/06

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Dev. and Control Comments:

*Jim Smith* 1-23-07  
OFMB  
1/23/07

*John J. S. S. S.* 1/29/07  
Contract Administration  
1/29/07

### B. Legal Sufficiency:

*[Signature]* 1/30/07  
Assistant County Attorney

### C. Other Department Review:

\_\_\_\_\_  
Department Director

# ATTACHMENT 1

## RESOLUTION NO.R-2007-

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO SIGN AND FORWARD TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH A FY 2007 ANNUAL EMS GRANT FUND APPLICATION AND GRANT FUND DISTRIBUTION AGREEMENT FOR \$498,322 AND AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO SIGN BUDGET TRANSFER FORMS RELATED TO THE GRANT.**

**WHEREAS,** the State of Florida has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violation and driving under the influence conviction in Palm Beach County; and

**WHEREAS,** the Palm Beach County share of \$498,322 of the Emergency Medical Services Trust Fund is being returned to the County to improve and expand prehospital emergency medical services in the County; and

**WHEREAS,** the County may reimburse and disburse the funds to licensed emergency medical service providers; and

**WHEREAS,** various prehospital emergency medical service providers have applied to the Palm Beach County Division of Emergency Management, Office of Emergency Medical Services for a share of the County award; and

**WHEREAS,** the Palm Beach County Emergency Medical Services Advisory Council and the Division of Emergency Management's Office of Emergency Medical Services have reviewed the grant award proposal and has recommended the appropriate awarding and distribution of funding; and

**WHEREAS,** the agencies requesting a share of the funding have certified that their requests are improvements and expansions of prehospital emergency medical services within the County; and

**WHEREAS,** prior to any disbursement of funds from the County Grant Award Program, each agency authorized to receive funds from the program will provide documentation to the Department of Public Safety, Division of Emergency Management, Office of Emergency Medical Services affirming that they agree to the reimbursement and will permit an audit; and

**WHEREAS,** the Palm Beach County Emergency Medical Services Grant Award Application is made a part of and attached hereto.

# ATTACHMENT 1

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:**

1. The Board of County Commissioners certifies that this Grant Award application and request is an improvement and expansion of the prehospital emergency medical services system in Palm Beach County and that funds will not be used to supplant existing County EMS budget applications.
2. The County Administrator or his designee is authorized to sign the County Grant Award application.
3. The County Administrator or his designee is authorized to sign the EMS Grant Distribution Agreement and the Request for Grant Distribution Advanced Payment.
4. The County Administrator or designee, is authorized to sign State budget transfer forms for the EMS County Grant Award funds.
5. The Manager of the Office of Emergency Medical Services is designated as the "Authorized Contact Person" pursuant to application requirements.

The foregoing Resolution was offered by Commissioner \_\_\_\_\_ who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

COMMISSIONER ADDIE L. GREENE, CHAIRPERSON	_____
COMMISSIONER JOHN F. KOONS, VICE CHAIR	_____
COMMISSIONER KAREN T. MARCUS	_____
COMMISSIONER WARREN H. NEWELL	_____
COMMISSIONER MARY MCCARTY	_____
COMMISSIONER BURT AARONSON	_____
COMMISSIONER JESS R. SANTAMARIA	_____

The Chairman thereupon declared the Resolution duly passed and adopted this \_\_\_\_\_, 2007.

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY**

**PALM BEACH COUNTY, FLORIDA BY  
ITS BOARD OF COUNTY COMMISSIONERS**

**SHARON BOCK, CLERK & COMPTROLLER**

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Deputy Clerk

**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**

<b>1. County Name:</b>	Palm Beach County
<b>Business Address:</b>	301 North Olive Avenue
	West Palm Beach, FL 33401
<b>Telephone:</b>	(561) 355-2001
<b>Federal Tax ID Number (Nine Digit Number):</b>	VF5 9 6 0 0 0 7 8 5

<b>2. Certification:</b> (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.	
<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	Robert Weisman
<b>Position Title:</b>	County Administrator

<b>3. Contact Person:</b> (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.)	
<b>Name:</b>	Charles E. Tear
<b>Position Title:</b>	Emergency Management Director
<b>Address:</b>	20 South Military Trail
	West Palm Beach, Florida 33415-3130
<b>Telephone:</b>	(561) 712-6400
<b>Fax Number:</b>	(561) 712-6468
<b>E-mail Address:</b>	ctear@psd.co.palm-beach.fl.us

<b>4. Resolution:</b> 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.
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<b>5. Budget:</b> 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 attached "Palm Beach County EMS County Grant Award
Program 2006-2007"

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
TOTAL Salaries	-0-
TOTAL FICA	-0-
Grand total Salaries and FICA	-0-

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 attached budget	
TOTAL	\$613,842.68

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	\$
Grand Total	\$613,842.68

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: Palm Beach County

Mailing Address: 301 North Olive Avenue

West Palm Beach, FL 33401

Federal Identification number 596000785

Authorized Official: \_\_\_\_\_  
Signature Date

Robert Weisman, County Administrator  
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: \_\_\_\_\_ - \_\_\_\_\_

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-42-10-00-000	CG	N2000	750000

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_

# ATTACHMENT 2

Department of Health

## EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Palm Beach County Emergency Medical Services Grant ID Code: C5050

BUDGET	LINE	ITEM	CHANGE FROM	CHANGE TO
FY	2006-2007	APPROVED GRANT	\$498,322.00	\$498,322.00
FY	2005-2006	UNEXPENDED FUNDS	-0-	115,520.68
		(\$103,480.83 plus interest \$12,039.85)		
TOTAL			\$498,322.00	\$613,842.68

### Justification For Change:

- 1) Unspent FY 2005-2006 Grant Fund is \$103,480.83
- 2) Interest Income earned in FY 2005-2006 is \$12,039.85.
- 3) Correct error of .06 cents on Change Request #2. 8101 Other Governmental Agencies should be \$423,037.98 and not \$423,038.04.
4. We have placed \$474,154.13 in Account 8101 to cover grant awards for FY 2007.
5. We have placed \$24,167.87 in Account 8201 to cover the cost of grant awards for FY 2007. We have placed the additional amount of \$37.13 to cover the balance using rollover funds.
6. Carryover of \$11,400.00 for Pahokee Fire Rescue to allow their three staff members to complete paramedic training.(8101)
7. Carryover of \$26,626.60 for Riviera Beach Fire Rescue to complete their project for (7) Compact Suction Units and 1 Lifepak 12 Monitor/Defibrillator.(8101)
8. Carryover of \$324.00 for Palm Beach County Critical Incident Stress Management Team (CISM) to cover workbooks on Strategic Response to Crisis Course.(8201).

This change shall begin and take effect on October 1, 2006

Signature of Authorized Official

Date

For Department Use Only.

Approved Yes ☒ No ☐ Change No. \_\_\_\_\_

Department's Authorized Representative

Date

Page 1 of 2 Pages



# ATTACHMENT 2

Continuation of EMS Grant Program Change Request  
Page 2 of 2 Grant C5050

9. Carryover of \$4,500.00 for Diving Brochures. We have to wait until after elections to submit new Commissioner's name on the brochure. Line Item 4703.

10. Carryover of \$14,668.16 for educational material that was not purchased in FY 2006. Line item 5402.

11. Carryover of \$5,475.00 to complete purchase of disposable bedding material which was shipped in October 2006. Line Item 5201.

12. Additional \$6,000.00 placed in line item 5201 to purchase 250 Foam Bed Wedges to place in both the Special Care Unit and/or Special Needs Shelter. These were found to be beneficial to those with breathing problems, etc.

13. \$26,250.00 for 15 AED's to be given to County Departments, Line Item 6401.

14. \$8,000 placed in line item 6405 to purchase two computers. During activation, because we only had 4 computers for both the Special Care Unit and the Special Needs Shelter, it created a backup of those trying to get in the shelter with their medical supplies. This should alleviate the problem.

15. Balance of \$12,239.79 placed in various accounts as an Operating Budget.

16. \$23,000 which was carried over from Grant C4050 for the Spineboard Decontamination Unit, as the trauma center no longer was interested in this project, those funds were carried over to assist in the funding of Grant C5050.

This change shall begin and take effect on Oct. 1, 2006  
Month Day Year

  
Signature of Authorized Official

Nov 28, 06  
Date

For department use only.

Approved Yes ☒ No ☐ Change No. \_\_\_\_\_

A. Van Leuven  
Department's Authorized Representative

Dec. 4, 2006  
Date

PALM BEACH COUNTY  
EMS COUNTY GRANT AWARD PROGRAM  
GRANT CHANGE REQUEST 30-Sep-06  
FY 2006-2007

OBJECT CODE	OBJECT DESCRIPTION	CURRENT BUDGET	DECREASE	INCREASE	REVISED BUDGET
3161	AUDIO VISUAL SERVICES				
3401	OTHER CONTRACTURAL SERVICES				
3414	INFORMATION SYSTEM SERVICES				
3421	CONTR.SVC-TRAINING				
4001	TRAVEL PER DIEM				
4007	TRAVEL - MILEAGE				
4101	COMMUNICATION SERVICES				
4205	POSTAGE				
4405	RENT - OTHER EQUIPMENT				
4674	R/M DATA PROCESSING				
4701	PRINTING/BINDING				
4703	GRAPHICS CHARGE				
4945	ADVERTISING CHARGES				
5101	OFFICE SUPPLIES				
5111	OFFICE FURNITURE/EQUIPMENT				
5112	TEL EQUIPMENT-IN				
5113	RADIO EQUIPMENT & INSTALLATION				
5201	MAT/SUP OPERATIONS				
5212	SAFETY SUPPLIES				
5402	EDUCATIONAL TRAINING MATERIALS				
6401	MACHINERY AND EQUIPMENT				
6405	DATA PROCESSING EQUIPMENT				
6412	RADIO - EQUIPMENT				
6507	DATA PROCESSING SOFTWARE				
5231	MEDICAL AND SURGICAL SUPPLIES				
8101	OTHER GOVERNMENTAL AGENCIES				
9131	TRANSFER - PBC FIRE RESCUE				
8201	OTHER NON GOVERNMENTAL AGENCIES				
9000					
	GRAND TOTAL				
T (TOTAL	CARRYOVER FUNDS	\$103,480.83	AND INTEREST		
	GRAND TOTAL				

498,322.00

\$ 115,520.68

\$12,039.85

\$613,842.68



FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES

**EMS COUNTY GRANT PROGRAM  
APPLICATION PACKET**

Revised: June 2002

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# ATTACHMENT 2

## DESCRIPTION OF PROGRAM

### OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

### ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

## COUNTY GRANT PROCESS

### APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution ( item 4 on the application) to the department.

### NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

# ATTACHMENT 2

## APPLICATION SUBMISSION:

The BCCs must submit:

1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
2. A county resolution (item 4 in the application) certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations.

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant  
Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

**Department of Health**  
**EMS GRANT PROGRAM CHANGE REQUEST**

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
TOTAL	\$	\$

**Justification For Change:**

Date \_\_\_\_\_

Approved Yes ☐ No ☐

\_\_\_\_\_

Date \_\_\_\_\_

Final Report (Check one): ☐ Yes ☐ No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
TOTAL BUDGETED EXPENDITURES	\$

<b>Actual Expenditure to Date by Major Line Item(s)</b>	\$
TOTAL EXPENDITURES	\$

<b>BALANCE</b> (Budgeted Less Actual Expenditures)	\$
--	----

*Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.*

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date



## GENERAL CONDITIONS AND REQUIREMENTS

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

### FINANCIAL

#### FUND ACCOUNTING:

All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned an unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

#### USE OF COUNTY GRANT FUNDS:

All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must adhere to the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

### ROLLOVERS

Any unencumbered EMS county grant program funds as of September 30, of each year, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.

## **ATTACHMENT 2**

### **DISALLOWED EXPENDITURES**

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

### **VEHICLES AND EQUIPMENT**

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

### **TRANSFER OF PROPERTY**

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

### **REQUESTS FOR CHANGE**

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, June 2002. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Changes in the project activities.
2. Redistribution of the funds between entities or equipment approved.
3. Establishing a new line item in the budget.
4. Changing a salary rate more than 10%.

### **SUPPLANTING FUNDS**

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

**DEPOSIT OF FUNDS**

County grant funds provided to an applicant shall be deposited in a separate account. All interest earned shall be documented on the required reports.

**REPORTS**

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

**GRANT SIGNATURE**

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received.

**RECORDS**

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

**FINAL REPORTS**

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

**COMMUNICATIONS EQUIPMENT**

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

## EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date. Rollover funds may be used to meet expenditures prior to receipt of current year funds.

## CREDIT STATEMENT

The grantee ensures that where activities supported by this grant 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 [Your Organization's Name] 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, "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 grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

## FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This is applicable, if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit, performed in accordance with section 215.97, F.S. by the Auditor General shall satisfy the requirement of this attachment.

## STATE FUNDED

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from

a rate contract based on a set state or area-wide fixed rate for service, and of which less that \$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period. Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved. If the grantee receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

## SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

A. Send one copy to:

Florida Department of Health  
Contract Administrative Monitoring Unit  
4052 Bald Cypress Way, BIN B01  
Tallahassee, Florida 32399-1729

B. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:

Send two copies to:

Auditor General's Office  
Local Government Audits/342  
Claude Pepper Building, Room 401  
111 West Madison Street  
Tallahassee, Florida 32399-1450

C. Do not send this report to the state Bureau of EMS.

## RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

ATTACHMENT 2

PALM BEACH COUNTY  
EMS COUNTY GRANT AWARD PROGRAM  
2006-2007

<u>AGENCY</u>	<u>AWARD</u>
AMR	\$14,960.00
BOCA RATON FIRE RESCUE SERVICES	45,105.00
BOYNTON BEACH FIRE RESCUE	28,680.33
BOYNTON BEACH FIRE RESCUE	12,525.00
DELRAY BEACH FIRE RESCUE	42,001.30
GREENACRES PUBLIC SAFETY DEPT.	45,855.00
HEALTH CARE DISTRICT OF PALM BEACH COUNTY *	9,245.00
LAKE WORTH FIRE RESCUE	27,300.00
LAKE WORTH FIRE RESCUE	7,980.00
NORTH PALM BEACH PUBLIC SAFETY	15,414.00
NORTH PALM BEACH PUBLIC SAFETY	20,856.00
NORTH PALM BEACH PUBLIC SAFETY	10,080.00
PALM BEACH COUNTY FIRE-RESCUE	50,000.00
PALM BEACH FIRE RESCUE	42,588.00
PALM BEACH GARDENS FIRE RESCUE	21,950.00
RIVIERA BEACH FIRE RESCUE	10,640.00
RIVIERA BEACH FIRE RESCUE	36,400.00
TEQUESTA FIRE-RESCUE	16,788.00
TEQUESTA FIRE-RESCUE	15,285.00
WEST PALM BEACH FIRE RESCUE	18,493.50
WEST PALM BEACH FIRE RESCUE	6,213.00
PALM BEACH COUNTY EMS WILL PAY \$37.13 OF THIS AMOUNT WITH ROLLOVER FUNDS.	

TOTAL AWARD ALLOCATION	\$498,322.00
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ATTACHMENT 2

AMR

Work Plan:

Work Activities:

Time Frames:

To purchase 800 MHz radios in the Glades area to give the rescuers the ability to communicate “real time” on-scene with Incident Command, other on-scene personnel, Medcom, and all other related services. It will enhance and improve their ability to utilize critical communication capabilities as well as promote individual rescuer safety.

Receive notice of award from EMS Office	1 <sup>st</sup> Quarter
Procure quote from vendor	1 <sup>st</sup> Quarter
Purchase Radios	2 <sup>nd</sup> Quarter
Receive and program radios	2 <sup>nd</sup> Quarter
Place radios in service in the Glades	2 <sup>nd</sup> Quarter

Proposed Expenditure Plan:

<u>Line Item</u>	<u>Unit Price</u>	<u>Quantity</u>	<u>Total Cost</u>
Motorola XTS2500 Model Two 160 Mode 800 MHz with programming and template Add on	\$2,992.00	4	\$14,960.00

TOTAL \$14,960.00



## ATTACHMENT 2

### BOCA RATON FIRE RESCUE SERVICES

#### Work Plan:

#### Work Activities:

#### Time Frames:

To purchase AutoPulse equipment which will allow medics to administer Cardiopulmonary Resuscitation more effectively in a pre-hospital environment or while en-route to the hospital.

Receive Grant Award Notification	1 <sup>st</sup> quarter
Develop purchasing documents	1 <sup>st</sup> quarter
Secure City Council's approval for vendor and purchases	1 <sup>st</sup> quarter
Develop SOP	2 <sup>nd</sup> quarter
Receive Equipment	2 <sup>nd</sup> Quarter
Conduct training orientation	2 <sup>nd</sup> Quarter
Place units on vehicles	3 <sup>rd</sup> Quarter
Begin monitoring program for effectiveness	4 <sup>th</sup> Quarter

#### Proposed Expenditure Plan:

<u>Line Item</u>	<u>Unit Price</u>	<u>Quantity</u>	<u>Total Cost</u>
AutoPulse System or equivalent	\$10,995.00	3	\$32,985.00
AutoPulse Battery or equivalent	575.00	9	5,175.00
AutoPulse Battery Charger or equivalent	1,795.00	3	5,385.00
AutoPulse Carry case or equivalent	395.00	3	1,185.00
Life Band Chest Compression Band	375.00	1	375.00

**TOTAL \$45,105.00**

## ATTACHMENT 2

### BOYNTON BEACH FIRE RESCUE DEPARTMENT

#### Work Plan:

#### Work Activities:

#### Time Frames:

To purchase a 4-Wheel Drive Ford F-250 Pickup Truck and Trailer which will allow Ocean Lifeguards to respond with the All Terrain Ambulance (ATA) to other jurisdictions, beachfronts to assist with patient transport via mutual aid, undeveloped areas within the City of Boynton Beach to assist with patient transport and respond in conjunction with the BBFR Dept. and their applicable mutual aid agreements. To respond quickly to those in need of medical attention at the City of Boynton Beach's Oceanfront Park, a 12 acre site consisting of a picnic area, concession area, restrooms, boardwalk, open area playground, sand volleyball and beach which is approximately 965 feet in length.

Obtain quote including 4WD truck & trailer	1 <sup>st</sup> Quarter
Obtain purchase order	1 <sup>st</sup> Quarter
Receipt of truck and trailer	2 <sup>nd</sup> Quarter
Training and Implementation	2 <sup>nd</sup> Quarter

#### Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
F-250 4WD P/U Truck (State Bid)	\$17,377.00	1	\$17,377.00
Extended Cab (State Bid)	2,390.00		2,390.00
Spray-on bed liner: (State Bid)	490.00		490.00
All Terrain Tires (State Bid)	125.00		125.00
Wrap-around grill guard: (State Bid)	690.00		690.00
8000 lb. Winch (State Bid)	1,200.00		1,200.00
Headlight Flasher: (Whelan UHF 2150, State Bid)	146.00		146.00
Grill Lights: (Whelan State Bid)	360.00		360.00
Corner Strobe Kit: (Whelan State Bid)	490.00		490.00
Tow Package (State Bid)	435.00		435.00
Radio: (Motorola XTL-1500 Dash Mount Mobil)	2,096.40		2,096.40
Trailer: (All Pro Trailer 22-Ft.)	2,138.93		2,138.93
"TracRac" Sliding Rack System	742.00		742.00

**TOTAL \$28,680.33**

ATTACHMENT 2

BOYNTON BEACH FIRE RESCUE DEPARTMENT

Work Plan:

Work Activities:

Time Frames:

To expand Boynton Beach Fire Rescue Department's CERT Program by continuation of training classes. The frequency and nature of the hurricanes experienced during the previous two years has validated the need for these types of programs to provide emergency medical response to greater numbers of citizens than the public safety system can provide post disaster. The Boynton Beach CERT teams are an integral part of the City's hurricane emergency response plan.

Publish notices inviting the public to participate in the CERT training program.	One month from grant award
Prepare lesson plans and instructor scheduling	Two months from Grant award
Begin first CERT class	Three months from Grant award
CERT class graduation	7 weeks from beginning of Class
Second CERT class to follow above sequence	Approx. 2 months after First class ends
Third CERT class to follow above sequence	Approx. 2 months after 2 <sup>nd</sup> class ends

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Personal safety equipment: includes Goggles, flashlight, batteries, helmet, Gloves, vest, ID shirt, wrench, pliers, Gear bag, marking pencil, ID badge, Medical supplies, etc., 75 persons Per grant year	each	75	\$5,625.00
Instructor expenses – based on \$25 per hour contract rate. 2 instructors at 4 hrs. each per class (8 hrs) x 24 classes or 192 hours Total (3 classes x 8 sessions x 4 hrs. each x 2 instructors = 192	\$25/hr.	192 hrs.	4,800.00
Instructors for 3 disaster drills, One drill per class. 7 instructors per drill (4 hrs. per Drill (\$100 per instructor) x 7 Instructors x 3 drills	\$700 drill	3	2,100.00
TOTAL \$12,525.00			

ATTACHMENT 2

DELRAY BEACH FIRE RESCUE

Work Plan:

Work Activities:

Time Frames:

To purchase an ALS equipped Special Events Response Vehicle to provide coverage at Delray Beach's popular and geographically spread out events which continue to grow larger each year. To purchase one Zoll E Series Defibrillator/Monitor with pacing capabilities, SA02 monitoring, wave form Capnography, and non-invasive blood pressure monitoring capabilities.

Grant Award Notification	1 <sup>st</sup> Quarter
Bid Process	2 <sup>nd</sup> Quarter
Bid Award and order equipment	2 <sup>nd</sup> Quarter
Receive Equipment, provide training	3 <sup>rd</sup> Quarter
Place into Service	3 <sup>rd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Kubota RTV 900	\$11,800.00	1	\$11,800.00
Ambulance Package	7,797.00	1	7,797.00
Zoll E Series Defibrillator/Monitor	22,404.30	1	22,404.30

TOTAL \$42,001.30

ATTACHMENT 2

GREENACRES PUBLIC SAFETY DEPT.

Work Plan:

Work Activities:	Time Frames:
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To provide the availability of an automated chest compression device to each cardiac arrest in Greenacres, the City of Atlantis, and automatic aid response areas to improve cardiac arrest resuscitation successes. These AutoPulse Systems w/batteries, chargers, lift band packs, and carrying cases which will provide the patient with the best available chance for survival due to consistent depth and rates of compression even while the patient is being transported or carried down stairs. It also would circulate drugs faster and more completely, improving the chances of inducing a rhythm that can be defibrillated. By reducing blood flow to normal levels, it helps the medic establish an intravenous line due to the inflation of the veins making it easier to find a vein to start the line and administer life saving drugs according to AHA standards.

Purchase 3 machines	2 <sup>nd</sup> Quarter
Add machines to interventions in EMS reporting system	2 <sup>nd</sup> Quarter
Train on machines	2 <sup>nd</sup> Quarter
Deploy machines	3 <sup>rd</sup> Quarter
Evaluate use and Resuscitation successes	On-going
Proposed Expenditure Plan:	

Line Item	Unit Price	Quantity	Total Cost
AutoPulse systems	\$10,995.00	3	\$32,985.00
AutoPulse Batteries	575.00	9	5,175.00
AutoPulse Chargers	1,795.00	3	5,385.00
Life Band Packs	375.00	3	1,125.00
AutoPulse Carrying Case	395.00	3	1,185.00

TOTAL \$45,855.00

ATTACHMENT 2

HEALTH CARE DISTRICT OF PALM BEACH COUNTY

Work Plan:

Work Activities:

Time Frames:

To purchase Model 754, The Eagle, Uni-vent portable ventilator , case, hose system, and training CD which will improve patient outcomes by promoting more seamless delivery of patient care and increasing the efficiency of Trauma Hawk EMS personnel by reducing operational burdens on emergency flight personnel.

Starting Date	1 <sup>st</sup> Quarter
Bidding	2 <sup>nd</sup> Quarter
Flight personnel training	2 <sup>nd</sup> Quarter – ongoing
Installation	2 <sup>nd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Model 754, The Eagle, Uni-vent portable Ventilator	\$8,995.00	1	\$8,995.00
Case, padded, ventilator only (\$110.00)		1	no charge
Quick Connect, hose system	250.00	1	250.00
Educational Training CD (\$15.00)		1	no charge

(PBC EMS will pay \$37.13 from carryover funds to fund this award)

TOTAL \$9,245.00

ATTACHMENT 2

LAKE WORTH FIRE RESCUE #1

Work Plan:

Work Activities:

Time Frames:

During calendar year 2007, 100% of the patients transported by Lake Worth Fire Rescue personnel will utilize a power assisted cot. This will eliminate 3,560 instances in which lifting a stretcher will expose personnel to the chance of injuring their backs. This will also eliminate the long term effects on the body created by the repetitive lifting motion. The ability to lift and transport patients will be increased to a capacity of 700 lbs.

Update quote from vendor	1 <sup>st</sup> Quarter
Purchase Power Assisted Cot	2 <sup>st</sup> Quarter
Place Power Assisted Cot in service	2 <sup>nd</sup> Quarter
Total time frame	2 <sup>nd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno PowerFlexx cot with 2 batteries & Charger	\$9,100.00	3	\$27,300.00

TOTAL \$27,300.00

ATTACHMENT 2

LAKE WORTH FIRE RESCUE #2

Work Plan:

Work Activities:

Time Frames:

To purchase Ferno EZ Glide Stair Chairs with ABS Plastic Seat and Seat Back, IV pole, and locking handles which requires no carrying and lifting. The device also provides increased maneuverability over carpets and confined spaces allowing a smooth transition up and down stairwells and limited access areas. It will eliminate lifting, carrying, twisting, bending effects on the body created by the moving of these patients through limited access areas. The ability to lift and move patients will be increased to a capacity of 500 lbs. which is a feature of the track equipped stair chair.

Update quote from vendor	1 <sup>st</sup> Quarter
Purchase track equipped Stair Chair	2 <sup>nd</sup> Quarter
Place Track Equipped Stair Chair in service	2 <sup>nd</sup> Quarter
Total Time Frame	2 <sup>nd</sup> Quarters

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno EZ Glide Stair Chair with ABS plastic Seat and seat back, IV pole, and locking handles	\$2,660.00	3	\$7,980.00

TOTAL \$7,980.00



ATTACHMENT 2

NORTH PALM BEACH DEPT. OF PUBLIC SAFETY #1

Work Plan:

Work Activities:

Time Frames:

To purchase AutoPulse Resuscitation System with battery pack, battery charger, LifeBand Chest Compression Assembly, and AutoPulse Carry Bag, and extrication stretcher. This automated chest compression devices are needed on strategic response units that respond to cardiac arrests to increase resuscitation success rates.

EMS Grant Award Notification	1 <sup>st</sup> Quarter
Purchase Equipment Train medics in use of machines	3rd Quarter
Notify receiving hospitals of additional machine	3 <sup>rd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
AutoPulse Resuscitation System	\$10,995.00	1	\$10,995.00
AutoPulse Battery Charger	1,795.00	1	1,795.00
AutoPulse 100 Battery Pack	575.00	3	1,725.00
LifeBand Chest Compression Assembly	375.00	1	375.00
AutoPulse Carry Bag	395.00	1	395.00
Extrication Stretcher	129.00	1	129.00

TOTAL \$15,414.00

ATTACHMENT 2

NORTH PALM BEACH PUBLIC SAFETY #2

Work Plan:

Work Activities:

Time Frames:

To purchase Ferno PowerFlexx cots with items listed below. This will result in an increase in the efficiency of patient handling and a reduction of injuries to rescue personnel. An additional benefit of this program will be a reduction in costs associated with injury care, lost personnel, and disability payments.

Receive EMS Grant Award Notification	1 <sup>st</sup> Quarter
Purchase Equipment	
Train medics in the use of equipment	3 <sup>rd</sup> Quarter
Notify receiving hospitals of these machines	3 <sup>rd</sup> Quarter
Amend EMS Reporting System to reflect protocol changes	3 <sup>rd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno PowerFlexx cot with 2 batteries And charger	\$8,394.00	2	\$16,788.00
Model 513-10 IV pole for PowerFlexx Cot, heavy duty, 33" to 49"	209.00	2	418.00
Oxygen Cylinder holder, spring load (EZ Glide Style)	285.00	2	570.00
Reflective labels for side of cot legs with Agency name	75.00 pair	2	150.00
Sof-Net for PowerFlexx drop frame Storage	39.00	2	78.00
Large body Surface Board and mounting Fittings, including Manta Rescue Transfer Soft stretcher and Restraint belt extensions	1,049.00	2	2,098.00
Pac Rac Equipment Table	299.00	2	598.00
Sidearm covers (pair)	78.00	2	156.00

TOTAL \$20,856.00

ATTACHMENT 2

NORTH PALM BEACH PUBLIC SAFETY #3

Work Plan:

Work Activities:

Time Frames:

To purchase one Deluxe Ambulance Vehicle for use by special event, single response paramedics to improve the ALS availability and decrease time of first treatment and improve ALS assessment for attendees of Special Events in North Palm Beach. This will also serve the entire population of North Palm Beach and automatic aid areas as a first response unit in times of disaster or mass illness. Deployment will be documented in the CAD system and ALS interventions are tracked through the EMS electronic reporting system.

Receive EMS Grant Award Notification	1 <sup>st</sup> Quarter
Process bids/Purchase equipment	2 <sup>nd</sup> Quarter
Train medics in use of machines	3 <sup>rd</sup> Quarter
Notify receiving hospitals of these machines	3 <sup>rd</sup> Quarter
Amend EMS Reporting System to reflect protocol Changes	3 <sup>rd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Deluxe Ambulance Vehicle	\$8,200.00	1	\$8,200.00
Split Windshield	150.00	1	150.00
Deluxe Ambulance Enclosure (Vinyl)	745.00	1	745.00
Horn	85.00	1	85.00
Lift vehicle 8" install 22" all tertian tires	900.00		900.00

TOTAL \$10,080.00

ATTACHMENT 2

PALM BEACH COUNTY FIRE RESCUE

Work Plan:

Work Activities:

Time Frames:

Utilizing grant funding, PBC FR will train each EMS Supervisor in an 80 hour EMS Supervisor Course to provide medical direction and quality assurance on every call. The curriculum will include didactic information and practical skill proficiency specifically designed to incorporate critical performance-based EMS criteria.

The curriculum will be developed and approved by the Training & Education Committee by October 31, 2006. 1<sup>st</sup> Quarter

Instructor(s)/Vendor(s) to deliver the curriculum will be selected By December 31, 2006 1<sup>st</sup> Quarter

Schedule 40 personnel to attend the EMS Supervisor Training By end of second quarter 2<sup>nd</sup> Quarter

Monitor program success and solicit feedback on-going

Schedule 40 personnel to attend the EMS Supervisor Training By end of 3<sup>rd</sup> Quarter 3<sup>rd</sup> Quarter

Monitor program success and solicit feedback on-going

Schedule 39 personnel to attend the EMS Supervisor training By end of 4<sup>th</sup> Quarter 4<sup>th</sup> Quarter

Monitor program success and solicit feedback on-going

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
(A total of 119 personnel will receive training.)			
EMS instructor x 6 x 80 hours	\$35/hour		\$16,800.00
EMS instructor x 6 x 80 hours	\$35/hour		16,800.00
EMS Instructor x 6 x 80 hours	\$35/hour		16,800.00

TOTAL \$50,000.00

PBC FR will pay the difference

ATTACHMENT 2

PALM BEACH FIRE RESCUE DEPT.

Work Plan:

Work Activities: Time Frames:

To purchase Power Pro Ambulance (cots) and items listed below which will reduce the likelihood of an injury to the patient or the employee. It will also reduce the number of personnel needed to operate the device and speed up the transport process. It will also provide a higher patient weight limit of 700 lbs.

Order power assisted pneumatic stretchers	1 <sup>st</sup> Quarter
Conduct in-service training and education on use, Maintenance, and proper lifting and moving techniques	2 <sup>nd</sup> Quarter
Implement new equipment into inventory and begin use	3 <sup>rd</sup> Quarter
Conduct field audits in conjunction with Risk Management And Town Clinic to evaluate the reduction of patient and Employee injuries	4 <sup>th</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Model 6500 Power-Pro Ambulance Cot(s)	\$9,855.00	4	\$39,420.00
3 Stage IV Pole	232.20	4	928.80
Foot End Oxygen Bottle Holder	124.20	4	496.80
Base Storage Net	130.50	4	522.00
Head End Flat Storage Pouch	93.60	4	374.40
Equipment Hook	37.80	4	151.20
Pocketed Backrest Pouch	173.70	4	694.80

TOTAL \$42,588.00

ATTACHMENT 2

PALM BEACH GARDENS FIRE RESCUE

Work Plan:

Work Activities:

Time Frames:

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To purchase a Classroom Ambulance Simulator and a Video Camera. The Simulator is designed to be used in an air conditioned environment and provides participants with the feeling that they are in an ambulance treating a patient. It will be outfitted with an onboard video recording system to tape and replay the student's activities. This will enhance all aspects of the EMS Training Program by creating more realistic training scenarios than are possible today. This training tool will be an invaluable component of Palm Beach Gardens Fire Rescue Continuous Quality Improvement processes.

Identify vendor and complete purchasing guidelines	1 <sup>st</sup> Quarter
Purchase Equipment	1 <sup>st</sup> Quarter
Install Ambulance Trainer	2 <sup>nd</sup> Quarter
Initiate EMS Training with New Equipment	2 <sup>nd</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Classroom Ambulance Simulator	\$21,500.00	1	\$21,500.00
Video Camera	450.00	1	450.00

TOTAL \$21,950.00

ATTACHMENT 2

RIVIERA BEACH FIRE RESCUE #1

Work Plan:

Work Activities: Time Frames:

To purchase Ferno EZ Glide Stair Chairs with ABS Plastic Seat, Seat Back, IV Pole, and Locking Handes to be utilized by rescue units that respond to specific locations in which the elevators will not accommodate a medical stretcher. It provides no lifting and presents a smooth transition both up and down the stairways. It is adjustable and can be set to accommodate large and small individuals. With minimum or no lifting required, it is the intent of RBFR to reduce stepping injuries due to the practical elimination of awkwardness that occurs while carrying an individual both up and down stairways.

Purchase Ferno EZ Glide Stair Chairs	2 <sup>nd</sup> Quarter
Train personnel on proper use of stair chairs	2 <sup>nd</sup> Quarter
Place EZ Glide Stair Chairs in service	3rd Quarter
Monitor and report on project	3 <sup>rd</sup> /4 <sup>th</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno EZ Glide Stair Chairs with ABS Plastic seat, back seat, IV pole, and locking Handles	\$2,660.00	4	\$10,640.00

TOTAL \$10,640.00

RIVIERA BEACH FIRE RESCUE #2

Work Plan:

Work Activities:

Time Frames:

To purchase Ferno PowerFlexx cot with batteries and charger which will allow RBFR to reduce the risk of potential injury and increase safety for patients relative to lifting stretchers by 90%.

Purchase 4 Power Assisted Cots	1 <sup>st</sup> Quarter
Train personnel on proper use of cots	2 <sup>nd</sup> Quarter
Install hardware and deploy cots	3 <sup>rd</sup> Quarter
Monitor and report on project	3 <sup>rd</sup> /4 <sup>th</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno PowerFlexx cots with 2 batteries and Charger	\$9,100.00	4	\$36,400.00

TOTAL \$36,400.00



TEQUESTA FIRE RESCUE #1

Work Plan:

Work Activities:

Time Frames:

To purchase Ferno PowerFlexx cot with items listed below which will provide benefits to both the patients and EMS staff. The benefits to the patient include increased comfort, increased feeling of security from a smooth and steady lift and an increased safety margin as the risk of dropping the patient decrease with the PowerFlexx stretcher. The benefit to the EMS crew is the reduced chance of back injury or hernia from lifting a heavy patient. In addition, extra crew members are not required to respond to lift a heavy patient unless required for patient care.

Purchase Ferno PowerFlexx stretchers	2 <sup>st</sup> Quarter
Train department on Ferno PowerFlexx stretchers	2 <sup>st</sup> Quarter
Place equipment on rescue vehicles	2 <sup>nd</sup> Quarter
Respond to Calls	3 <sup>rd</sup> Quarter
Respond to Calls	4 <sup>th</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Ferno PowerFlexx cot with mattress, Restraints, battery charger, extra battery	\$8,394.00	2	\$16,788.00

TOTAL \$16,788.00

TEQUESTA FIRE RESCUE #2

Work Plan:

Work Activities:

Time Frames:

To purchase AutoPulse System which will improve cardiac arrest resuscitation successes. These will be employed on the ALS transport units and will free personnel on scene to intubate, start IV's, administer drugs, defibrillate, package, and perform other necessary functions required by the American Heart Association protocols for cardiac arrest.

Receive EMS Grant Award Notification	1 <sup>st</sup> Quarter
Purchase Zoll AutoPulse System	2 <sup>nd</sup> Quarter
Train department on Zoll AutoPulse	2 <sup>nd</sup> Quarter
Place equipment on Primary Rescue Vehicle	2 <sup>nd</sup> Quarter
Respond to Cardiac Arrest	3 <sup>rd</sup> Quarter
Respond to Cardiac Arrest	4 <sup>th</sup> Quarter

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
AutoPulse System	\$10,995.00	1	\$10,995.00
AutoPulse Battery	575.00	3	1,725.00
AutoPulse Soft Carry Case	395.00	1	395.00
Life Band Chest Compression Band	375.00	1	375.00
AutoPulse Battery Charger	1,795.00	1	1,795.00

TOTAL \$15,285.00

WEST PALM BEACH FIRE RESCUE DEPT. #1

Work Plan:

Work Activities: Time Frames:

The addition of the Unifold shelter would provide for the creation of an environmentally controlled setting, to be set up at large scale outdoor special events, or other non planned large scale emergencies, for the purpose of treating, monitoring, and ensuring proper disposition of emergency patients. The shelter would allow multiple patients to be assessed and monitored by emergency response units for additional emergency calls. It is a weather resistant structure which deploys in 45 seconds. When anchored, the structure will sustain up to 70mph winds. When not in use, it folds flat for storage. Additional uses for the shelter would include rehab for emergency responders, Haz Mat /Decontamination, Triage/Mortuary, and Command Post at long term emergency events. This would be made available to all mutual aid partners throughout Palm Beach County.

Receive EMS Grant Award Notification	1 <sup>st</sup> Quarter
Purchase shelter unit with accessories	2 <sup>nd</sup> Quarter
Develop written policy for usage	2 <sup>nd</sup> Quarter
Develop spreadsheet to track usage of the unite	2 <sup>nd</sup> Quarter
Train rescuers in deployment and use	2 <sup>rd</sup> Quarter
Deploy shelter unit	2 <sup>nd</sup> Quarter
Monitor and evaluate usage	On-going

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Shelter System	\$ 12,086.00	1	\$12,086.00
Shelter Cart System	289.00	1	289.00
Floor Grid	59.00	6	354.00
A/C Unit	4,499.00	1	4,499.00
52" lighting unit	632.75	2	1,265.50

TOTAL \$18,493.50

WEST PALM BEACH FIRE RESCUE DEPT. #2

Work Plan:

Work Activities:

Time Frames:

Addition of the Megacode Kelly training aid will allow for individual training of paramedics and EMT's. It will be used to conduct individual training and testing as well as company EMS training. It will allow paramedics and EMT's to practice the use of all equipment and techniques in the non-emergency setting and will allow for identification of deficiencies.

Receive EMS Grant Award Notification	1 <sup>st</sup> Quarter
Purchase manikin and accessories	2 <sup>nd</sup> Quarter
Incorporate Manikin training into S.T.E.P. training Program	2 <sup>nd</sup> Quarter
Develop database to track personnel usage and Skills improvement	2 <sup>nd</sup> Quarter
Monitor progress of training program and upgrade To comply with current standards	On-going

Proposed Expenditure Plan:

Line Item	Unit Price	Quantity	Total Cost
Mega Code Kelly Advanced	\$4,480.00	1	4,480.00
Vital Signs Simulator	1,628.00	1	1,628.00
PT Defib Adapter	75.00	1	75.00
Zoll Defib adapter	30.00	1	30.00

TOTAL \$6,213.00

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BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

Page 1 of 1 pages

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FUND 1425 - EMS GRANT

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 12/28/06	REMAINING BALANCE
<b>EMS GRANT</b>								
<b>REVENUES</b>								
662-5230-3429	STATE GRANT - OTHER PUBLIC SAFETY	500,000	500,000		1,678	498,322		
800-8000-8901	BALANCE BROUGHT FORWARD			105,521		105,521		
	<b>TOTAL REVENUES &amp; BALANCES</b>	<b>510,000</b>	<b>510,000</b>	<b>103,843</b>		<b>613,843</b>		
<b>EXPENDITURES</b>								
662-5230-5201	MATERIAL/SUPPLIES - OPERATING	23,147	23,147		17,117	6,030	760	5,270
662-5230-6401	CAPITAL EQUIPMENT			34,250		34,250		34,250
662-5230-8101	CONTRIBUTION - OTH GOVERNMENT AGENCY	400,000	400,000	71,426		471,426	31,658	439,768
662-5230-8201	CONTRIBUTION - NON GOVERNMENT AGENCY	50,000	50,000		34,716	15,284	23	15,261
820-5239-9052	TRANSFER TO FIRE/RESCUE MSTU FUND 1300			50,000		50,000		50,000
	<b>TOTAL APPROPRIATION &amp; EXPENDITURES</b>	<b>510,000</b>	<b>510,000</b>	<b>103,843</b>		<b>613,843</b>		

**PUBLIC SAFETY ADMINISTRATION**  
INITIATING DEPARTMENT/DIVISION  
Administration/Budget Department Approval  
OFMB Department - Posted

Signatures \_\_\_\_\_ Date 12/28/06

By Board of County Commissioners  
At Meeting of \_\_\_\_\_  
Deputy Clerk to the  
Board of County Commissioners

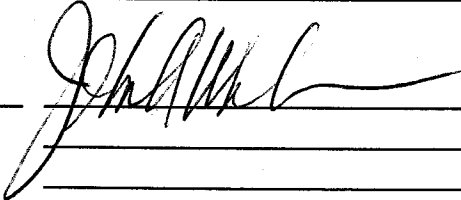
Board of County Commissioners  
Palm Beach County, Florida

BGRV-440-1222060000000000201  
BGEX-440-12220600000000000702

Budget Amendment  
Fund 1300 - Fire Rescue MSTU

Account Number and Name		Original Budget	Current Budget	Increase	Decrease	Adjusted Budget	Expended/ Encumbered As of 12/22/06	Remaining Balance
<u>Revenue</u>								
1300-440-4225-8073	Transfer from EMS Award Grant Fund 1425	0	0	50,000		50,000		
	Total Receipts and Balances	256,673,937	256,769,087	50,000		256,819,087		
<u>Appropriations</u>								
1300-440-4225-3421	Contractual Service - Training	0	0	50,000		50,000	0	50,000
		256,673,937	256,769,087	50,000		256,819,087		

Fire Rescue  
Initiating Department/Division  
Administration/Budget Department Approval  
OFMB Department - Posted




  
12/27/06

By Board of County Commissioners  
At Meeting of 2/08/07  
  
Deputy Clerk to the  
Board of County Commissioners

View All (1 of 1) : Document validated successfully  
BGEX - 440- 1222060000000000702- 1- New- Draft

ATTACHMENT 4

Action Menu

	Budget FY	Fund	Department	Appr Unit	Unit	Object	Dollar Amount	Increase/Decrease
  	2007	1300	440	4404225OA	4225	3421	\$50,000.00	Increase
Insert New Line Insert Copied Line								
First Prev Next Last								

Perform Budget Rollup Smart Budget Rollup Load Existing Links Choose Centralized Revenue Line(s)

Expense Budget

Action :

Budget FY :

Event Type :

Fiscal Year :

Name :

Period :

Start Date :

Fund :

End Date :

Department :

Dollar Amount :

Appr Unit :

Increase/Decrease :

Unit :

Object :

Contractual Service-Training

Contact :

Contact Name :

Description :

House Bill Number :

Menu