

3X2

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

=====

Meeting Date: January 12, 2010

☒ 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 2010 annual EMS County Grant Application and County Distribution Agreement for \$459,254; **B) AUTHORIZE** the County Administrator or his designee to sign state budget transfer forms related to the grant; **C) APPROVE** a budget amendment of \$151,787 in EMS Grant Fund to adjust budget to actual grant 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, 2009 and concludes September 30, 2010. 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 2010 is \$459,254 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. Grant Application
 3. Budget Amendment (1425)
-

Approved by:


Assistant County Administrator

12/17/09
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures					
Operating Costs	696,788				
External Revenues	(696,788)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included In Current Budget? Yes x No _____
 Budget Account No.: Fund 1425 Department 662 Unit 5230 Object various Prog _____
 Fund _____ Department _____ Unit _____ Object various Prog _____

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

The \$696,788 includes unspent grant funds of \$237,534 FY 2009 of which \$24,972 was interest income. Grant funding comes from the State of Florida, Department of Emergency Management, Medical Services Trust Fund.

C. Departmental Fiscal Review: *Dennis Kasper*

III. REVIEW COMMENTS

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

OFMB *[Signature]* 12/28/09 Contract Administration *[Signature]* 12/28/09
88 12/22/09 at 11:00M
12-17-09

B. Legal Sufficiency:

[Signature] 12/29/09
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

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 2010 ANNUAL EMS GRANT FUND APPLICATION AND GRANT FUND DISTRIBUTION AGREEMENT FOR \$459,254 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 **\$459,254** of the Emergency Medical Services Trust Fund is being returned to the County to improve and expand pre-hospital 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 pre-hospital 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 pre-hospital 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.

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 pre-hospital emergency medical services system in Palm Beach County and that fund 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 Burt Aaronson, Chair
Commissioner Karen T. Marcus, Vice Chair
Commissioner John F. Koons
Commissioner Shelley Vana
Commissioner Steven L. Abrams
Commissioner Jess R. Santamaria
Commissioner Priscilla A. Taylor

The Chairman thereupon declared the Resolution duly passed and adopted this _____ day of _____, 2010.

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

**SHARON R. BOCK, CLERK &
COMPTROLLER**

By: _____
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
County Attorney

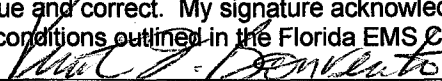
EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items

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

1. County Name: <u>Palm Beach County Board of County Commissioners</u>
Business Address: <u>301 N. Olive Ave. West Palm Beach, FL 33401</u>
Telephone: <u>561-355-2001</u>
Federal Tax ID Number (Nine Digit Number): <u>VF 5 9 6 0 0 0 7 8 5</u>

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature: <u></u>	Date: <u>12/17/09</u>
Printed Name: <u>Vincent J. Bonvento</u>	
Position Title: <u>Assistant County Administrator</u>	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: <u>Charles Tear</u>	
Position Title: <u>Director of Emergency Management</u>	
Address: <u>20 S. Military Trail, West Palm Beach, FL 33415</u>	
Telephone: <u>561-712-6321</u>	Fax Number: <u>561-712-6464</u>
E-mail Address: <u>Ctear@pbcgov.org</u>	

4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.
--

5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
<u>See attached "Palm Beach County EMS Award Program 2009-2010"</u>

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	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
See Attached Budget	\$459,254
TOTAL	\$ 459,254

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	\$ <u>459,254</u>

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 Board of County Commissioners

Mailing Address: 301 North Olive Avenue

West Palm Beach, Florida 33401

Federal Identification number VF 59-6000785

Authorized Official: Vincent J. Bonvento

Signature

12/17/09
Date

Vincent J. Bonvento, Assistant 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: \$ 459,254

Grant ID: Code: _____

Approved By : _____

Signature of EMS Grant Officer

_____ Date

State Fiscal Year: 2009 - 2010

Organization Code
64-42-10-00-000

E.O.
05

OCA
SF005

Object Code
750000

Federal Tax ID: VF 5 9 6 0 0 0 7 8 5

Grant Beginning Date: February 10, 2010 Grant Ending Date: March 2011

Department of Health


EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Palm Beach County Board of County Commissioners Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
FY 2010 Approved Grant	\$ 459,254	\$ 459,254
Unexpended FY 2009 Grant (incl. FY 2009 interest income of \$24,972)		\$ 237,534
TOTAL	\$ 459,254	\$ 696,788

Justification For Change:

- Line 8101-Contrib-OGA **\$19,470**. Purchase 3 laptop computers for Tequesta Fire-Rescue to be used off-site to report & monitor information rather than upon return to base.
- Line 8101-Contrib-OGA **\$8,671**. Purchase a Bariatric patient transport system & support equipment for Palm Beach Gardens Fire-Rescue.
- Line 8101-Contrib-OGA **\$43,880**. Purchase 4 video laryngoscope ranger single use systems for Town of Palm Beach Fire-Rescue.
- Line 8101-Contrib-OGA **\$22,470**. Purchase 6 carbon monoxide dosimeters to measure more accurately the carboxyhemoglobin & mehtemoglobin levels in the blood for Riviera Beach Fire-Rescue.
- Line 3401-Contractual Services **\$25,000**. PBC DEM "Application 1" funding to be re-allocated to fund Narrowband Mandate Project with countywide benefits for EMS providers and hospitals.
- Line 3401-Contractual Services **\$10,000**. PBC DEM "Application 3" funding to be used to fund Narrowband Mandate Project with countywide benefits for EMS providers and hospitals.
- Line 8201-Contrib-NGA **\$25,250**. To provide a primary Bariatric Course for 15 employees of St. Mary's Hospital located in West Palm Beach.
- Line 8101-Contrib-OGA **\$13,014**. Fund the training of 3 paramedics at Palm Beach Community College in order to assist with staffing of Palm Beach Gardens Fire-Rescue Engine 65 to become an ALS Engine.
- Line 8101-Contrib-OGA **\$18,271**. Purchase 2 Segway units for Riviera Beach Fire-Rescue.
- Line 8101-Contrib-OGA **\$50,000**. Purchase 37 TRAK gate post units for Boynton Beach Fire-Rescue after Lake Worth withdrew from the project and an additional \$16,000 was awarded to the larger Boynton.
- Line 3401-Contractual Services **\$68,888**. PBC DEM related new projects (various) funding from 15% Operating Expense allowance authorized by grantor (at 15% of \$459,254 FY2010 Grant).
- Line 3401-Contractual Services **\$214,988**. Purchase of numerous GlideScope Ranger Video Laryngoscope Systems to be place on EMS transport vehicles (County, municipal, and other EMS transport) to increase paramedic efficiency when they mechanically manage breathing for patients due to trauma or other medical reasons cannot do it for themselves.
- Line 3401-Contractual Services **\$176,886**. Modifications required (Unfunded Mandate) to UHF Radio Systems operating on frequencies under 512 MHz. This is part 1 of 2 which will be funded this year with part 2 being funded from EMS Grant for 2012.

 _____ Signature of Authorized Official	<u>12/16/09</u> Date
--	-------------------------

For department use only.

Approved Yes ☐ No ☐

Change No: _____

 Department's Authorized Representative

 Date

Department of Health

Name of Grantee: Palm Beach County Board of County Commissioners **Grant ID Code:** _____

Time Period Covered: Beginning Date: 10/01/2008 Ending Date: 09/30/2009

Earned Interest: Amount \$ 24,972.; as of 09 30 2009
Day Month Year

Final Report (Check One): ☒ Yes ☐ No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Items(s)	
Other Contractual Services	\$86,485
Communication Services	5,000
Graphics Charges	10,001
Office Supplies	5,001
Office Furniture and Equipment	0
Materials/Supplies Operating	27,501
Contributions Other Governmental Agencies	353,699
Contributions Non-Governmental Agencies	184,718
Data Processing Equipment	10,000
Transfer to Fire/Rescue MSTU Fund 1300	70,554
TOTAL BUDGETED EXPENDITURES	\$752,959

Actual Expenditure to Date by Major Line Item(s)	
Other Contractual Services	\$37,747
Communication Services	0
Graphics Charges	0
Office Supplies	0
Office Furniture and Equipment	20,865
Materials/Supplies Operating	0
Contributions Other Governmental Agencies	406,231
Contributions Non-Governmental Agencies	0
Data Processing Equipment	0
Transfer to Fire/Rescue MSTU Fund 1300	70,554
TOTAL ACTUAL EXPENDITURES	\$535,397

BALANCE (Budgeted Less Actual Expenditures)	\$217,562
--	------------------

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 only for items allowed by the above referenced grant.

Denis Kasper
Signature of Authorized Official

12/16/09
Date

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

ATTACHMENT 3

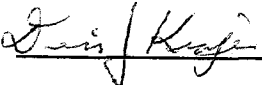
BGEX - 662- 1216090000000000603 - 1
BGRV - 662- 1216090000000000162 - 1

FUND 1425 - EMS Public Safety Grants

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 @ 12/16/2009	REMAINING BALANCE
EMS State Grant FY2010 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-010-0100-6110	Pool Investment Income	10,000	10,000	0	0	10,000		
1425-662-5230-3429	State Grant Other - Public Safety	407,997	407,997	51,257	0	459,254		
1425-800-8000-8901	Balance Brought Forward	137,004	137,004	100,530	0	237,534		
	Total Revenue and Balance	<u>555,001</u>	<u>555,001</u>	<u>151,787</u>	<u>0</u>	<u>706,788</u>		
Expense								
1425-662-5230-3401	Other Contractual Services	50,000	50,000	151,787	0	201,787	19,270.00	182,517.00
1425-662-5230-4101	Communication Services	5,000	5,000	0	0	5,000		
1425-662-5230-4703	Graphics Charges	10,001	10,001	0	0	10,001		
1425-662-5230-5101	Office Supplies	5,001	5,001	0	0	5,001		
1425-662-5230-5201	Materials/Supplies Operating	27,501	27,501	0	0	27,501		
1425-662-5230-8101	Contributions Other Governmental Agency	300,000	300,000	0	0	300,000	29,196.00	270,804.00
1425-662-5230-8201	Contributions Non-Governmental Agencies	157,498	157,498	0	0	157,498		
	Total Appropriation and Expenditures	<u>555,001</u>	<u>555,001</u>	<u>151,787</u>	<u>0</u>	<u>706,788</u>	<u>48,466.00</u>	<u>658,322.00</u>

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

Signatures	Date
	12/16/09
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of _____
Deputy Clerk to the
Board of County Commissioners