

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures					
Operating Costs	327,466				
External Revenues	(327,466)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>				

Is Item Included In Current Budget? Yes No

Budget Account No.: Fund Department Unit Object Prog
Fund Department Unit Object Prog

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

The downward budget amendment amount of \$327,466 will adjust the budget to match the grant amount of \$175,576.

C. Departmental Fiscal Review: Stephanie Sepnoka

III. REVIEW COMMENTS

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

OFMB JB 5/5 SA 5/5/11 5/27/11 5/27/11 5/27/11 5/27/11
Contract Administration 5/16/11

B. Legal Sufficiency: 5/10/11
Assistant County Attorney

C. Other Department Review:
Department Director

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



**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

**EMS COUNTY GRANT PROGRAM
APPLICATION PACKET**

DH 1684, December 2008

64J-1.015, F.A.C.

Attachment # _____ /

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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.

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 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 (item 4 in the application).

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.

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: Palm Beach County Board of County Commissioners
Business Address: 301 North Olive Avenue, West Palm Beach, FL 33401
Telephone: 561-355-2001
Federal Tax ID Number (Nine Digit Number). VF_596000785

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.
Signature: _____ Date: 4/8/2011
Printed Name: Vincent J. Bonvento
Position Title: Assistant County Administrator

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

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.
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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)

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	175, 576.00
TOTAL	\$ 175, 576.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
TOTAL	\$
Grand Total	\$175,576.00

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, FL 33401

Federal Identification number VF59-6000785

Authorized Official:  _____
Signature Date

Vincent J. Bonvento, Assistant County Administrator
Type Name and Title

Sign and return this page with your application to:

Attn. Ed. Wilson
Florida Department of Health
BEMS County 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: \$175,576.00 Grant ID: Code: C90

Approved By : _____
Signature of EMS Grant Officer Date

State Fiscal Year: 2010 - 2011

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-42-10-00-000	05	SF005	750000	059998

Federal Tax ID: VF_596000785

Grant Beginning Date: _____ Grant Ending Date: _____

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Palm Beach County BCC

Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
FY 2011 Approved Grant	\$175,776.00	\$175, 576.00
Unexpended FY 2010 Grant (incl. FY 2010 interest income of \$21,290.00)		\$471,787.00
TOTAL	\$175,776.00	\$647,363.00

Justification For Change:

Line 6401 Machinery & Equipment - \$160,080 Purchase of (16) sixteen Glidescope Ranger Video Laryngoscope Systems to be placed 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 6401 Machinery & Equipment – 15, 000 Purchase of (1) one AutoPulse to be placed on an EMS transport unit. The Autopulse is a revolutionary **non-invasive cardiac support pump** that moves more blood, more consistently than is possible with human hands. Easy to use and battery operated, its load-distributing Life Band squeezes the entire chest. As a result, victims receive more consistent, high-quality compressions than those delivered by simple automated CPR devices, which means improved blood flow.

Line 3401 Other Contractual Services – \$377,000 Funding to be used to fund Federal Mandate Narrowband Project with countywide benefits for EMS Provider’s and Hospitals.

Line 8201 Contribution NGA - \$23,000 To provide a primary bariatric Course for 15 employees of St. Mary’s Medical Center located in West Palm Beach.

Line 8101 Contribution OGA – \$22,271 Purchase 37 Trak gate post units for Boynton Beach Fire Rescue, this will allow for emergency gate openings in gated communities when 911 calls are initiated.

Line 8101 Contribution OGA - \$9, 271 Tuition and related expenses for 2 EMT’s to become Paramedics.

Line 8101 Contribution OGA - \$22,470 Six carbon monoxide dosimeters for Riviera Beach Fire Rescue.

Line 8101 Contribution OGA - \$18,271 The purchase of two segways to respond to emergencies in large events.

Signature of Authorized Official

Date

For department use only.

Approved

Yes

No

Change No:

Department's Authorized Representative

Date

RESOLUTION NO. R-2011-_____

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 2010-2011 BIENNIAL EMS GRANT FUND APPLICATION AND GRANT FUND DISTRIBUTION AGREEMENT FOR \$175,576 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 **\$175,576** 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:

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.

1. The County Administrator or his designee is authorized to sign the County Grant Award application.
2. The County Administrator or his designee is authorized to sign the EMS Grant Distribution Agreement and the Request for Grant Distribution Advanced Payment.

3. The County Administrator or designee is authorized to sign State budget transfer forms for the EMS County Grant Award funds.
4. The Manager of the Office of Emergency Medical Services is designated as the "Authorized Contact Person" pursuant to application requirements.

This resolution shall be effective immediately upon adoption by the Board. The foregoing Resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____, and being put to a vote, the vote was as follows:

Commissioner Karen T. Marcus, Chair
Commissioner Shelley Vana, Vice Chair
Commissioner Paulette Burdick
Commissioner Steven L. Abrams
Commissioner Burt Aaronson
Commissioner Jess R. Santamaria
Commissioner Priscilla A. Taylor

The Chair thereupon declared the Resolution duly passed and adopted this _____ day of _____, 2011.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS

By: _____
County Attorney

Sharon R. Bock, Clerk & Comptroller
Palm Beach County

By: _____
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 662- 03101100000000001023
BGRV - 662- 03101100000000000268

FUND 1425 - EMS Public Safety 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	REMAINING BALANCE
EMS								
Revenue								
1425-662-5230-3429	State Grnt Other Public Safety	503,042	503,042	0	327,466	175,576		
	Total Revenue and Balance	503,042	974,828	0	327,466	647,362		
Expense								
1425-662-5230-3401	Other Contractual Services *	50,000	50,000	327,000	0	377,000		
1425-662-5230-4101	Communication Services	5,000	5,000	0	5,000	0		
1425-662-5230-4703	Graphics Charges	10,001	10,001	0	10,001	0		
1425-662-5230-5101	Office Supplies	5,001	5,001	0	5,001	0		
1425-662-5230-5201	Materials/Supplies Operating	27,501	27,501	0	27,501	0		
1425-662-5230-8101	Contributions Other Govtl Agency	248,041	719,827	0	647,544	72,283	50,012	22,271
1425-662-5230-8201	Contributions-Non-Govts Agnces	157,498	157,498	0	134,498	23,000		
1425-662-5230-6401	Equipment and Machinery	0	0	175,079	0	175,079		
	Total Appropriation and Expenditures	503,042	974,828	502,079	829,545	647,362		

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

Signatures _____ Date _____
Stephanie Sepicha 4/18/11

By Board of County Commissioners
At Meeting of 5/17/2011

Deputy Clerk to the
Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 662- 0310110000000001023
BGRV - 662- 0310110000000000268

FUND 1425 - EMS Public Safety Grant

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EMS								
Revenue								
1425-662-5230-3429	State Grnt Other Public Safety	503,042	503,042	0	327,466	175,576		
	Total Revenue and Balance	503,042	974,828	0	327,466	647,362		
Expense								
1425-662-5230-3401	Other Contractual Services *	50,000	50,000	327,000	0	377,000		
1425-662-5230-4101	Communication Services	5,000	5,000	0	5,000	0		
1425-662-5230-4703	Graphics Charges	10,001	10,001	0	10,001	0		
1425-662-5230-5101	Office Supplies	5,001	5,001	0	5,001	0		
1425-662-5230-5201	Materials/Supplies Operating	27,501	27,501	0	27,501	0		
1425-662-5230-8101	Contributions Other Govtl Agency	248,041	719,827	0	647,544	72,283	50,012	22,271
1425-662-5230-8201	Contributions-Non-Govts Agnces	157,498	157,498	0	134,498	23,000	19,714	3,286
1425-662-5230-6401	Equipment and Machinery	0	0	175,079	0	175,079		
	Total Appropriation and Expenditures	503,042	974,828	502,079	829,545	647,362		

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

Signatures Date

Stephanie Seneca 4/18/11
[Signature] 5/5/11

4/30 5/2/11 SN 5/5/11

By Board of County Commissioners
At Meeting of 5/17/2011
Deputy Clerk to the
Board of County Commissioners