

## AGENDA ITEM SUMMARY

**Meeting Date: October 16, 2012**

**[X] Consent**

**[ ] Regular**

**[ ] Ordinance**

**[ ] Public Hearing**

**Department:**

**Submitted By: Department of Public Safety**

**Submitted For: Division of Emergency Management**

## **I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to: **A) ADOPT** a Resolution authorizing the County Administrator or his designee to: 1) Sign the FY 2012 annual Emergency Medical Services (EMS) County Grant Application and County Distribution Agreement in the amount of \$288,470 and forward same to the Florida Department of Health, Bureau of Emergency Medical Services (FL-EMS); 2) Sign the state budget transfer forms related to the grant; **B) APPROVE** a downward budget amendment of \$55,530 in the EMS Grant Fund to adjust the budget to the actual grant award of \$288,470.

**Summary:** The EMS County Grant is an annual grant provided to Palm Beach County from the FL-EMS, to improve and expand the EMS system. The funds are used to purchase EMS equipment which is distributed to EMS providers and other agencies that are eligible for EMS grant funding. The grant period is to be determined by the State once the application has been approved. **No county matching funds are required for this grant. (Countywide)**  
**(PGE)**

**Background and Justification:** Pursuant to F.S. 401, Part II, the FL-EMS has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violations including DUI convictions. Palm Beach County's share of the trust fund for FY 2012 is \$288,470. These funds will be used to improve and expand emergency medical services in the County. The licensed EMS providers and other agencies that are eligible for EMS grant funding within Palm Beach County submitted requests as part of a group effort for funding under this program. The requests were reviewed by the staff of the Division of Emergency Management and the Grant Review Committee of the EMS Advisory Council. The attached grant application outlines the proposed purchase of cardiac related EMS medical equipment.

**Attachments:**

1. Emergency Medical Services Grant Application
2. Emergency Medical Services Resolution
3. Budget Amendment

**Recommended by:**

**Department Director**

9/25/12

**Date**

**Approved by:**

## Assistant County Administrator

9/25/12

Date \_\_\_\_\_

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Capital Expenditures	<u>\$(55,530)</u>				
Operating Costs					
External Revenues	<u>\$ 55,530</u>				
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:

Grant funding is provided by the State of Florida, Department of Emergency Management, Medical Services Trust Fund.  
 Grant: Emergency Medical Services Grant  
 Fund: EMS Award - Grant Program  
 Unit: EMS-Public Safety Grants

C. Departmental Fiscal Review: Stephanie Sepriks 9/25/12

## III. REVIEW COMMENTS

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

OFMB [Signature] 10/2/12 [Signature] 10/9/12  
9/12 9/12/12 9/27/12 22 (S)  
 Contract Administration

### B. Legal Sufficiency:

[Signature] 10/10/12  
 Assistant County Attorney

### C. Other Department Review:

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

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

**EMS COUNTY GRANT APPLICATION**

**FLORIDA DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**Complete all items**

<b>ID. Code</b> (The State Bureau of EMS will assign the ID Code – leave this blank.)	
<b>1. County Name:</b> 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	
<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.	
Signature:	Date:
Printed Name: Vincent J. Bonvento	
Position Title: Assistant 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.)	
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	
<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.	
<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)	

**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
N/A	
TOTAL Salaries	
TOTAL FICA	
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	\$288,470.00
TOTAL	\$288,470.00

**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
See Attached EMS Grant Program Change Request	\$288,470.00
TOTAL	\$ 288,470.00
Grand Total	\$ 288,470.00

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

9/25/12  
Date

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

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: C00

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer

\_\_\_\_\_ Date

State Fiscal Year: \_\_\_\_\_

Organization Code

E.O.

OCA

Object Code

Category

64-42-10-00-000

05

SF005

750000

059998

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

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 2012 Approved Grant	\$288,470.00	\$288,470.00
Unexpended FY 2011 Grant (inc. FY 2011 interest income of \$6,412.14)		\$93,910.11
<b>TOTAL</b>	<b>\$288,470.00</b>	<b>\$382,380.11</b>

Line 6401 Machinery & Equipment - \$204,000 for the purchase of Cardiac Compression Devices to be placed on EMS Transport vehicles (County, municipal, and other EMS transport) to increase paramedic efficiency when they mechanically manage cardiac compressions for patients due to trauma or other medical reasons.

Line 6401 Machinery & Equipment – \$66,000 for the purchase of EKG Monitors to be placed on an EMS transport unit for the effective examination of the electrical activity of the heart that is used to reflect underlying heart conditions.

Line 6401 Machinery & Equipment- \$18,000 for the purchase of a controlled medical inventory system that is a unique solution to today's challenge of controlling your pharmacy access, tracking inventory and dispensing products according to access protocol.

Line 6401 Machinery & Equipment- \$76,000 for the purchase of three (3) EKG transmission devices that will transmit electrocardiograms from Rescue Unit to Hospital, so that hospitals have the ability to diagnose cardiac related illness for prompt medical care.

Line 6401 Machinery & Equipment – \$18,380.11 for the purchase of CPR equipment to educate the community with CPR and AED Training.

Signature of Authorized Official Vinit D. Bonventre Date 9/25/12

**For department use only.**

Approved Yes ☐ No ☐ Change No: \_\_\_\_\_

Department's Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

DH 1767P, December 2008

64J-1.015, F.A.C.

**RESOLUTION NO. R-2012-\_\_\_\_\_**

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO SIGN THE FY 2012 ANNUAL EMS GRANT FUND APPLICATION AND GRANT FUND DISTRIBUTION AGREEMENT FOR \$288,470.00 AND FORWARD SAME TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES 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 the Emergency Medical Services Trust Fund for FY 2012 is **\$288,470** to be used 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 for a share of the County award; and

**WHEREAS**, the Palm Beach County Emergency Medical Services Advisory Council and the Division of Emergency Management have reviewed the grant award proposal and have 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, affirming that they agree to the reimbursement of funding or distribution of equipment and will permit an audit; and

**WHEREAS**, the Palm Beach County Emergency Medical Services Grant Award Application (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 the funding 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 EMS Coordinator of the Division of Emergency Management is designated as the "Authorized Contact Person" pursuant to application requirements.

This Resolution shall be effective immediately upon adoption of the Board. 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 Shelley Vana, Chair	_____
Commissioner Steven L. Abrams, Vice Chair	_____
Commissioner Karen Marcus	_____
Commissioner Paulette Burdick	_____
Commissioner Burt Aaronson	_____
Commissioner Jess R. Santamaria	_____
Commissioner Priscilla A. Taylor	_____

The Chairman thereupon declared the Resolution duly passed and adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

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: \_\_\_\_\_  
Assistant County Attorney

13-0128

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

Page 1 of 1 pages

BGEX - 662- 0921120000000002072  
BGRV - 662- 0921120000000000661

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 as of 9/17/2012	REMAINING BALANCE
<b>EMS State Grant FY2012 - Amending Original Budget to Actual Awarded Amount</b>								
<b>Revenue</b>								
1425-662-5230-3429	State Grant Other Public Safety	344,000	344,000	0	55,530	288,470		
	<b>Total Revenue and Balance</b>	917,797	917,797	0	55,530	862,267		
<b>Expense</b>								
1425-662-5230-6401	Machinery & Equipment	344,000	344,000	0	55,530	288,470		
	<b>Total Appropriation and Expenditures</b>	917,797	917,797	0	55,530	862,267	0	862,267

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

Signatures

Date

*Stephane Sericche* 9/25/12  
*[Signature]* 10/2/12

By Board of County Commissioner  
At Meeting of 10/16/2012

Deputy Clerk to the  
Board of County Commissioners

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

*[Signature]*  
COUNTY ATTORNEY

Attachment #

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