

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Capital Expenditures					
Operating Costs	(\$33,333)				
External Revenues	\$33,333				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Proposed FY 2014 Budget? Yes X No
 Budget Account Exp No.: Fund 1425 Department 662 Unit 5230 Object various
 Rev No.: Fund 1425 Department 662 Unit 5230 Source 3429

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

Grant: Emergency Medical Services Grant
 Fund: EMS Award - Grant Program
 Unit: EMS-Public Safety Grants

C. Departmental Fiscal Review: Stephanie Sepreke

III. REVIEW COMMENTS

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

Susan Neary 10/18/13 Dr. J. Jacobson 10/21/13
 OFMB KN SC 10/15 AM 10/18 Contract Administration

B. Legal Sufficiency:

Samuel E. Collins 10/22/13
 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

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

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: <i>Vincent J. Bonvento</i> Date: 10/10/13
Printed Name: Vincent J. Bonvento
Position Title: Assistant County Administrator and Public Safety Director

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: WPJohnson@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.

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
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
TOTAL	

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	\$255,137.00
TOTAL	\$255,137.00
Grand Total	\$255,137.00

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: *Vincent J. Bonvento*

Signature

Date

Vincent J. Bonvento, Assistant County Administrator and Public Safety Director
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: 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: _____

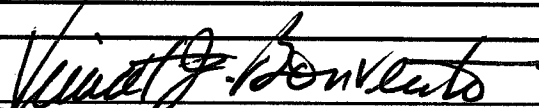
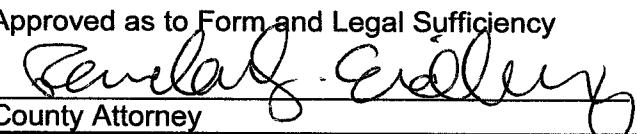
Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Palm Beach County BCC

Grant ID Code: _____

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
FY 2013-14 Approved Grant	\$255,137.00	\$255,137.00
Unexpended FY 2012-13 Grant (including FY 2012-13 interest income of \$205.17)		\$14,433.15
Total	255,137.00	269,570.15

1. Line 6401 Mach & Equip **\$45,000** for purchase of scanners for triage of mass casualty incidents for Palm Beach County Fire Rescue front line EMS Units.
2. Line 8101 Contrib-OGA **\$30,000** for reimbursement of scanners for triage of mass casualty incidents for eleven (11) municipalities throughout the County.
3. Line 8101 Contrib-OGA **\$66,000** to City of Greenacres for reimbursement of EKG monitors to be placed on EMS transport unit for the effective examination of the electrical activity of the heart used to reflect underlying heart conditions.
4. Line 8101 Contrib-OGA **\$13,000** to Town of Palm Beach for reimbursement of Laerdal ALS Sim Pad system.
5. Line 8101 Contrib-OGA **\$42,000** to City of Riviera Beach for reimbursement of four (4) power stretchers for placement in front line EMS Units.
6. Line 6401 Mach & Equip **\$59,137** for CPR equipment and AEDs to place in County facilities.

	19/10/13
Signature of Authorized Official	Date
Approved as to Form and Legal Sufficiency	
	
County Attorney	Date

For department use only.

Approved Yes No Change No: _____

Department's Authorized Representative Date

Department of Health EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: Palm Beach County Grant ID Code: C0050

Time Period Covered: Beginning Date: 10/1/2012 Ending Date: 9/30/2013

Earned Interest: Amount \$ 250.17 as of 30 09 2013
Day Month Year

Final Report (Check one): Yes No


Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	
Approved Budget Expenditure by Major Line Item(s)	
Other Contractual Services	\$24,420
Material/Supplies Operating	\$9,300
Contributions Other Governmental Agencies	\$259,907
Machinery and Equipment	\$100,974
TOTAL BUDGETED EXPENDITURES	\$394,601

Actual Expenditure to Date by Major Line Item(s)	
Other Contractual Services	0
Material/Supplies Operating	\$33,592
Contributions Other Governmental Agencies	\$233,850
Machinery and Equipment	\$100,974
TOTAL EXPENDITURES	\$368,416

BALANCE (Budgeted Less Actual Expenditures)	\$26,185
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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

10/10/13

 Date

RESOLUTION NO. R-2013-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO SIGN THE FY 2013-14 ANNUAL EMS GRANT FUND APPLICATION AND GRANT FUND DISTRIBUTION AGREEMENT FOR \$255,137.00 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 2013-14 is **\$255,137.00** 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:

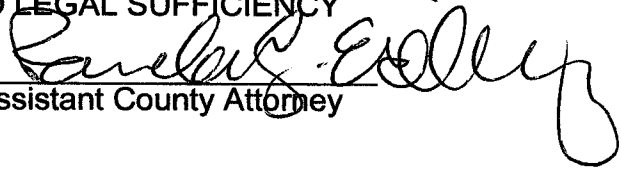
Commissioner Steven L. Abrams, Mayor	_____
Commissioner Priscilla A. Taylor, Vice Mayor	_____
Commissioner Hal R. Valeche	_____
Commissioner Paulette Burdick	_____
Commissioner Shelley Vana	_____
Commissioner Mary Lou Berger	_____
Commissioner Jess R. Santamaria	_____

The Chairman thereupon declared the Resolution duly passed and adopted this _____ day of November, 2013.

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

ATTACHMENT 3

BGEX - 662- 0919130000000002067
BGRV - 662- 0919130000000000659

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 9/19/2013	REMAINING BALANCE
EMS State Grant FY2013 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-662-5230-3429	State Grant Other Public Safety	288,470	288,470		33,333	255,137		
	Total Revenue and Balance	288,470	288,470	0	33,333	255,137		
Expense								
1425-662-5230-3401	Other Contractual Services	288,470	288,470		288,470	0		0
1425-662-5230-6401	Machinery & Equipment	0	0	104,137		104,137	0	104,137
1425-662-5230-8101	Contributions Other Governmental Agency	0	0	151,000		151,000	0	151,000
	Total Appropriation and Expenditures	288,470	288,470	255,137	288,470	255,137	0	255,137

Attachment #

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

Signatures	Date
<i>Stephanie Seinoche</i>	10/9/13
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of 11/5/2013
Deputy Clerk to the
Board of County Commissioners