

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Capital Expenditures					
Operating Costs	(\$31,766)				
External Revenues	\$31,766				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes No
 Budget Account Exp No.: Fund 1425 Department 662 Unit 5230 Object various
 Rev No.: Fund 1425 Department 662 Unit 5230 RevSrc 3429

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 Lepore
SN

III. REVIEW COMMENTS

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

<u>Susan Neary</u> 11/10/14 OFMB <i>h/u</i> <i>jo</i> <i>and</i> 11/7 11/7 11/10	<u>Ann S. Jacobson</u> 11/14/14 Contract Administration 11-13-14 <i>gudguler</i>
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B. Legal Sufficiency:

[Signature] 11/18/14
Assistant County Attorney

C. Other Department Review:

Department Director

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

RESOLUTION NO. R-2014-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR HIS DESIGNEE TO SIGN THE FY2014-2015 ANNUAL EMS COUNTY GRANT APPLICATION AND REQUEST FOR GRANT FUND DISTRIBUTION FORMS FOR \$223,371.00 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 THE EMS GRANT PROGRAM CHANGE REQUEST FORMS AFTER THE APPROVAL OF THE APPLICATION BY THE FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES.

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 2014-2015 is **\$223,371.00** 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 Request for Grant Fund Distribution.
3. The County Administrator or designee is authorized to sign the EMS Grant

Attachment # 1

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Program Change Request 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 Hal R. Valeche	_____
Commissioner Paulette Burdick	_____
Commissioner Shelley Vana	_____
Commissioner	_____
Commissioner Mary Lou Berger	_____
Commissioner	_____
Commissioner Pricilla A. Taylor	_____

The Chairman thereupon declared the Resolution duly passed and adopted this _____ day of December 2, 2014.

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

Application Form July 2014-2015

Effective July 25 County Governments may submit their 2014-2015 application for county grant funds. The deadline for state EMS to receive the required pages of your completed county grant application form is by December 15, 2015.

You can see the amount of your new grant at the state EMS website in the "Total" column.

The first application page has five items, the first three of which are self-explanatory.

However, note Item 2 is where the county's authorized person must provide his/her signature.

Item 4 describes the content of the resolution. Please provide this in your county's customary format and approval process.

The resolution should be current and not a copy of a previous resolution.

Item 5 of the first page of the application form asks for the name of the organizations that will receive funds from your new county grant. The second page of the application form is the budget page and one of these budget pages is needed for each organization listed in item 5,

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service.

All costs must add to the amount of new funds for your grant. You can transfer unexpended funds from your previous grant after the new grant begins.

No general statements can be used in the budget because we are now required to have specificity up-front and need it to obtain your new grant funds. However, you can still make change requests during the new grant, so you do not lock yourself into the initial items.

Your budget totals should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click on the resulting menu "Update Field."

Request for Grant Fund Distribution Form

Complete only the top part of this form and the state will complete the bottom part, as indicated on the form.

Department of Financial services – Deliverables Form

The things you identified in your budget page(s) should each be placed in the left column of the form, "Deliverables as stated in the Grant."

The next column, "Minimum Performance Levels," should briefly tell what these items will do or be used for.

The third column, "Deliverable Price," is for the cost of the item.

The state will complete the last two columns and the top part of the form. Just do the three deliverables columns.

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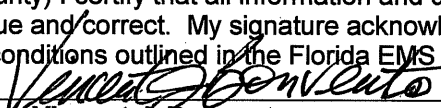
EMS COUNTY GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items

ID. Code (The State EMS Program will assign the ID Code – leave this blank) C20

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: 11/6/14
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)	
Town of Palm Beach	
Tequesta Fire Rescue	Delray Beach Fire Rescue
Boynton Beach Fire Rescue	Palm Beach County Emergency Mgmt
Riviera Beach Fire Rescue	North Palm Beach Fire Rescue
West Palm Beach Fire Rescue	
City of Greenacres Fire Rescue	

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FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2) (a), *Florida Statutes*, 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: VF 596000785

Authorized County Official: _____

Signature

Date

Type or Print Name and Title

Sign and return this page with your application to:

*Florida Department of Health
Emergency Medical Services Program, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by State Emergency Medical Services Program

Grant Amount For State To Pay: \$ _____ Grant ID: Code: C30

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2014 - 2015

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	750000	059998

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

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OLO/Department:	640000 / Dept. of Health	Agency Contact:	
FLAIR Contract #:		Telephone #:	
Agency Contract #:			
PO #:			

Deliverables - None for or to the state. *This is a grant for the benefit of the grantee.*

Deliverables as stated in the Contract Grant	Minimum Performance Levels	Deliverable Price	Type of Services	Method of Payment
Electronic patient care reporting, pre-hospital emergency information management and decision-support system that is used to manage every aspect of emergency medical incident and patient care documentation. Using cutting edge, advanced technologies.	This advanced EMS patient documentation reporting system will place vital patient and incident information at the fingertips of your EMTs resulting in improved patient care.	37,797.52	Emergency Medical Services (EMS)	Advance
In a study by the Journal of Emergency Medicine 48% of injuries reported by Paramedics and Emergency Medical Technicians were related to lower back sprain. The injuries were recurrent in approx 31% of the personnel with lifting causing more than 62% of such back injuries, with most occurring during the transportation of patients needing a stretcher. Additionally it will enhance and improve the Emergency Medical Service by increasing	The acquisition of the new Power Pro Cots will reduce the number of work related back and knee injuries. Mechanically lift assist stretchers have been proven to reduce work related injuries.	87,432.00		

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<p>the effectiveness of operations dealing with the removal, relocation and movement of victims and patients during emergency incidents.</p> <p>With this increased ability to provide the same function with less personnel, EMS will be able to double the capacity of removal and relocation of patients within the same time frame.</p>				
<p>Purchasing 2 new LifePak 15 monitor defibrillators for Riviera Beach Fire Rescue will allow 2 ALS Engines to have access to the same latest technology in EKG monitoring, electrical therapy, vital signs monitoring including capnography and transmission as all transport vehicles have. This purchase will further allow the agency to maintain and enhance their standard of care with the services they provide.</p>	<p>EKG monitoring, electrical therapy, vital signs monitoring including capnography and transmission.</p>	<p>56,549.48</p>		
<p>Palm Beach County EMS provides annual CPR training to the resident and visitors of Palm Beach County. This CPR equipment is used to train additional people. Annually, all eleventh grade medical magnet students are taught CPR by our local fire Departments,</p>	<p>Hand Only CPR Training to local high schools and annual CPR day.</p>	<p>445.22</p>		

<p>and then they will instruct all ninth graders. The students provide the training at our annual Palm Beach County CPR day.</p>				
<p>Controlled access pharmaceutical dispensers are able to control EMS inventory, limiting specific supplies on the basis of an assigned authority level. Control access pharmaceutical dispenser are able to have a capacity to hold between 500-1000 different types of medications used in the field with tray configurations so as to fit all items efficiently so as to utilize space affectively and to store controlled and non-controlled medications side-by-side.</p>	<p>This project will allow the City of West Palm Beach Fire Department to control, track and record pharmaceuticals and supplies.</p>	<p>17,800</p>		
<p>Cardiac Compression devices provide life-sustaining circulation that is created through effective and uninterrupted chest compressions. Performing manual chest compressions of high quality is both difficult and tiring, and impossible in certain situations. Electronic compressions are able to sustain a higher blood flow to the brain and heart compared to manual compressions.</p>	<p>This project will allow the Village of North Palm Beach to provide electronic cardiac compressions.</p>	<p>23,346.78</p>		

		\$223,371.00		

DFS-A2-2102

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ATTACHMENT 3

BGEX - 662- 102314 - 177
BGRV - 662- 102314 - 028

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 10/23/2014	REMAINING BALANCE
EMS State Grant FY2014-2015 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-662-5230-3429	State Grant Other Public Safety	255,137	255,137	0	31,766	223,371		
	Total Revenue and Balance	255,137	255,137	0	31,766	223,371		
Expense								
1425-662-5230-3401	Other Contractual Services	95,137	95,137	0	94,692	445	0	445
1425-662-5230-6401	Machinery & Equipment	6,000	60,000	0	60,000	0	0	0
1425-662-5230-8101	Contributions Other Governmental Agency	100,000	100,000	122,926	0	222,926	0	222,926
	Total Appropriation and Expenditures	255,137	255,137	122,926	154,692	223,371	0	223,371

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Attachment # 3

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

Signatures	Date
<u>Stephanie Sepio</u>	<u>11/5/14</u>
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of 12/2/2014

Deputy Clerk to the
Board of County Commissioners