Agenda Item #: 3 X5

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: De	cember 2, 2014	[X] Consent [] Ordinance	[] Regular [] Public Hearing
Department: Submitted By: Submitted For:	Department of Division of Eme	Public Safety ergency Managemei	nt
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) ADOPT a Resolution of the Board of County Commissioners of Palm Beach County, Florida authorizing the County Administrator or his designee to sign the FY 2014-2015 annual Emergency Medical Services (EMS) County Grant Application and Request for Grant Fund Distribution forms in the amount of \$223,371 and forward same to the State of Florida Department of Health, Bureau of Emergency Medical Services (FL-EMS) and authorizing the County Administrator or his designee to sign EMS Grant Program Change Request forms after approval of the application is obtained from FL-EMS; B) APPROVE a downward budget amendment of \$31,766 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$223,371.

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 (TKF)

Background and Justification: Pursuant to Florida Statutes, Chapter 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 2014-2015 is \$223,371. 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. 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 purchases.

Attachments:

- 1. Emergency Medical Services Resolution
- 2. Emergency Medical Services Grant Application
- 3. Budget Amendment (1425)

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Recommended by:	Verit Filon vento	1//5/14	
- 13 15 120 PM	Department Director	Date	
Approved by:	wint Howard	11/5/14	
	Assistant County Administrator	'Daté	

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of F	iscai impact				
Fiscal Years	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	2019
Capital Expenditures Operating Costs	(\$31,76L)				
External Revenues Program Income (County) In-Kind Match (County)	\$31,766				
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included In Current E Budget Account Exp No.: Fu Rev No.: Fu		ment <u>662</u> l	Unit <u>5230</u> Ob	ject <u>variou</u> vSrc <u>3429</u>	<u>s</u>
	of Funds/Summ provided by the S edical Services T	State of Flor		nt of Emerge	ency
Fund: EMS Awa	cy Medical Servic ard - Grant Progra lic Safety Grants				
C. Departmental Fiscal Rev	iew: <u>Styrbai</u>	i Sep	ole.		
	III. REVIEW	COMMENT	<u>'S</u>		
A. OFMB Fiscal and/or Conf Lusan Newy 1/19 OFMB AD DO MAN	0/14	Ano J.	Ducolo	u (1)/1	<u>4</u> /14
B. Legal Sufficiency:			-		
Assistant County Atto	18 14 . orney				
C. Other Department Rev	/iew:				
Department Director	<u>.</u>				

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

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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 Attachme				
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Program Change Request forms for the EMS County Grant Award funds.

4. The EMS Coordinator of the Division of Emergency Manageme designated as the "Authorized Contact Person" pursuant to applic 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 Commissioner Commissioner Pricilla A. Taylor	
The Chairman thereupon declared the Resolution duly passed and adopted day of December 2, 2014.	this
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	
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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

	gn the ID Code – leave this blank) <u>C20</u>
ch County Board of	County Commissioners
	Palm Beach FL 33401
	\/_ 500000705
r (Nine Digit Number)	. VF 596000785
tify that all information rrect. My signature a outlined in the Florida In Comments	authority to sign contracts, grants, and other legal n and data in this EMS county grant application and cknowledges and assures that the County shall a EMS County Grant Application. Date: //6/4
	trator and Public Safety Director
ation of the grant acti t changes. The signe , Palm Beach Count	wledge of the project on a day-to-day basis and has vities. This person is authorized to sign project er and the contact person may be the same.) y Division of Emergency Management m Beach, FL 33415
	Fax Number: 561-712-6464
nnson@pbcgov.org	
the county pre-hospitalitures. t page(s) for each org	Board of County Commissioners certifying the grant al EMS system and will not be used to supplant ganization to which you shall provide funds.
Delray Beach Fire	Rescue
Palm Beach Count	y Emergency Mgmt
North Palm Beach	Fire Rescue
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64J-1.015, F	A.C.
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	Olive Avenue, West O01 r (Nine Digit Number) Int signatory who has a tify that all information rrect. My signature a outlined in the Florida outlined in the grant active thanges. The signed of the changes. The signed outlined in the county pre-hospitalitures. It page(s) for each orget outlined outl

BUDGET PAGE/Town of Palm Beach Fire Rescue

Δ	Sala	ries	and	Re	nefits:

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 =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

operating capital outlay (see flext category).	
List the item and, if applicable, the quantity	Amount
·	
	•
Total Francisco	
Total Expenses =	\$ 0.00

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.

of one (1) year of more.	
List the item and, if applicable, the quantity	Amount
Four (4) Panasonic Tablets and Accessories	\$47.770.76
1 out (+) 1 unusonic 1 abiets and Accessories	\$17,770.76
Total Veh. & Equipment =	\$17,770.76
Grand Total =	\$17,770.76
<u> </u>	<u>Ψ17,770.70</u>
OH 1684 December 2008	

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DH 1684, December 2008

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BUDGET PAGE/Tequesta Fire Rescue

A. Salaries and Benefits:

TOTAL FICA & Other Benefits =		0.00
TOTAL SIGN & Other Banefite	\$ (0.00
		<u> Musiki</u>
For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount	

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			
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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.

of the (1) year of filore.	
List the item and, if applicable, the quantity	Amount
Func (2) Surface Tables and an artist	
Two (2) Surface Tablets and accessories	\$2,256.00
•	
Total Veh. & Equipment =	\$2,256.00
<u>Grand Total =</u>	<u>\$2,256.00</u>
DI14004 D	

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BUDGET PAGE/Boynton Beach Fire Rescue

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 =	\$	0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =	\$	0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

Total Expenses =	\$ 0.00
· · · · · · · · · · · · · · · · · · ·	
List the item and, if applicable, the quantity	Amount

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
Three (3) Power Pro Ambulance Cots and Accessories	\$37,332.00
	·
Total Veh. & Equipment =	\$37,332.00
Grand Total =	\$37,332.00
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BUDGET PAGE/Riviera Beach Fire Rescue

Δ	Sal	aries	and	Rer	nefits:
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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 =		\$ 0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =		\$ 0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

operating capital outlay (see next category).	
List the item and, if applicable, the quantity	Amount
	Amount
	THE SECRET SECTION OF SECTION
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Total Expenses =	\$ 0.00
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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.

of the (1) year of more.	
List the item and, if applicable, the quantity	Amount
Two (2) Lifepak 15 V2 Monitors and Accessories	\$56,549.48
Total Veh. & Equipment =	
	\$56,549.48
<u>Grand Total =</u>	<u>\$56,549.48</u>
DI 4004 D	

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BUDGET PAGE/West Palm Beach Fire Rescue

Δ	Salarie	e and	Ren	efite:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
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TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
	The state of the s
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	•
Total Expenses =	⋄ \$ 0.00

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.

of one (1) year or more.	CONTRACTOR (CONTRACTOR CONTRACTOR
List the item and, if applicable, the quantity	Amount
One (1) Controlled Access Pharmacy	\$7,600.00
One (1) 12 Door Locker Extension	\$6,600.00
One (1) Initial Software Service	\$3,600.00
•	
Total Veh. & Equipment =	\$17,800.00
Grand Total =	\$17,800.00

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BUDGET PAGE/ City of Greenacres Fire Rescue

	Salaries		D =	_£:4
Α.	Salaries	ana	Ben	etits:

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 =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

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·		•	
	Total Control		***************************************
List the item and, if applicab		Amount	

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
Four (4) Power Pro Ambulance Cots and Accessories	\$50,100.00
·	
·	· · · · · · · · · · · · · · · · · · ·
Total Veh. & Equipment	= \$50,100.00
Grand Total	= \$50,100.00
Total Veh. & Equipment Grand Total	400,10

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BUDGET PAGE/Delray Beach Fire Rescue

	Salarie		D	£:4
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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 =	\$	0.00
TOTAL FICA & Other Benefits =	·	
Total Salaries & Benefits =	\$	0.00

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 ca	tegory).
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List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.0

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
Four (4) Panasonic Tablets	\$10,604.48
Panasonic Tablet Accessories	\$7,166.28
Total Veh. & Equipment =	\$17,770.76
Grand Total =	\$17,770.76

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BUDGET PAGE/Palm Beach County Emergency Management

	Salaries and Ber	nefits:
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	title, provide the amount of salary per hour, FICA per benefits, and the total number of hours.	Amount	
	TOTAL Salaries =		\$ 0.0
	TOTAL FICA & Other Benefits =		
	Total Salaries & Benefits =		\$ 0.0
3 Expenses: Th	nese are travel costs and the usual, ordinary, and incide	ntal expenditures by an	

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
T-4-I F	
Total Expenses =	\$ 0.00

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.

of one (1) year or more.	
List the Item and, if applicable, the quantity	Amount
One (1) Actar 911 Squadron CPR Manikins (10) pack	\$445.22
·	
Total Veh. & Equipment =	\$ 445.22
<u>Grand Total =</u>	\$ 445.22

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BUDGET PAGE/North Palm Beach Fire Rescue

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Α.	Salaries	and	Ben	etits:

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 =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
	·
Total Expenses =	\$ 0.00

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.

of one (1) year or more.	
List the item and, if applicable, the quantity	Amount
Two (2) Lucas Cardiac Compression Devices and Accessories	23,346.78
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Total Veh. & Equipment =	\$23,346.78
Grand Total =	<u>\$23,346.78</u>
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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.

Name of Ager	ncy: Palm	Beach County B	oard of County Comm	issioners	-
Mailing Addre	ss: 3 <u>01 No</u>	orth Olive Avenu	e, West Palm Beach Fl	L 33401	
Federal Identi	fication nu	umber <u>: VF 59600</u>	0785		
Authorized Co	ounty Offic	cial:			
		Signature		Date	
		Type or Prin	t Name and Title		
	•	Sign and return	this page with your ap	oplication to:	
		Emergency Me 4052 Ba	a Department of Heal edical Services Progra ld Cypress Way, Bin A ssee, Florida 32399-1	am, Grants A-22	
Do not	write belo	w this line. For	use by State Emergen	cy Medical Services Pi	ogram
Grant Amount For State	e To Pay:	\$	Grant II	D: Code: <u>C30</u>	
Approved By :Signature	ature of Sta	ate EMS Grant Of	ficer	Date	
State Fiscal Year:	2014 -	2015			•
<u>Organization Code</u> 54-61-70-30-000	E.O. 05	OCA SF005	Object Code 750000	<u>Category</u> 059998	
Federal Tax ID: VF			_		
Grant Beginning Date:			Grant Ending Date	o:	
OH 1767P, December 2	2008	64J-1.015, F	F.A.C.		
					1
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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 doocumentation 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	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		
transportation of patients needing a stretcher. Additionally it will enhance and improve the Emergency Medical Service by increasing				

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the effectiveness of operations dealing with the removal, relocation and movement of victims and patients during emergency incidents. 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.			
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.	EKG monitoring, electrical therapy, vital signs monitoring including capnography and transmission.	56,549.48	
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,	Hand Only CPR Training to local high schools and annual CPR day.	445.22	

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Page	14	_of	16

and then they will instruct all minth graders. The students provide the training at our annual Palm Beach County CPR day. Controlled access pharmaceutical dispensers are able to control EMS inventory, implies 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. Cardiac Compression devices provide life-sustaining circulation that is created through effective and uninterrupted chest compressions. Performing manual 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.	instruct all minth graders. The students provide the training at our annual Palm Beach County CPR day. 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 medications side-by-side. Cardiac Compression devices provide life-sustaining circulation that is created through effective and minterrupted 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				
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 medications side-by-side. 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	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 medications side-by-side. 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	instruct all ninth graders. The students provide the training at our annual Palm Beach			
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		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	Village of North Palm Beach to provide electronic cardiac	23,346.78	

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ATTACHMENT 3

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA

BUDGET AMENDMENT

Page 1 of 1 pages

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.

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

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

Signatures Date

Laphanif Lepiole 11/5/14

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

Deputy Clerk to the Board of County Commissioners

Attachment #

<u>Q</u>