

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	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	*	_____	_____	_____	_____

ADDITIONAL FTE

POSITIONS (Cumulative)	0	0	0	0	0
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Is Item Included In Current Budget? Yes ___ No X

Budget Account Exp No: Fund ___ Department ___ Unit ___ Object ___
 Rev No: Fund ___ Department ___ Unit ___ Object ___

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

*The fiscal impact is indeterminable at this time, however, any additional revenue collected from the fee changes will be accounted for in the General Fund.

Departmental Fiscal Review: Stephane Seproche 11/4/14

III. REVIEW COMMENTS

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

Susan Neary 11/6/14
 OFMB AM 11/6

Dr. J. Jacobson 11/14/14
 Contract Administration
 11-12-14 B Wheeler

B. Legal Sufficiency:

[Signature] 11/14/14
 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-_____

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA; ESTABLISHING A SCHEDULE OF EMERGENCY MEDICAL SERVICES FEES RELATING TO THE EMERGENCY MEDICAL SERVICES ORDINANCE OF PALM BEACH COUNTY, FLORIDA, AS CODIFIED IN THE PALM BEACH COUNTY CODE OF ORDINANCES.

WHEREAS, the Board of County Commissioners of Palm Beach County, Florida adopted the Palm Beach County Emergency Medical Services Ordinance of 2010 (“Emergency Medical Services Ordinance”), as codified in the Palm Beach County Code of Ordinances, Chapter 13 Article II, Division 1, to provide and maintain for the citizens of the County standards which ensure their health, welfare, and well being; and

WHEREAS, the Emergency Medical Services Ordinance establishes reasonable standards for issuing Certificates of Public Convenience and Necessity for Advance Life Support, Advance Life Support Transportation, and Air Ambulance Services; and

WHEREAS, the Emergency Medical Services Ordinance requires certain fees to be paid by the applicant requesting a Certificate of Public Convenience and Necessity, as well as certain fees to be paid by the Certificate holders, said fees to be established by Resolution of the Board of County Commissioners.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

The Palm Beach County Emergency Medical Services Ordinance Schedule of Fees applicable to the issuance of Certificates of Public Convenience and Necessity is as follows:

1. A non-refundable application fee of \$500.00 must be submitted with a completed application, which will be effective December 2, 2014.
2. A non-refundable \$150 vehicle permit (decal) fee per vehicle per year (annually) for all secondary and special secondary providers, which will be effective December 2, 2014.
3. A non-refundable \$50 vehicle permit (decal) fee per vehicle per year (annually) for all primary providers which will be effective October 1, 2015.

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:

DISTRICT 1: HAL R. VALECHE	_____
DISTRICT 2: PAULETTE BURDICK	_____
DISTRICT 3: SHELLEY VANA	_____
DISTRICT 4:	_____
DISTRICT 5: MARY LOU BERGER	_____
DISTRICT 6:	_____
DISTRICT 7: PRISCILLA A. TAYLOR	_____


The Mayor thereupon declared the Resolution duly passed and adopted this _____ day of December, 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

Attachment # 1

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