

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: December 1, 2015	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
	<input type="checkbox"/> Ordinance	<input type="checkbox"/> Public Hearing

Department:
Submitted By: Department of Public Safety
Submitted For: Division of Emergency Management

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I. EXECUTIVE BRIEF

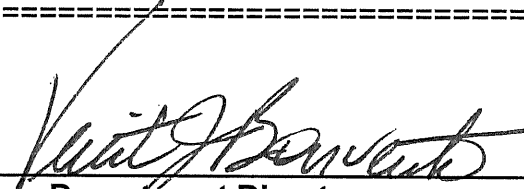

Motion and Title: Staff recommends motion to: A) ADOPT a Resolution of the Board of County Commissioners of Palm Beach County, Florida, authorizing the County Administrator or designee to sign the FY 2015-2016 annual Emergency Medical Services (EMS) grant fund application for \$205,012.00 and sign the EMS grant program change request forms related to the grant after the approval of the application by the Florida Department of Health, Bureau of EMS and forward same to the state of Florida Department of Health, Bureau of EMS; B) **APPROVE** a downward budget amendment of \$18,359 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$205,012.

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 (JB)

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 2015-2016 is \$205,012. 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 purchases.

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

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	Recommended by: _____	11/19/15
	Department Director	Date
	Approved by: _____	11/19/15
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Capital Expenditures					
Operating Costs	(\$18,359)				
External Revenues	\$18,359				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					

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

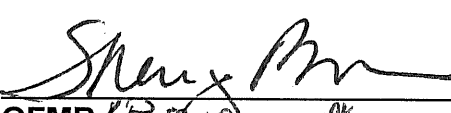
B. Recommended Sources of Funds/Summary of Fiscal Impact:
Grant funding is provided by the State of Florida, Department of Emergency Management, Medical Services Trust Fund.

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

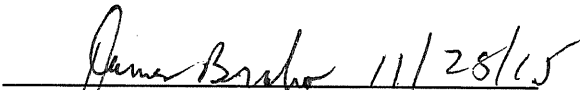
C. Departmental Fiscal Review: Stephanie Serio

III. REVIEW COMMENTS

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

 OFMB <u>KP</u> <u>AK</u> 11/12 11/12 11/16/15	 Contract Administration BWheeler 11-24-15
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B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

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

RESOLUTION NO. R-2015-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2015-2016 ANNUAL EMS GRANT FUND APPLICATION FOR \$205,012.00 AND SIGN THE EMS GRANT PROGRAM CHANGE REQUEST FORMS RELATED TO THE GRANT AFTER THE APPROVAL OF THE APPLICATION BY THE FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES AND FORWARD SAME TO THE STATE OF 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 2015-2016 is **\$205,012.00** 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 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 designee is authorized to sign the County Grant Award application.
2. The County Administrator or designee is authorized to sign the EMS Grant Fund Distribution Form.
3. The County Administrator or designee is authorized to sign the Grant Budget Change Request form for the EMS County Grant Award funds.

Attachment # 1

Page 1 of 2

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

The Mayor thereupon declared the Resolution duly passed and adopted this _____ day of December 1, 2015.

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

Page 2 of 2

Application Form July 2015-2016

Effective July 24 County Governments may submit their Fiscal Year 2015-2016 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 16, 2015.

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

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

However, note that 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 must be current and not a copy of a previous resolution. We need this current resolution or we will not be able to process the application for funds.

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 exact 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 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 in the application 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

This page is included with your application form. Complete only the top part of this form and the state will complete the bottom part, as indicated on the form.

Attachment # 2
Page 1 of 17



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) C40

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: *Vincent J. Bonvento*

Date: *11/14/15*

Printed Name: **Vincent J. Bonvento**

Position Title: **Assistant County Administrator**

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, FL33415**

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. We cannot process for funds without a current resolution.

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)

Tequesta Fire Dpt. Delray Beach Fire Dpt.

Palm Beach County Emergency Mgmt

Riviera Beach Fire Dpt. North Palm Beach Fire Dpt.

West Palm Beach Fire Dpt.

Palm Beach County Fire Rescue

Palm Beach Fire Dpt.

DH 1684, December 2008

64J-1.015, F.A.C.

Attachment # 2

Page 2 **of** 17

**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: 596000785

Authorized County Official: *Vincent J. Bonvento* 11/19/15
Signature Date

Vincent J. Bonvento Assistant County Administrator
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: C40

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2015 - 2016

<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: _____

BUDGET PAGE/North Palm Beach Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
One (1) Power Cot Fastening System	\$19,840.00
Total Veh. & Equipment	\$19,840.00
<u>Grand Total</u>	\$19,840.00

BUDGET PAGE/Palm Beach Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
Knox Medvault Locker Controlled access pharmaceutical dispenser and Knox Key system.	\$13,919.92
Total Veh. & Equipment	\$13,919.92
Grand Total	\$33,759.92

BUDGET PAGE/West Palm Beach Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
One (1) Zoll E Series Monitor	\$32,000.00
Total Veh. & Equipment	\$32,000.00
Grand Total	\$65,759.92

DH 1684, December 2008

BUDGET PAGE/ Palm Beach County Emergency Management

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 excluding 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.

List the item and, if applicable, the quantity	Amount
Ten (10) AED's	\$10,000.00
Total Veh. & Equipment	\$10,000.00
Grand Total	\$75.759.92

BUDGET PAGE/ Riviera Beach Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
One (1) Controlled Access Pharmacy	\$15,401.64
Total Veh. & Equipment	\$15,401.64
Grand Total	\$91,161.56

DH 1684, December 2008

BUDGET PAGE/ Palm Beach County 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 excluding 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.

List the item and, if applicable, the quantity	Amount
Four (4) Cardiac Compression devices	\$52,965.00
Total Veh. & Equipment	\$52,965.00
Grand Total	\$144,126.56

DH 1684, December 2008

BUDGET PAGE/ City of Delray Beach Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
Two (2) Cardiac Compression devices	\$31,469.00
Total Veh. & Equipment	\$31,469.00
Grand Total	\$175,595.56

DH 1684, December 2008

BUDGET PAGE/ Village of Tequesta Fire Department

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 excluding 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.

List the item and, if applicable, the quantity	Amount
Two (2) Cardiac Compression devices	\$24,124.31
Total Veh. & Equipment	\$24,124.31
Grand Total	\$199,719.87

DH 1684, December 2008

BUDGET PAGE/Palm Beach County Emergency Management

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 excluding 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.

List the item and, if applicable, the quantity	Amount
Countywide MCI Start Training	\$5,292.13
Total Veh. & Equipment	\$5,292.13
Grand Total =	\$205,012.00

DH 1684, December 2008

Deliverables as stated in the Grant	Minimum Performance Levels	Deliverable Price	Type of Services	Method of Payment
<p>The Village of North Palm Beach Fire Department is requesting to purchase a Power Cot Fastening System for their already purchased Stryker Pro Cots. 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 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.</p>	<p>The acquisition of the new Power Cot Fastening System will reduce the number of work related back and knee injuries. Mechanically lift assist stretchers have been proven to reduce work related injuries.</p>	\$19,840.00	Emergency Medical Services (EMS)	Reimbursement
<p>The Town of Palm Beach Fire Department is requesting to purchase a Knox Medvault Locker Controlled access pharmaceutical dispenser so that they are able to control EMS inventory, limiting specific supplies on the basis of an assigned authority level.</p>	<p>This project will allow the Town of Palm Beach Fire to control, track and record pharmaceuticals and supplies. The acquisition of the new Medvault Key</p>	\$13,919.92	Emergency Medical Services (EMS)	Reimbursement

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. They are also requesting a Knox Key system to use for the accumulated keys that their larger businesses and customers they support, the majority of their boxes are installed on residential houses. As they are dispatched to medical calls, the Mobile Data Computers (MDC) relays important and pertinent information relating to the call. Among this information is whether or not a Knox Box is present and what the location of this box is. Because the average age of their customers is 65, they run a tremendous amount of medical calls for patients who have either suffered a fall or have limited mobility and the ability to get to the door to let us in. Some of the residential homes that reside in Palm Beach are very large, some as big as 65,000 square feet. Because of this, gaining access and reaching a patient in a reasonable time can be challenging. The Knox Box has proven to have been a beneficial tool and is relied upon weekly.	system will reduce the amount of time to access businesses and homes.			
The City of West Palm Beach Fire Department is requesting to purchase one (1) Zoll E Series monitor This will allow the	EKG monitoring, electrical therapy, vital signs monitoring	\$32,000.00	Emergency Medical Services (EMS)	Reimbursement

ALS Unit 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.	including capnography and transmission.			
Palm Beach County Emergency Management will continue the purchase of AED's to place in County building and recreational centers to provide access to AED's.	This project will allow quick access to AED's in public places.	\$10,000.00	Emergency Medical Services (EMS)	Purchase
This City of Riviera Beach Fire Department is requesting to purchase a Controlled access pharmaceutical dispenser so that they 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.	This project will allow the City of Riviera Beach Fire Department to control, track and record pharmaceuticals and supplies.	\$15,401.64	Emergency Medical Services (EMS)	Reimbursement
Palm Beach County Fire Rescue is requesting to purchase two (2) Cardiac Compression devices that provide life-sustaining circulation that is created through effective and uninterrupted chest compressions. Performing manual chest compressions of	This project will allow Palm Beach Fire Rescue to provide electronic cardiac compressions.	\$52,965.00	Emergency Medical Services (EMS)	Reimbursement

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.				
The City of Delray Beach Fire Department is requesting to purchase two (2) Cardiac Compression devices that 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.	This project will allow Delray Beach Fire Rescue to provide electronic cardiac compressions.	\$31,469.00	Emergency Medical Services (EMS)	Reimbursement
The Village of Tequesta Fire Department is requesting to purchase two (2) Cardiac Compression devices that 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.	This project will allow Tequesta Fire Rescue to provide electronic cardiac compressions.	\$24,124.31	Emergency Medical Services (EMS)	Reimbursement
Palm Beach County Emergency Management is requesting training for Countywide EMT's	This training will enhance the skills of first responders	\$5,292.13	Emergency Medical Services (EMS)	Purchase

and Paramedics to enhance their skills by using START triage. Patients are sorted based on objective criteria on how they present. The severity of injury and therefore treatment and/or transport priority in START triage is sorted by color code. Triage tags contain these colors so treatment and transport crews can see at a glance which patients have been triaged to which level.	by triaging patients based on objective criteria on how they present.			
Total		\$205.012.00		

16- 0201

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

Page 1 of 1 pages

ATTACHMENT 3

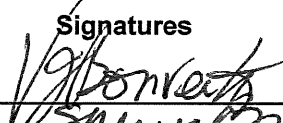
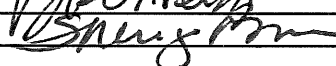
BGEX - 662- 102915 - 281
BGRV - 662- 102915 - 073

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 10/29/2015	REMAINING BALANCE
EMS State Grant FY2015-2016 - Amending Original Budget to Actual Awarded Amount								
<u>Revenue</u>								
1425-662-5230-3429	State Grant Other Public Safety	223,371	223,371	0	18,359	205,012		
	Total Revenue and Balance	223,371	223,371	0	18,359	205,012		
<u>Expense</u>								
1425-662-5230-3401	Other Contractual Services	93,000	93,000	0	18,359	74,641	0	74,641
	Total Appropriation and Expenditures	223,371	223,371	0	18,359	205,012	0	205,012

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

Signatures	Date
	11/13/15
	11/16/2005

By Board of County Commissioners
At Meeting of 12/1/2015Deputy Clerk to the
Board of County CommissionersATTACHMENT 3
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