

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

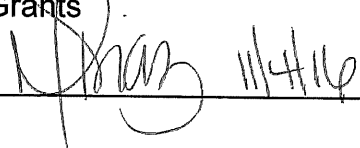
Fiscal Years	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Capital Expenditures					
Operating Costs	(\$11,538)				
External Revenues	\$11,538				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

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

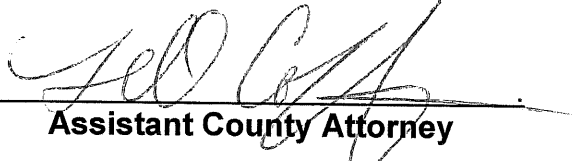
C. Departmental Fiscal Review:  11/4/16

III. REVIEW COMMENTS

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

 11/15/16 OFMB  11/10/16  11/14/16  11/18/16
 Contract Administration

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-2016-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2016-2017 ANNUAL EMS GRANT FUND APPLICATION FOR \$193,474 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 2016-2017 is **\$193,474** 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.

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:

District 1:

District 2: Paulette Burdick

District 3:

District 4: Steven L. Abrams

District 5:

District 6: Melissa McKinlay

District 7:

The Mayor thereupon declared the Resolution duly passed and adopted this _____ day of December 6, 2016.

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

County Government Application Form July 2016-2017

Effective August 26, 2016, county governments may submit their Fiscal Year 2016-2017 application for county grant funds. The deadline for submission is December 16, 2016. The new grant amount can be found in the "Total" column included in the link for the "county amount" table.

The first three items on page one of the application are self-explanatory. Please note that Item 2 requires the signature of the individual who is authorized to sign contracts, grants, or other legal documents for the county.

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. If a previous one is still in-effect, a message from a lead county official stating such for 2016-2017 must be included.

Item 5 requests the names of the organizations that will receive funds from the new county grant. A budget page is needed for each organization listed in item 5. The budget page must list 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 grant funds available. Changes may be requested after the new grant begins.

To add budget totals in the application, 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

The Request for Grant Fund Distribution form is the last page of the application. The county is required to complete only the top portion of the form. In addition, the address on this form must be the same one that is on file in the state MyFloridaMarketplace (MFMP) system.

If needed, MFMP customer service may be contacted at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com.

Attachment # 2

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

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:

The agency name and mailing address must be in the state MyFloridaMarketPlace (MFMP) system.

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:

Signature

Date

[Signature]
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health
Emergency Medical Services Section, 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: C50

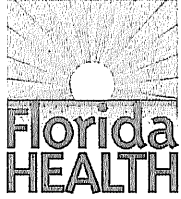
Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

<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: _____



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) <u>C50</u>
1. County Name: Palm Beach County
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: _____
Printed Name: _____
Position Title: _____

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 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) Boynton Beach Fire Rescue
Delray Beach Fire Rescue
Riviera Beach Fire Rescue
North Palm Beach Fire Rescue
Palm Beach Gardens Fire Rescue
Greenacres Fire Rescue
Palm Beach County Fire Rescue
Tequesta Fire Rescue
West Palm Beach Fire Rescue
Palm Beach Fire Rescue

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 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
Fifteen (15) Tablets	\$9785.00
Total Veh. & Equipment =	\$9785.00
<u>Grand Total =</u>	<u>\$ 9785.00</u>

DH 1684, December 2008

BUDGET PAGE –DELRAY 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 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) Adult simulation lab	\$24995.00
Total Veh. & Equipment =	\$24995.00
<u>Grand Total</u> =	\$24995.00

BUDGET PAGE –RIVIERA 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 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
Six (6) King Visions Video Laryngoscopes	\$5970.00
Six (6) Emergency Portable Ventilators	\$3354.18
Total Veh. & Equipment =	<u>\$9324.18</u>
<u>Grand Total =</u>	<u>\$9324.18</u>

DH 1684, December 2008

Attachment # 2
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BUDGET PAGE – NORTH PALM 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 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) Lucas Cardiac Compression Device	\$16530.65
Three (3) King Visions Video Laryngoscopes	\$4676.00
Total Veh. & Equipment =	\$21206.65
Grand Total =	\$21206.65

DH 1684, December 2008

BUDGET PAGE – PALM BEACH GARDENS 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
	\$0.00
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) Xslate Tablets	\$18185.80
Total Veh. & Equipment =	\$18185.80
Grand Total =	\$18185.80

DH 1684, December 2008

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BUDGET PAGE – GREENACRES 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
One (1) Lucas Cardiac Compression Device	\$15157.03
Six (6) King Visions Video Laryngoscopes	\$6320.46
Total Veh. & Equipment =	\$21477.49
<u>Grand Total =</u>	<u>\$21477.49</u>

DH 1684, December 2008

BUDGET PAGE – TEQUESTA 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
One (1) Stryker Stretcher	\$17374.00
Total Veh. & Equipment =	\$17374.00
<u>Grand Total =</u>	\$17374.00

BUDGET PAGE – WEST PALM 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 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) Stryker Stretchers	\$31030.00
Total Veh. & Equipment =	\$31030.00
Grand Total =	\$31030.00

DH 1684, December 2008

BUDGET PAGE –TOWN OF PALM 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 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) Simulation Lab –partial cost	\$3238.19
Total Veh. & Equipment =	\$3238.19
<u>Grand Total =</u>	\$3238.19

DH 1684, December 2008

17-

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 662- 110116 - 270
BGRV - 662- 110116 - 070


ATTACHMENT 3

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 11/1/2016	REMAINING BALANCE
EMS State Grant FY 2016-2017 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-662-5230-3429	State Grant Other Public Safety	205,012	205,012	0	11,538	193,474		
	Total Revenue and Balance	205,012	205,012	0	11,538	193,474		
Expense								
1425-662-5230-3401	Other Contractual Services	74,641	74,641	0	74,640	1	0	1
1425-662-5230-3421	Contractual Service-Training	7,000	7,000	0	6,999	1	0	1
1425-662-5230-5212	Safety Supplies	4,371	4,371	3,485	0	7,856	0	7,856
1425-662-5230-6401	Machinery & Equipment	54,000	54,000	0	53,999	1	0	1
1425-662-5230-6405	Data Processing Equipment	0	0	23,999	0	23,999	0	23,999
1425-662-5230-8101	Contributions Other Govtl Agency	60,000	60,000	96,616	0	156,616	0	156,616
	Total Appropriation and Expenditures	205,012	205,012	124,100	135,638	193,474	0	193,474

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

Signatures	Date
	11/4/16
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of 12/6/2016

Deputy Clerk to the
Board of County Commissioners

Attachment # 3

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