Agenda Item #: 3×4

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

### AGENDA ITEM SUMMARY

,	AGL	INDA II EIVI SUIVIIVIA	<u>art</u>
Meeting Date: December	======= er 6, 2016	[X] Consent [ ] Ordinance	======================================
Submitted By: Dep	artment of P	ublic Safety ublic Safety rgency Managemer	nt
	<u>l.</u>	EXECUTIVE BRIEF	======================================
county Commissioners of the or designee to sign the grant application for \$193 to the grant after the application of EMS and forward sand forward sa	of Palm Bead FY 2016-20 3,474 and sig proval of the a ne to the Sta udget amend	th County, Florida, and the Emergen and the EMS grant properties the Florida Departs of Florida Departs ment of \$11,538 in	adopt a Resolution of the Board authorizing the County Administrated by Medical Services (EMS) country of the Board edge of the Bureau of EMS; It is a support of Health, Bureau of EMS; It is the EMS Grant Fund to adjust the EMS of
tne Florida Bureau of EN purchase EMS equipmei eligible for EMS grant fu	1S, to improv nt which is di Inding. The c	e and expand the E stributed to EMS pro grant period is to be	rovided to Palm Beach County from MS system. The funds are used to oviders and other agencies that are determined by the State once the unds are required for this gran
EMS has established an every municipal and concept the true county's share of the true improve and expand expand expand expand expand expand expand expand submitted requested by the county submitted requests were reviewed by the county submitted requests were reconstructed	Emergency bunty moving st fund for Firmergency mencies that a sts as part or the staff of	Medical Services To g violations including Y 2016-2017 is \$193 edical services in re eligible for EMS of a group effort for The Division of Eme	atutes, Chapter 401, Part II, the Florust Fund consisting of a portion
Attachments: 1. Emergency Medica 2. Emergency Medica 3. Budget Amendme	al Services G	rant Application	nd
Recommended by:	pharil Departmer	Jernoke nt Director	 ເປີຊີໄພ Date
Approved by:	1		11-18-16
	Deputy Co	unty Administrator	Date

## II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fi	scal Impact				
Fiscal Years	<u>2017</u>	<u>2018</u>	<u>2019</u>	2020	2021
Capital Expenditures Operating Costs	(\$11,538)				
External Revenues Program Income (County) In-Kind Match (County)	\$11,538				
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					
ls Item Included In Current B Budget Account Exp No.: Fu Rev No.: Fui	udget? Yes _ nd <u>1425</u> Departr nd <u>1425</u> Departr	ment <u>662</u> L	<u>X</u> Jnit <u>5230</u> Ob Jnit 5230 Rev	ject <u>various</u> vSrc 3429	
B. Recommended Sources of Grant funding is put Management, Me	of Funds/Summa provided by the S	ary of Fisca State of Flori	al Impact:		псу
Grant: Emergency Fund: EMS Awar Unit: EMS-Publi C. Departmental Fiscal Revie	d - Grant Progra c Safety Grants	m 1. 1.	1416.		
A. OFMB Fiscal and/or Controlly  OFMB JET 110 TRA PARK	<u>,                                    </u>	ontrol Com	Jana	De 111/8	<del>-</del> ]]]6
B. Legal Sufficiency:					
Assistant County Attor					
Department Director	<u> </u>				

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.

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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, <u>right</u> click your mouse, then <u>left</u> 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 <u>must</u> 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. <a href="mailto:MyFloridaMarketPlace@dms.myflorida.com">MyFloridaMarketPlace@dms.myflorida.com</a>.

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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.

	·	•	-	
OH Remit Payment To:				
e agency name and mailing add	dress <b>mus</b> t be	in the state MyFlori	idaMarketPlace (MFMP) s	ystem.
Name of Agency: Palm E	Beach County E	Board of County Co	mmissioners	
Mailing Address: 301 North	n Olive Avenue			
-				
W <u>est Pal</u> i	m Beach, FL 3	3401		
Federal Identification numb	per: 59600078	35		
Authorized County Official:				
•	Signature		Date	
L	Type or Prir	nt Name and Title		
, Sig	n and return th	is page with your a	pplication to:	
	Florida l	Department of Heal	lth	
E	mergency Med	lical Services Section	on, Grants	
		Cypress Way, Bin ee, Florida 32399-1		
Do motornito halass (				
Do not write below the	nis line. For us	e by State Emergen	cy Medical Services Progr	am
ant Amount for State to Pay: \$		Grant ID: Code	e: <u>C50</u>	
proved By :				
Signature of State I	EMS Grant Office	cer	Date	
te Fiscal Year: 2016 - 20	017			
ganization Code E.O.	OCA	Object Code	C-t	
61-70-30-000 05	OCA SF005	Object Code 750000	<u>Category</u> 059998	
leral Tax ID: VF				
ant Beginning Date:	Gran	t Ending Date:		
				- Malana and Anna and
1767P, December 2008	64J-1.015, F. <i>F</i>	A.C.		

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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 ass	sign the ID Code – leave this blank) <u>C50</u>
1. County Name: Palm Beach County Business Address: 301 North Olive Avenue, West	Palm Reach El 33404
Dusiless Address. 301 North Olive Avenue, west	Faiiii Deacii, FL 3340 i
Telephone: <b>561-355-2001</b>	
Federal Tax ID Number (Nine Digit Number	r). VF <b>596000785</b>
Certification: (The applicant signatory who has documents for the county) I certify that all information its attachments are true and correct. My signature a comply fully with the conditions outlined in the Florid Signature:  Printed Name:	on and data in this EMS county grant application and acknowledges and assures that the County shall
Position Title:	
responsibility for the implementation of the grant act reports and may request project changes. The sign Name: Bill Johnson	ner and the contact person may be the same.)  Dunty Division of Emergency Management
Telephone: 561-712-6321	Fax Number: 561-712-6464
E-mail Address: WPJohnson@pbcgov.org	
will improve and expand the county pre-hospital EM levels of county expenditures. We cannot process f  5. Budget: Complete a budget page(s) for each or List the organization(s) below. (Use additional page Boynton Beach Fire Rescue	for funds without a <u>current</u> resolution.  rganization to which you shall provide funds.
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	
DH 1684, December 2008 64J-1.015, F	F.A.C. Page 1
	Attachment # 2
	Page 3 of 13

#### **BUDGET PAGE – BOYNTON BEACH FIRE RESCUE**

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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.	Amoun	t	
			-
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	y an
agency, such as, commodities and supplies of a consumable nature excluding expenditures of	lassified
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	\$9	785.00
		***
Total Veh. & Equipment =	\$9	785.00
Grand Total =	\$ 9	785.00

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#### **BUDGET PAGE -DELRAY BEACH FIRE RESCUE**

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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	
	1	 
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.

List the item and, if applicable, the quantity	Amount	
One (1) Adult simulation lab		\$24995.00
Total Veh. & Equipment =		\$24995.00
Grand Total =		\$24995.00

DH 1684, December 2008

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#### **BUDGET PAGE -RIVIERA BEACH FIRE RESCUE**

A.	Sa	laries	and	Ben	efits
----	----	--------	-----	-----	-------

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 =	\$ 0.0	00	
TOTAL FICA & Other Benefits =			
Total Salaries & Benefits =	\$ 0.0	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
i i	
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 =		\$9324.18
<u>Grand Total = </u>		<u>\$9324.18</u>

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#### **BUDGET PAGE - NORTH PALM BEACH FIRE RESCUE**

Α.	Sala	ries	and	Ben	efits:

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

Amount
·
\$ 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

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#### **BUDGET PAGE - PALM BEACH GARDENS FIRE RESCUE**

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Δ	Sal	aries	and	Ran	ofite:

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

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.

Amount	
\$18	3185.80
\$18	3185.80
04040	)
	\$18

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#### **BUDGET PAGE – GREENACRES FIRE RESCUE**

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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).

List the item and, if applicable, th	e 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
One (1) Lucas Cardiac Compression Device	\$15157.03
Six (6) King Visions Video Laryngoscopes	\$6320.46
Total Veh. & Equipment =	\$21477.49
Grand Total =	\$21477.49

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#### BUDGET PAGE - PALM BEACH COUNTY FIRE RESCUE

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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).

List the item and, if applicable, the quantity	Amount
Total Evnance -	A 0.00
i otai Expenses =	\$ 0.00
	List the item and, if applicable, the quantity  Total Expenses =

**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	
Twenty three (23) portable ventilators	!	\$12857.69
One (1) USmart 3200T Ultrasound System		\$24000.00
Total Veh. & Equipment =		\$36857.69
Grand Total =		\$36857.69

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#### **BUDGET PAGE – TEQUESTA FIRE RESCUE**

Α.	Sala	ries	and	Ben	efits:
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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	 ····
nour, other minge benefits, and the total number of flours.	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).

Amount
<b>\$ 0.0</b>

**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
Grand Total =	\$17374.00

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#### **BUDGET PAGE – WEST PALM BEACH FIRE RESCUE**

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Total Salaries & Benefits =	\$	0.00
TOTAL FICA & Other Benefits =		
TOTAL Salaries =	4	0.00
		* * * * * * * * * * * * * * * * * * * *
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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

Amount	
	<del></del>
	<del></del>
	***************************************
\$	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

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#### **BUDGET PAGE -TOWN OF PALM BEACH FIRE RESCUE**

A.	<b>Salaries</b>	and Be	nefits:
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Total Salaries & Benefits =		\$	0.00
TOTAL FICA & Other Benefits =		***************************************	
TOTAL Salaries =	10000000	\$	0.00
Tiour, other fininge benefits, and the total fluffiber of flours.	Amount		
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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

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	
One (1) Simulation Lab –partial cost		\$3238.19
Total Veh. & Equipment =		\$3238.19
Grand Total =		\$3238.19

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**ATTACHMENT 3** 

#### **BOARD OF COUNTY COMMISSIONERS** PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1 pages

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

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 20	16-2017 - Amending Original Budget to	Actual Awarded Amo	ount					
Revenue								
1425-662-5230-3429 Sta	ate Grant Other Public Safety	205,012	205,012	0	11,538	193,474		
То	tal Revenue and Balance	205,012	205,012	0	11,538	193,474		
Expense								
	her Contractual Services	74,641	74,641	0	74,640	1	0	1
1425-662-5230-3421 Co	ontractual Service-Training	7,000	7,000	0	6,999	1	0	1
1425-662-5230-5212 Sa		4,371	4,371	3,485	Ó	7,856	0	7,856
1425-662-5230-6401 Ma		54,000	54,000	0	53,999	. 1	0	
1425-662-5230-6405 Da	ta Processing Equipment	0	0	23,999	0	23,999	0	23,999
1425-662-5230-8101 Co	ontributions Other Govtl Agency	60,000	60,000	96,616	0	156,616	0	156,616
То	tal Appropriation and Expenditures	205,012	205,012	124,100	135,638	193,474	0	193,474

	Signatures Date	By Board of County Commissioners
PUBLIC SAFETY ADMINISTRATION INITIATING DEPARTMENT/DIVISION	Marine Mature	At Meeting of 12/6/2016
Administration/Budget Department Approval	170000	Deputy Clerk to the
OFMB Department - Posted		Board of County Commissioners

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