Agenda Item #: 3 X (

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

# AGENDA ITEM SUMMARY

Meeting Date: Mar	ch 14, 2017	[X] Consent [ ] Ordinance	[]Regular []Public Hearing
Department: Submitted By: Submitted For:	Department of I Department of I Division of Eme	Public Safety Public Safety ergency Manageme	ent
	<u>l.</u>	EXECUTIVE BRIE	:=====================================
Department of Heal	ounty Grant ID th, Bureau of EM	Code C5050 Awar	ive and file: the Emergency Medicand Letter from the State of Florida expand the EMS system for the period imount of \$193,474.
nie Florida Bureau purchase EMS equi	of EMS, to impro- pment which is d	ve and expand the I listributed to FMS n	provided to Palm Beach County fron EMS system. The funds are used to roviders and other agencies that are funds are required for this grant
every municipal ar County's share of the improve and expanding or the County submitted recounty submitted recounty submitted recounty submitted	ed an Emergency and county movir ne trust fund for Find emergency in agencies that a equests as part wed by the staff of the county of the staff of	Medical Services of Medical Services of Medical Services in Services in Medical Servic	tatutes, Chapter 401, Part II, the FL Trust Fund consisting of a portion of ding DUI convictions. Palm Beach 93,474. These funds will be used to the County. The licensed EMS S grant funding within Palm Beach or funding under this program. The nergency Management and the Gran
Attachments: 1. State of Florid 2. Emergency M	da EMS County G ledical Services (	Grant ID Code C5050 Grant Application	0 Award Letter
Recommended by:	Departme	uf Slinos  nt Director	Date 3-7-77
	Deputy Co	unty Administrato	r Date

# II. FISCAL IMPACT ANALYSIS

# A. Five Year Summary of Fiscal Impact **Fiscal Years** 2017 **2018** 2019 <u>2020</u> 2021 Capital Expenditures **Operating Costs** \$193,474 **External Revenues** (\$193,474) **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 3429B. Recommended Sources of Funds/Summary of Fiscal Impact: Grant funding is provided by the State of Florida, Department of Health, Emergency Medical Services Trust Fund. Grant: Emergency Medical Services Grant Fund: EMS Award - Grant Program Unit: EMS-Public Safety C. Departmental Fiscal Review: III. REVIEW COMMENTS A. OFMB Fiscal and/or Contract Dev. and Control Comments: Contract Administration B. Legal Sufficiency: Assistant County A∕ttorney C. Other Department Review:

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

**Department Director** 

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott

Governor

Celeste Philip, MD, MPH Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

**December 23, 2016** 

Division of Emergency Ma

Verdenia C. Baker, County Administrator Palm Beach County 301 North Olive Avenue West Palm Beach, Florida 33401

JAN 0 9 2017

**Palm Beach County** 

Dear Ms. Baker:

I am pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C5050 in the amount of \$193,474.00 to Palm Beach County. The purpose of this grant is to improve and expand prehospital EMS. Section 401.113(2) (a), Florida Statutes, authorizes and requires this grant program, which is Number 64.005 in the Florida Catalog of State Financial Assistance. The money is state funds from the Department of Health's EMS Trust Fund and there are no federal funds involved.

Your funds for the stated amount will be sent in full, in advance, within approximately 30 days. The grant begins the date of this letter and ends December 15, 2017. Please note that the county must report to the state its grant activities and purchases by the following dates: March 24, 2017, August 14, 2017, and January 5, 2018, the final report. Your signed grant application affirms you have read, understand, and will comply with the conditions and requirements in the "Florida EMS County Grant Program Application Packet, December 2008."

Thank you for your participation in this state EMS grant program. If you need assistance, please contact Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, Emergency Medical Services Section at (850) 245-4440, extension 2734.

Cindy E. Dick, MBA, CPM Interim Division Director

**Emergency Preparedness and Community** 

Support

CED/avl

cc: Bill Johnson, Director of Emergency Management

Florida Department of Health **Division of Emergency Preparedness and Community Support Bureau of Emergency Medical Oversight** 

4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722 PHONE: 850/245-4440 • FAX: 850/245-4378

FloridaHealth.gov





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# EMS COUNTY GRANT APPLICATION

#### FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program Complete all items

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 <b>59600078</b> 5
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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: 12/16/16
Signature:
Position Title: 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
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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 <u>cannot process</u> for funds without a <u>current</u> 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

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## **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.	Amount		
TOTAL Salaries =		\$	0.00
TOTAL FICA & Other Benefits =		Ψ	
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

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
Grand Total =	\$ 9785.00

DH 1684, December 2008

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## **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 <u>excluding</u> expenditures classified

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 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
recine went and, a applicance, the quantity	MINCHIL
One (1) Adult simulation lab	\$24995.00
	of annies and annies a
Total Veh. & Equipment =	\$24995.00
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Grand Total =	\$24995.00

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

A.	Sal	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		
nour, other minge benefits; and the mear 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)

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

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### **BUDGET PAGE - NORTH PALM 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		
· ·			
TOTAL Salaries =	\$ 0.0		
TOTAL FICA & Other Benefits =			
Total Salaries & Benefits =	\$ 0.0		

**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) 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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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
	A PA
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).

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

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#### **BUDGET PAGE - GREENACRES FIRE RESCUE**

Α.	Sal	laries	and	Ben	efits:
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For each position title, provide the amount of salary per hour, FICA per hour, other ringe 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).

s operating capital outlay (see next category).  List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 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
	ANNA MARKANIA MARKANI
· · · · · · · · · · · · · · · · · · ·	
Total Veh. & Equipment =	\$24.477.40
, Ioan tom a Equipment	\$21477.49
Grand Total =	\$21477.49

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

A.	Salar	ies	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		
		<u></u>	
			•
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).

as operating	capital outlay	(see next cate	egory).
•	List the item	and, if applic	able, the

	List the item and, if applicable, the quantity	Amount
:		
		, , , , , , , , , , , , , , , , , , ,
	T.4.1 F	
	Total Expenses =	<b>\$ 0.00</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
Twenty three (23) portable ventilators	\$12857.69
One (1) USmart 3200T Ultrasound System	\$24000.00
Total Veh. & Equipment =	\$36857.6
Grand Total =	\$36857.6

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#### **BUDGET PAGE - TEQUESTA FIRE RESCUE**

A. Salaries and Bei	nefit	8
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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 Expenses =	\$ 0.00
Town Expenses –	Ψ 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
Grand Total =	\$17374.00

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

Δ	Sal	aries	and	Ren	efits

For each position file, 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.

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**

Δ.	Sal	aries	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	ō
TOTAL FICA & Other Benefits =		***************************************	
Total Salaries & Benefits =		\$ 0.0	0

**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		the quantity	List the item and, if applica
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0.00	\$		Total Expenses =	
	\$		Total Expenses =	A STANDARD WAS A STAN

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.

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List the item and, if applicable, the quantity	Amount
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One (1) Simulation Lab –partial cost	\$3238.19
Total Veh. & Equipment =	\$3238.19
Grand Total =	\$3238.1

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