

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	\$193,474				
External Revenues	(\$193,474)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					

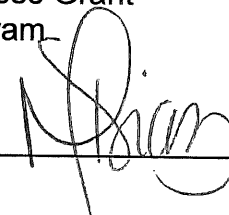
Is Item Included In Current Budget? Yes X No _____
 Budget Account Exp No.: Fund 1425 Department 662 Unit 5230 Object various
 Rev No.: Fund 1425 Department 662 Unit 5230 RevSrc 3429

B. 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.

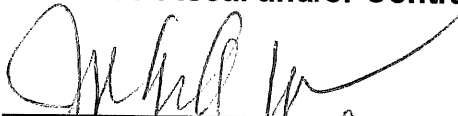
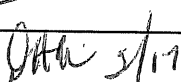
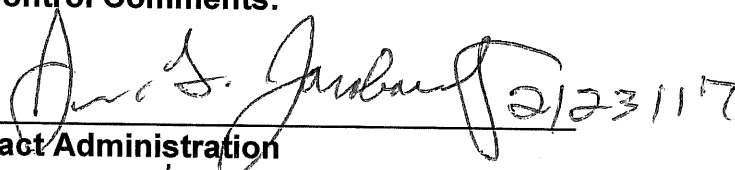
Grant: Emergency Medical Services Grant
 Fund: EMS Award – Grant Program
 Unit: EMS-Public Safety

C. Departmental Fiscal Review:

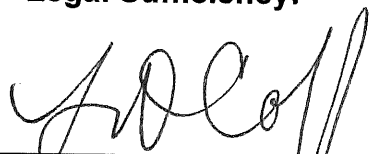
 1/30/2017

III. REVIEW COMMENTS

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

 OFMB 2/14  5/17  2/23/17
 Contract Administration 2/23/17

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Mission:

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



Rick Scott
Governor

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Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

December 23, 2016

Sally
Division of Emergency Management

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

JAN 09 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.

Sincerely,

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

Accredited Health Department
Public Health Accreditation Board

Attachment # 1

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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 assign the ID Code -- leave this blank) C50
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 696000785

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: <i>Verdella C. Baker</i> Date: 12/16/16
Printed Name: Verdella C. Baker
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, FL 33415
Telephone: 561-712-6321 Fax Number: 561-712-6464
E-mail Address: WJJohnson@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

Attachment # 2

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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 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
Grand Total =	\$24995.00

DH 1684, December 2008

Attachment # 2

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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>
Grand Total =	<u>\$9324.18</u>

DH 1684, December 2008

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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

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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

Attachment # 2

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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
Grand Total =	\$21477.49

DH 1684, December 2008

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

DH 1684, December 2008

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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 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 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

Attachment # 2
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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
Grand Total =	\$3238.19