Agenda Item #: 3X3

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: May 16, 2	17	[X] Consent [] Ordinance	[] Regular [] Public Hearing
Department: Submitted By: Submitted For: ====================================	Department of Pu Department of Pu Division of Emerg ========		==================

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: receive and file approved State of Florida Department of Health EMS Grant Program Change Request in the amount of \$27,712.57 for Emergency Medical Services (EMS) Grant ID Code C5050 to improve and expand the EMS system for the period December 23, 2016 through December 15, 2017.

Summary: The County was awarded \$193,474 during the FY2016-17 grant cycle from the State of Florida Department of Health, Bureau of EMS, to improve and expand the EMS systems. Unspent balance from the previous grant cycle FY2015-16, Grant ID code C4050 plus interest earned for a sum total of \$27,712.57 will be rolled over into the FY2016-17, Grant ID Code C5050 bringing the total to \$221,186.57. The grant funding may be used by the County or municipal agencies to purchase EMS equipment or training. According to Resolution #2016-1814, the County Administrator or designee is authorized to sign the Grant Budget Change Request form for the EMS County Grant Award funds. There is no ad valorem funding required. <u>Countywide</u> (LDC)

Background and Justification: Pursuant to Florida Statutes, Chapter 401, Part II, the State of Florida Department of Health, Bureau of Emergency Medical Services has established an Emergency Medical Services Trust Fund funded through a portion of every municipal and county moving violation fine including DUI convictions. The licensed EMS providers within Palm Beach County submit a proposal for training or equipment and reimbursement is provided by the County from their EMS Grant Fund. The proposals are reviewed by the staff of the Division of Emergency Management, Office of Emergency Medical Services, and Grant Review Committee of the EMS Advisory Council of Palm Beach County.

Attachments:

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- 1. State of Florida Department of Health EMS Grant Program Change Request
- 2. Resolution #2016-1814

Recommended By:	Suphary Seriols	4/19/17
	Department Director	Date
Approved By:	\sum	5/.1.7
	Deputy County Administrator	Date
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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	\$27,713	-			
External Revenues	\$(27,713)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included In Curre	ent Budget? Yes	<u>X</u> No			
Budget Account Exp No Rev No	: Fund <u>1425</u> Depart : Fund <u>1425</u> Depart	ment <u>662</u> Un ment <u>662</u> Un	iit <u>5230</u> Obje iit <u>5230</u> Rev	ect v <u>arious</u> Src <u>3429</u>	
		am	Impact:		
Departmental Fiscal Rev		four .	#11/2/17	-	
II. <u>REVIEW COMM</u>	<u>ENTS</u>	V.			
A. OFMB Fiscal and/or	Contract Dev. and C	Control Com	ments:		
OFMB	412117 9 22100 pan 1/20		tract Admin		-3717
B. Legal Sufficiency:	:	L	1/28/17 C	Th	
AD CHAN Assistant County	Attorney		/		

C. Other Department Review:

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Department Director

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

Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: Palm Beach County	Grant ID Code: C5050		
BUDGET LINE ITEM	CHANGE FROM	CHANGE TO	
Town of Palm Beach Fire Rescue Palm Beach County Emergency Management	0.00 0.00	\$21,761.81 \$5,950.76	
TOTAL	\$ 0.00	\$ 27,712.57	

Justification For Change:

The following requests are to utilize the remaining funding of \$25,523.86 plus interest of \$2,188.71 from Grant C4050 and transfer the total of \$27,712.57 to Grant C5050. Please see attached Budget sheets.

The Town of Palm Beach is requesting \$21,761.81 for an Adult Simulation Lab for EMS Training.

Palm Beach County Emergency Management is requesting \$5,950.76 to purchase AED's for County buildings, such as recreational centers.

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	For de	partment use only.	
pproved	Yes 🔲 No 🛄	Change No:	
	Authorized Representativ		Date
Form 1684C, Re	v. June 2002		novedasto for
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BUDGET PAGE/Town of Palm Beach Fire Department

A. Salaries and Benefits:

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hour, other tinge benefits, and the total number of hours.	Amount	
		<u> </u>
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TOTAL Salaries =	\$	0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =	e	0.00
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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 be him and it 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	\$ 21,761.81
Total Veh. & Equipment	\$ 21,761.81
Grand Total	\$ 21,761.81
DH 1684, December 2008	

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BUDGET PAGE/Palm Beach County Emergency Management

A. Salaries and Benefits:

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hour, other hinge benefits, and the total number of hours.	Ameunt	
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TOTAL Salaries =	\$	0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =	e e e e e e e e e e e e e e e e e e e	0.00
	1 v	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).

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Total Expenses =	\$ 0.00
	· · · · · · · · · · · · · · · · · · ·
List the item and, if applicable, the quantity	
	Amount

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	r Amount
Automated External Defibrillators	\$5,950.7
Total Veh. & Equipment	\$5,950.76
Grand Total	\$5,950.76

DH 1684, December 2008

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RESOLUTION NO. R-2016-1814

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 prehospital 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 <u>Berger</u> who moved its adoption. The motion was seconded by Commissioner <u>Kerner</u>, and upon being put to a vote, the vote was as follows:

District 1: Hal Valeche	Ауе
District 2: Paulette Burdick	Aye
District 3: Dave Kerner	Ауе
District 4: Steven L. Abrams	Aye
District 5: Mary Lou Berger	Aye
District 6: Melissa McKinlay	Aye
District 7: Mack Bernard	Ауе

The Mayor thereupon declared the Resolution duly passed and adopted this _____6th _____ day of December 6, 2016.

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PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS SHARON R. BOCK, CLERK By: erk

APPROVED AS TO FORM AND LEGAL SUFFICIENCY By: H į Ву Assistant County Attorney

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