



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Capital Expenditures					
Operating Costs	\$8,214				
External Revenues	(\$8,214)				
Program Income (County)					
In-Kind Match (County)					
<b>Net Fiscal Impact</b>	<b>\$ -0-</b>				

**# ADDITIONAL FTE POSITIONS (Cumulative)**

Does this item include the use of Federal Funds? YES \_\_\_\_\_ NO X

Is Item Included In Current Budget? Yes \_\_\_\_\_ No X

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: [Signature]

**III. REVIEW COMMENTS**

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

[Signature] 2/26/18  
 OFMB  
[Signature] 3/12/18  
 Contract Administration  
[Signature] 3/2/18

**B. Legal Sufficiency:**

[Signature] 3/5/18  
 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

**Celeste Phillip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the Healthiest State in the Nation

December 20, 2017

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

Dear Ms. Baker:

I am pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C6050 in the amount of \$201,688.00 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 January 31, 2019. Please note that the county must report to the state its grant activities and purchases by the following dates: May 11, 2018, September 28, 2018, and February 22, 2019, 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, EMS Section at (850) 558-9550.

Sincerely,

Cindy E. Dick, MBA, CPM  
Interim Division Director  
Emergency Preparedness and Community Support

CED/avl

cc: Bill Johnson, Director of Emergency Management

*Division of Emergency Management*

JAN 8 2018

**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

**Palm Beach County**

Attachment # 1

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R2017:1847

**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) C60

1. County Name: Palm Beach County  
Business Address: 301 North Olive Avenue, West Palm Beach, F: 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: *Verdenia C. Baker* Date: DEC 05 2017  
Printed Name: Verdenia 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: 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)  
Boca Raton Fire Department      Palm Beach County Fire Department  
Boynton Beach Fire Department      Palm Beach Gardens Fire Department  
Delray Beach Fire Department      Riviera Beach Fire Department  
Greenacres Fire Department      Tequesta Fire Department  
North Palm Beach Fire Department      West Palm Beach Fire Department  
Palm Beach Fire Department      Palm Beach County Emergency Management

DH 1684, December 2008

64J-1.015, F.A.C.





















**BUDGET PAGE – Tequesta Fire Department**

**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 =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**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
<b>Total Expenses =</b>	<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
One (1) Power load Cot Fastening System	\$22,000.00
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 22,000.00</b>
<b>Grand Total =</b>	<b>\$ 179,825.00</b>







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, address, and federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person who does business with the state for your organization to provide these.

Name of Agency: Palm Beach County

Mailing Address: 301 North Olive Avenue, West Palm Beach, FL 33401

Federal Identification number: VF 596000785

Authorized County Official: *V. Baker* DEC 05 2017  
Signature Date

Verdenia C. Baker, County Administrator  
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: C60

Approved By: \_\_\_\_\_  
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	05	SF005	750000	059998

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

ATTACHMENT 3

BGRV - 662- 012618 - 199  
BGEX - 662- 012618 - 741

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 2/8/2018	REMAINING BALANCE
<b>EMS State Grant FY 2017-2018 - Amending Original Budget to Actual Awarded Amount</b>								
<b>Revenue</b>								
1425-662-5230-3429	State Grant Other Public Safety	193,474	193,474	8,214	0	201,688		
	<b>Total Revenue and Balance</b>	<b>193,474</b>	<b>217,548</b>	<b>8,214</b>	<b>0</b>	<b>225,762</b>		
<b>Expense</b>								
1425-662-5230-5201	Material/Supplies Operating	5,000	10,000	8,214	0	18,214	7,784	10,430
1425-662-5230-6401	Machinery & Equipment	10,000	10,000	0	9,725	275	0	275
1425-662-5230-6405	Data Processing Equipment	15,000	15,000	0	14,000	1,000	0	1,000
1425-662-5230-8101	Contributions Other Govtl Agency	160,000	177,134	23,725	0	200,859	0	200,859
	<b>Total Appropriation and Expenditures</b>	<b>193,474</b>	<b>217,548</b>	<b>31,939</b>	<b>23,725</b>	<b>225,762</b>	<b>7,784</b>	<b>217,978</b>

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

Signatures \_\_\_\_\_  
Date 2/8/2018

By Board of County Commissioners  
At Meeting of 3/13/2018  
Deputy Clerk to the  
Board of County Commissioners

Attachment # 3

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