Agenda Item #: 3X5

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

	<u> </u>	ENDATTEM COMMA	
Meeting Date: Ma	======= rch 13, 2018	======================================	======================================
Department: Submitted By: Submitted For:	Department of Department of Division of Em		
		I. EXECUTIVE BRIEF	======================================
Motion and Title:	Staff recommer	nds motion to:	
Letter from the Sta	te of Florida Dep	artment of Health, Bur	County Grant ID Code C6050 Awar reau of EMS to improve and expan h January 31, 2019 in the amount
B) approve a bud reflect the actual gr	lget amendment ant award of \$20	of \$8,214 in the EMS 11,688.	Grant Fund to adjust the budget t
the Florida Bureau purchase EMS equ eligible for EMS gr Administrator to si	of EMS, to impro uipment which is rant funding. On gn the FY 2017-	ove and expand the E distributed to EMS pro December 5, 2017, F	rovided to Palm Beach County from MS system. The funds are used to by the system of the funds are used to by the system of the count of the grant application. No count (LDC)
every municipal and share of the trust fu expand emergency agencies that are e as part of a group	ed an Emergend d county moving nd for FY 2017-2 medical service ligible for EMS gr effort for funding	by Medical Services Tractions including DU violations including DU 018 is \$201,688. Thes is in the County. The rant funding within Palr under this program.	tutes, Chapter 401, Part II, the Fl rust Fund consisting of a portion of II convictions. Palm Beach County se funds will be used to improve an licensed EMS providers and other m Beach County submitted request The requests were reviewed by the rant Review Committee of the EM
	Medical Services	Grant ID Code C6050 Grant Application	Award Letter
	·		
Recommended by	: Departm	for Stohanie ent Director	Servily 2/22/18 Date
Approved by:	(- t.		3/5/18
	Deputy C	ounty Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fi	scal Impact				
Fiscal Years	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	2022
Capital Expenditures Operating Costs	\$8,214				
External Revenues Program Income (County) In-Kind Match (County)	(\$8,214)				
Net Fiscal Impact	\$ -0-				
# ADDITIONAL FTE POSITIONS (Cumulative) Does this item include the use is item include the use is item included in Current Bush Budget Account Exp No.: Fun Rev No.: Fun	dget? Yes _	No _ nent <u>662</u> Un	X iit <u>5230</u> Objec	t various	
B. Recommended Sources of Grant funding is provided Medical Services Trust Fo	Funds/Summa	ry of Fiscal	Impact:	-	ency
Grant: Emergency Medica Fund: EMS Award – Gran Unit: EMS-Public Safety C. Departmental Fiscal Review	nt Program		<u>.</u>		
	III. REVIEW C	OMMENTS			
A. OFMB Fiscal and/or Contra OFMB OFMB OFMB OFMB	act Dev. and Co	Ano De	nents: Juston 18 File	312)	
B. Legal Sufficiency:					
Assistant County Attorn	=				
C. Other Department Revie	w:				
Department Director	<u>.</u>				

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

Colesto Philip, MD, MPH Surgeon General and Secretary

Wision: 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

.IAN 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

Palm Beach County



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Page	1		_of	1	

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
County Name: Palm Beach County Business Address: 301 North Olive Avenue, West Palm Beach, 5: 33401
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 to the Florida EMS County Grant Application.
Signature: //C//O/M/ C
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 sutherized to sign person
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 Multary Trail
West Palm Beach. FL 33415
Telephone: 561-712-6321 Fax Number: 561-712-6464 E-mail Address: WPJohnson@pbcgov.org
E-mail Address. WPJonnson@pocgov.org
4. Resolution: Attach a resolution from the Board of County Commissioners certifying the grant funds
Will intribute drug extrangline county pre-nospital EMS system and will not be used to expellent assess to
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)
Boca Raton Fire Department Palm Beach County Fire Department
Boynton Beach Fire Department Palm Beach Gardens Fire Department
Boynton Beach Fire Department Palm Beach Gardens Fire Department
Delray Beach Fire Department Riviera Beach 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.
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Attachment# 2

Page 1 of 14

BUDGET PAGE -Boca Raton Fire Department

or each position title, provide the amount of salary per hour, FICA per our, other fringe benefits, and the total number of hours.	Amount	
·		
TOTAL Salaries =	\$ 0.00	
TOTAL FICA & Other Benefits = Total Salaries & Benefits =	£ 0.00	
Expenses: These are travel costs and the usual, ordinary, and incidental nov, such as, commodities and supplies of a consumable pature excluding	\$ 0.00	
ating capital outlay (see next category). List the item and, if applicable, the quantity	Amount	
Total Expenses =	\$ 0.00	
Vehicles, equipment, and other operating capital outlay means equipment gible personal property of a non consumable and non expendable nature water (1) year or more.	nt, fixtures, and other vith a normal expected life	
List the item and, if applicable, the quantity	Amount	
chase of PulsePoint Software	\$18,000.00	
	•	
Total Vehicles & Equipment =	\$ 18,000.00	
Grand Total =	\$ 18,000.00	
2		
·		
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Fage 2 of 14

BUDGET PAGE - Boynton Beach 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
TOTAL Salaries =	
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
	The state of the s
Total Expenses =	\$ 0.00
TAME EXPONE	\$ 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.

of one (1) year or more.		
List the Item and, if applicable, the quantity	Amount	
Six (6) King Vision Laryngoscopes	\$7,200.00	
Total Vehicles & Equipment =		
Total Velicies & Equipment -	\$ 7,200.00	
Grand Total =	<u>\$ 25,200.00</u>	

3

Fage 3 of 14

BUDGET PAGE – Delray Fire Department

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
	<u> </u>

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) Patient Transport Stretcher	\$37,000.0	
	*	
Total Vehicles & Equipment =	\$ 37,000.00	
Grand Total =	\$ 62,200.00	

DH 1684, December 2008

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rage	4	o e e e e e e e e e e e e e e e e e e e	_of		4

BUDGET PAGE – Greenacres Fire Department

For each position title, provide the amount of salary per hour, FICA per nour, other fringe benefits, and the total number of hours.	Amount	
TOTAL Salaries =	\$	0.00
TOTAL FICA & Other Benefits =	φ	0.00
Total Salaries & Benefits =	\$	0.00

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) Cardiac Compression Devise	\$16,000.00
·	
	THE STATE OF THE S
Total Vehicles & Equipment =	\$ 16,000.00
Grand Total =	\$ 78,200.00

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Page	5	When No.	_of	14	

BUDGET PAGE - North Palm Beach 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	
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

property of a non consumable and non expendable nature with a normal expendable the item and, if applicable, the quantity	Amount
Electronic Narcotic locks and boxes	\$15,200.00
Total Vehicles & Equipment =	\$ 15,200.00
Grand Total =	\$ 93,400.00

Attachment# 2

Fage 6 of 14

BUDGET PAGE - Palm Beach 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	
	Amount	
TOTAL Salaries =	\$	0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =	S	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

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	\$23,325.00
Total Vehicles & Equipment =	\$ 23,325.00
Grand Total =	\$ 116,725.00

-

BUDGET PAGE - Palm Beach County 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
•	
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
I Sat Distribution System	\$16,100.00
Total Vehicles & Equipment =	\$ 16,100.00
Grand Total =	\$ 132,825.00

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Attachment# _______
Fage _____8___of _____14____

BUDGET PAGE - Palm Beach Gardens Fire Department

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 =	+ 0.0
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 =	• ^
Total Expelises -	\$ 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
	a marie sin na
Mobile Medical Cabinets and Trunks	\$15,000.00
,	
Total Vehicles & Equipment =	\$ 15,000.00
Grand Total =	\$ 147,825.00

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Fage	7		of	14	

BUDGET PAGE - Riviera Beach 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	 :
		 -,,
	· · · · · · · · · · · · · · · · · · ·	
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

List the item and, if applicable, the quantity	Amount
Medical Cabinets and Boxes for Narcotles accounting	\$10,000.00
Total Vehicles & Equipment =	\$ 10,000.00
Grand Total =	\$ 157,825.00

Attachment#	2
Fage 10	of 14

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.	A
, and the state of	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 =	\$ 0.00
	4 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)	Power load Cot Fastening System	\$22,000.00
	Total Vehicles & Equipment =	\$ 22,000.00
	Grand Total =	\$ 179,825.00

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Page	11	of	_1	4

BUDGET PAGE- West Palm Beach 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	į
TOTAL Salaries =	\$	0.00
TOTAL FICA & Other Benefits =		
Total Salaries & Benefits =	\$	0.00
B. Expenses: These are travel costs and the usual ordinary and inciden	tal avpandituras by an ac-	

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

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.

property of a non consumable and non expendable nature with a normal exp List the item and, if applicable, the quantity	Amount
MCI Rapid Response Kit	\$20,000.00
Total Vehicles & Equipment =	\$ 20,000.00
Grand Total =	<u>\$ 199,825.00</u>

in Hij	itac	hment	*	PARTICULAR DE LA CONTRACTION D	2		
-	age	12	anawa	_of	Palining days	14	or and the second

BUDGET PAGE- Palm Beach County Emergency Management

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	- i	
3 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	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
	Amount
	•
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
Purchase of AED's for Countywide Facilities	
To the sound will be seen that the seen	1,863.00
	,
Total Vehicles & Equipment =	\$ 1,863.00
	4 1,000,00
Grand Total =	\$ 201,688.00

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Page	13	_of	14

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.

The agency name, address, and system. Ask a finance person who	does busines	ss with the state for	r your organizat	tion to pro	ovide these.	
Name of Agency: Palm Bea	ch County					
Mailing Address: 301 North	Olive Avenue,	West Palm Beach, l	FL 33401			
Federal Identification numb	er: VF 5<u>9</u>60007	785				
Authorized County Official:	Wild	aker		DEC 0	5 2017	
	Signature		Date	···		
	Verdenia C. Type or Print N	Baker, County Adı lame and Title	ministrator			
Sign	and return thi	is page with your a	pplication to:			
•		Department of Hea				
En	nergency Med	lical Services Section	on. Grants			
		Cypress Way, Bin . ee, Florida 32399-1				
Do not write below th		•		issa D		
				ices Prog	ram	
Grant Amount for State to Pay: \$		Grant ID: Code	: <u>C60</u>			
Approved By:			•			
Signature of State El	MS Grant Offic	er	Date		•	
State Fiscal Year: 2017 - 201	8					
Organization Code E.O.	<u>OCA</u>	Object Code	Category			
64-61-70-30-000 05	SF005	750000	059998			
Federal Tax ID: VF						
Grant Beginning Date:		Grant Ending Date	ə:			
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OH 1767P, December 2008	64J-1.015, F.A	.C.				

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Page	14		of	14	}

18-

ATTACHMENT 3

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1 pages

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
EMS State Grant FY 2017	-2018 - Amending Original Budget to A	Actual Awarded Amo	ount					
Revenue								
1425-662-5230-3429 State	Grant Other Public Safety	193,474	193,474	8,214	0	201,688		
Total	Revenue and Balance	193,474	217,548	8,214	0	225,762		
Expense								
1425-662-5230-5201 Mate	rial/Supplies Operating	5,000	10,000	8,214	0	18,214	7,784	10,430
1425-662-5230-6401 Mach	ninery & 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 Cont	ributions Other Govtl Agency	160,000	177,134	23,725	. 0	200,859	0	200,859
Total	Appropriation and Expenditures	193,474	217,548	31,939	23,725	225,762	7,784	217,978

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

gnatures	Date
Dias	28/2018

By Board of County Commissioners
At Meeting of 3/13/2018

Deputy Clerk to the

Board of County Commissioners

Attachment # _____

Page _____of _____