

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: March 12, 2019

[X] Consent
[] Ordinance

☐ Regular
☐ Public Hearing

Department: Department of Public Safety

Submitted By: Department of Public Safety

Submitted For: **Division of Emergency Management**

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) receive and file the Emergency Medical Services (EMS) County Grant ID Code C7050 Award Letter from the State of Florida Department of Health, Bureau of EMS to improve and expand the EMS system for the period December 21, 2018 through December 31, 2019, in the amount of \$160,789; and

B) approve a downward budget amendment of \$40,899 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$160,789.

Summary: The EMS County Grant (CSFA #64.005) is an annual grant provided to Palm Beach County from the Florida Bureau of EMS, to improve and expand the EMS system. The funds are used to purchase EMS equipment which is distributed to EMS providers and other agencies that are eligible for EMS grant funding. On December 4, 2018, R2018-1928 authorized the County Administrator to sign the FY2018-2019 annual EMS county grant application. **No county matching funds are required for this grant.** Countywide (LDC)

Background and Justification: Pursuant to Florida Statutes, Chapter 401, Part II, the FL-EMS has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violations including DUI convictions. Palm Beach County's share of the trust fund for FY2018-2019 is \$160,789. These funds will be used to improve and expand emergency medical services in the County. The licensed EMS providers and other agencies that are eligible for EMS grant funding within Palm Beach County submitted requests as part of a group effort for funding under this program. The requests were reviewed by the staff of the Division of Emergency Management and the Grant Review Committee of the EMS Advisory Council.

Attachments:

1. State of Florida EMS County Grant ID Code C7050 Award Letter
2. Emergency Medical Services Grant Application
3. Budget Amendment

Recommended by: *Sepmola*
Department Director

2/8/19
Date

Approved by: 
Assistant County Administrator

3/1/19
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
Capital Expenditures					
Operating Costs	(\$40,899)				
External Revenues	\$40,899				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	\$ -0-				

ADDITIONAL FTE
POSITIONS (Cumulative) _____

Is Item Included In Current Budget? Yes _____ No X
Does this item include the use of federal funds? 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:

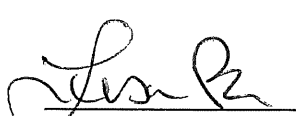
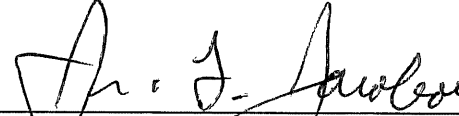
Grant funding is provided by the State of Florida, Department of Health, Emergency Medical Services Trust Fund.

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

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

 2/21/19
 OFMB
 2/26/19
 Contract Administration
 2/26/19 (TW)

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

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Division of Emergency Management

December 21, 2018

DEC 31 2018

Palm Beach County

Verdenia C. Baker, 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 C7050 in the amount of \$160,789.00 to Palm Beach County. The purpose of this grant is to improve and expand pre-hospital 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 31, 2019. Please note that the county must report to the state its grant activities and purchases by the following dates: May 1, 2019, September 6, 2019, and January 17, 2020, 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 Mr. Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, EMS Unit at (850) 558-9550.

Sincerely,

Doug Woodlief
Division Director
Emergency Preparedness and Community Support

DHW/avl

cc: Bill Johnson, Director

Attachment # 1

Page 1 of 1

Florida Department of Health
Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399
PHONE: 850/245-4864 • FAX: 850/921-8162
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



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) C70

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 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:	Date: 12/14/18
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 S. Military Trail	
West Palm Beach, FL 33415	
Telephone: 561-712-6321	Fax Number: 561-612-6464
E-mail Address: WPJohnson@pbccgov.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 this resolution.

5. Organization List: Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)	
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 Fire Department	

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 =	\$ 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 Chest Compression System	\$10876.00
Total Vehicles & Equipment =	\$10876.00
<u>Grand Total =</u>	<u>\$10876.00</u>

DH 1684, December 2008

Delray 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 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) Zoll AED's	\$2958.41
HANDTEVY Pediatric Training & Equipment	\$6041.59
Total Vehicles & Equipment =	\$9000.00
<u>Grand Total =</u>	<u>\$19876.00</u>

DH 1684, December 2008

Greenacres 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 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	\$14192.00
Three (3) Xplore XSLATE D10 Tablets	\$6000.00
Total Vehicles & Equipment =	\$20192.00
Grand Total =	\$40068.00

DH 1684, December 2008

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 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) Zoll Monitor	\$27317.00
Total Vehicles & Equipment =	\$27317.00
Grand Total =	\$67385.00

DH 1684, December 2008

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 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) Tactical gear – PEMS	\$367.00
Total Vehicles & Equipment =	\$367.00
Grand Total =	\$67751.00

DH 1684, December 2008

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 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) USmart 3200T Ultrasound system	\$24600.00
Total Vehicles & Equipment =	\$24600.00
Grand Total =	\$92351.00

DH 1684, December 2008

Palm Beach Gardens 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 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
Five (5) AED's	\$ 11975.00
Five (5) AED Wall Cabinets	\$ 1700.00
Total Vehicles & Equipment =	\$13675.00
Grand Total =	\$106026.00

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 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 Powerload Stretcher	\$ 22934.00
Total Vehicles & Equipment =	\$22934.00
Grand Total =	\$128960.00

DH 1684, December 2008

Attachment # 2

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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
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 Chest Compression System	\$ 17192.00
Total Vehicles & Equipment =	\$17192.00
Grand Total =	\$146152.00

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
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) Zoll AutoPulse System	\$ 14636.00
Total Vehicles & Equipment =	\$14636.00
Grand Total =	\$160789.00

DH 1684, December 2008

Attachment # 2

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FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

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 in your organization who does business with the state to provide these.

Name of Agency: Palm Beach County

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

Federal 9-digit Identification number: 596000785

3-digit seq. code n/a

Authorized County Official: Verdenia C. Baker

Signature

Date

12/14/18

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 Unit, 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 Section

Grant Amount for State to Pay: \$ _____ Grant ID: Code: C70

Approved By: _____
Signature of State EMS Unit Supervisor

_____ Date

Approved By: _____
Signature of Contract Manager

_____ Date

State Fiscal Year: 2018 - 2019

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	751000	059998

Federal Tax ID: VF _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____

Attachment # 2

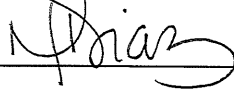
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FUND 1425 - EMS Public Safety Grants

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 1/10/2019	REMAINING BALANCE
EMS State Grant FY 2018-2019 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-662-5230-3429	State Grant Other Public Safety	201,688	201,688	0	40,899	160,789		
	Total Revenue and Balance	201,688	201,688	0	40,899	160,789		
Expense								
1425-662-5230-3401	Other Contractual Services	5,000	5,000	0	4,999	1	0	1
1425-662-5230-3421	Contractual Services - Training	3,000	3,000	0	2,999	1	0	1
1425-662-5230-5212	Safety Supplies	3,472	3,472	0	3,471	1	0	1
1425-662-5230-6401	Machinery & Equipment	10,000	10,000	0	400	9,600	0	9,600
1425-662-5230-8101	Contributions Other Govtl Agency	160,216	160,216	0	29,030	131,186	38,000	93,186
	Total Appropriation and Expenditures	201,688	201,688	0	40,899	160,789	38,000	122,789

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

Signatures	Date
	1/22/19
_____	_____
_____	_____

By Board of County Commissioners
At Meeting of 3/12/2019

Deputy Clerk to the
Board of County Commissioners