

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: April 6, 2021

Consent  
 Ordinance

Regular  
 Public Hearing

Department: Parks and Recreation

Submitted By: Parks and Recreation Department

Submitted For: Parks and Recreation Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to:

**A) ratify** the signature of the Mayor on an Emergency Medical Services (EMS) matching grant application submitted to the State of Florida Department of Health on February 5, 2021, requesting \$21,029 for fourteen Automated External Defibrillators (AEDs) for Ocean Rescue; and

**B) authorize** the County Administrator or designee to execute the Grant Agreement and all future time extensions, task assignments, certifications, standard forms, or amendments to the Agreement that do not change the terms and conditions of the Agreement if the grant is approved.

**Summary:** This grant application requests \$21,029 in EMS Florida Department of Health funding for the procurement of 14 AEDs. The existing AEDs are several years old and do not adhere to the latest American Heart Association guidelines that include CPR feedback on the rescuer's compression rate, depth, and breaths. The grant request is for \$21,029 and requires a \$7,009 match, which will be funded from the Park Improvement Fund. The State's time frame for this application did not allow for prior approval by the Board. To meet the grant application deadline, Mayor Kerner signed the application on behalf of the Board as authorized by the Palm Beach County Administrative Code, Section 309.00. This Code requires that the grant be presented to the Board for ratification at the next available Board meeting after signature by the Mayor. Countywide (AH)

**Background and Justification:** Palm Beach County Ocean Rescue Lifeguards are responsible for public safety at 14 waterfront parks from Boca Raton to Tequesta spanning 2.9 miles of beach, approximately 367 acres of park property and a total of 33 lifeguard towers. Beach attendance was 4.2 million in 2020, with 108 major medical calls, 12,646 minor medical calls and 175 rescues. Ocean Rescue personnel will respond to the neighboring unguarded beaches up to a mile away if dispatched to a medical or water emergency. Incidents within the park boundary can vary from 1.98 acres to 120 acres.

Currently, there is one AED available at each of the 14 guarded beach parks. The distance between where the AED is stored and to where the lifeguards respond can vary up to a mile away. When the AED leaves the immediate vicinity due to an emergency there is no back-up AED accessible for that Park. Having two AEDs at each of the 14 guarded beaches would give Ocean Rescue personnel a faster response time to emergencies that occur in various locations throughout the park or outside the park boundaries. The EMS Matching Grant provides funds from the Florida Department of Health available to county governments for the procurement of emergency medical equipment.

**Attachment:** Grant Application

Recommended by:   
Department Director

3-1-21  
Date

Approved by:   
Assistant County Administrator

3/19/2021  
Date

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____
<b>Is Item Included in Current Budget:</b>		Yes	_____	No	<u>X</u>
<b>Does this item include use of federal funds?</b>		Yes	_____	No	<u>X</u>

Budget Account No.: Fund \_\_\_ Department \_\_\_ Unit \_\_\_  
 Object \_\_\_ Program N/A

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

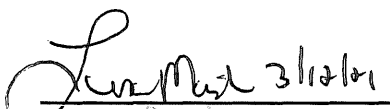


There is no fiscal impact at this time. Should the grant be awarded, a budget amendment will be brought before the Board for approval and the respective funding sources would be as follows:



EMS Grant	0001-580-5237	\$21,029
Park Improvement Fund (Match)	3600-581-P869	<u>\$7,009</u>
Total Grant Cost		\$28,038

C. Departmental Fiscal Review: 


**III. REVIEW COMMENTS**

**A. OFMB Fiscal And/Or Contract Development and Control Comments:**

 3/12/21  
 OFMB  BR 3/11  3/12

 3/18/21  
 Contract Development & Control  3/18/21 TW

**B. Legal Sufficiency:**

 3/19/21 FOR A. Hillcut  
 Assistant County Attorney

**C. Other Departmental Review:**

\_\_\_\_\_

REVISED 09/2003  
 ADM FORM 01

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)



**Parks and Recreation  
Department**

2700 6th Avenue South  
Lake Worth, FL 33461  
(561) 966-6600

Email: [pbcparks@pbcp.gov](mailto:pbcparks@pbcp.gov)  
[www.pbcparks.com](http://www.pbcparks.com)



**Palm Beach County  
Board of County  
Commissioners**

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

Melissa McKinlay

Mack Bernard

**County Administrator**

Verdenia C. Baker

**TO:** David Kerner, Mayor  
Board of County Commissioners

**FROM:** Eric Call, Director  
Parks and Recreation Department

**DATE:** February 1, 2021

**RE:** Authorization to Submit Grant Application

Pursuant to Section 309 of the Administrative Code, your signature is requested for a Florida Department of Health – Emergency Medical Services Matching Grant application. If awarded this grant will help purchase 14 new AED units to be used by Ocean Rescue Lifeguards at County beaches. The Parks and Recreation Department is requesting \$21,029 in funding which \$7,009 in Aquatic’s Capital funding will be matching.

The emergency signature process is being utilized because there is not sufficient time to submit this funding request through the regular Board of County Commissioners’ agenda process before the application due date on February 12, 2021. Staff will submit the application for the Board’s review at the next available meeting scheduled for April 6, 2021.


If you have any questions regarding this grant application, please contact Julia Leo, Ocean Rescue Chief with the Parks and Recreation Department at 561-966-6652.

**Approved:**

  
Department Director

Anne Helfant  
Assistant County Attorney

Lauren  
Magierowski A.  
OFMB

  
Assistant County Administrator

Attachments

“An Equal Opportunity  
Affirmative Action Employer”

Official Electronic Letterhead



**Parks and Recreation  
Department**

2700 6th Avenue South

Lake Worth, FL 33461

(561) 966-6600

Email: [pbcparcs@pbcgov.org](mailto:pbcparcs@pbcgov.org)

[www.pbcparcs.com](http://www.pbcparcs.com)

PALM BEACH COUNTY



**PARKS & RECREATION**

**Palm Beach County  
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*"An Equal Opportunity  
Affirmative Action Employer"*

Official Electronic Letterhead

February 1, 2021

EMS Matching Grants  
DOH EMS Section, Grants  
4052 Bald Cypress Way, A22  
Tallahassee, FL 32399-1722

**Re: Ocean Rescue's request for AED Plus equipment**

To whom it may concern:

Palm County County's 112 Ocean Rescue employees guard over 2.9 miles of beachfront in 14 County Parks and serve over 4.2 million visitors annually. The lifeguards not only guard the beach in County parks but also perform medical and water emergency rescues over a mile away when needed.

The Parks and Recreation Department is requesting \$21,029 in funding to purchase 14 AED Plus units for use at County beaches. Ocean Rescue currently only has one older AED unit per park. These older units do not provide CPR performance feedback as recommended by the American Heart Association 2015 guidelines. If funding is awarded the new AEDs will help save the lives of both residents and visitors.

If you have any questions or need additional information, please contact Julia Leo, Ocean Rescue Chief at 561-694-7482 or via email at [jeleo@pbcgov.org](mailto:jeleo@pbcgov.org).

Thank you for your time and consideration of our funding request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eric Call".

Eric Call, Director  
Palm Beach County Parks and Recreation Department

JM/EC

**EMS MATCHING GRANT APPLICATION**



**FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Section**

*(Complete all items unless instructed differently within the application)*

Type of Grant Requested:  Rural  Matching

ID Code (The State EMS Section will assign the ID Code – (leave this blank) \_\_\_\_\_)

1. <u>Organization Name:</u> Palm Beach County/Parks and Recreation Department	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application.)	
Name: David M. Kerner	
Position Title: Mayor, Palm Beach County Board of County Commissioners	
Address: 301 N. Olive Avenue	
Suite 1201	
City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33401
Telephone: 561-355-2203	Fax Number:
Email Address: dkerner@pbcgov.org	

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: Julia Leo	
Position Title: Ocean Rescue Chief	
Address: 2700 6 <sup>th</sup> Avenue south	
City: Lake Worth	County: Palm Beach
State: Florida	Zip Code: 33461
Telephone: 561-694-7482	Fax Number: 561-242-6928
Email Address: jeleo@pbcgov.org	

4. **Legal Status of Applicant Organization (Check only one response):**

(1)  Private Not for Profit [Attach documentation-501 (3) ©]  
 (2)  Private for Profit  
 (3)  City/Municipality/Town/Village  
 (4)  County  
 (5)  State  
 (6)  Other (specify): \_\_\_\_\_

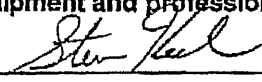
5. **Federal Tax ID Number (Nine Digit Number):** VE 59-6000785

6. **EMS License Number:** N/A Type:  Transport  Non-transport  Both

7. **Number of Permitted Vehicles by Type:** N/A BLS \_\_\_\_\_ ALS Transport \_\_\_\_\_ ALS non-transport

8. **Type of Service (check one):**  Rescue  Fire  Third Service (County or City Government, non-fire)  Air Ambulance  Fixed Wing  Rotor Wing  Both  Other (specify) Ocean Rescue

9. **Medical Director of Licensed EMS Provider:** If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature:  Date: 1/20/21

Print/Type: Name of Director Dr. Steven Keehn

Florida License Number os11495

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

10. **Justification Summary:** Provide on no more than three one-sided, double-spaced pages, a summary addressing this project covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need);  
 B) Present situation (Describe how the situation is being handled now);  
 C) The proposed solution (Present your proposed solution);  
 D) Consequences if not funded (Explain what will happen if this project is not funded);  
 E) The geographic area to be addressed (Provide a narrative description of the geographic area);  
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project);  
 G) Data sources (Provide a complete description of data source(s) you cite);  
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

**Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.**

**11. Outcome for Projects that Provide or Effect Direct Services to Emergency Victims:** This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

**See Attached-Summary**

**12. Outcome for Training Projects:** This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates)?
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

**13. Outcome for Other Projects:** This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

**Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.**

**14. Research and Evaluation Justification Summary and Outcome:** You may use no more than three additional one-sided, double-spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.  
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

**ALL APPLICANTS MUST COMPLETE ITEM 15.**

**15. Statutory Considerations and Criteria:** The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
  - 1) EMS services on a county, multi county, or area wide basis.
  - 2) Single EMS provider or coordinated methods of delivering services.
  - 3) Coordination of all EMS communication links with police, fire, emergency vehicles, and other related services.

**See Attached-Summary**

DH FORM 1767 [2013]



10. **Justification Summary:**

- A) **Problem description (Provide a narrative of the problem or need):** Currently, we have (1) AED available at each of our 14 guarded beach parks. The distance between where the AED is stored and to where the lifeguards respond can vary to a mile away. When the AED leaves the immediate vicinity due to an emergency there is no back-up AED accessible for that Park. Additionally, the existing AEDs are several years old and do not adhere to the latest AHA guidelines that include CPR feedback on the rescuer's compression rate, depth, and breaths.
- B) **Present situation (Describe how the situation is being handled now):** Ocean Rescue lifeguards respond to medical and water emergencies within the County's beach parks and up to a mile away. When an incident arises, the ocean lifeguards provide emergency medical assistance to beachgoers and utilize the existing AED when necessary.
- C) **The proposed solution:** Increasing the quantity of AEDs available at our 14 guarded beach parks from one (1) to two (2) at each location would better equip the ocean rescue lifeguards when responding to emergencies. It would also enable them to have access to an additional AED if multiple incidents occur at the same time within the park.
- D) **Consequences if not funded:** Palm Beach County Ocean Rescue beaches had a beach attendance of 4.2 million in 2020, 108 major medical calls, and 12,646 minor medical calls. If not funded, only one (1) AED would be readily accessible at each of our 14 guarded beaches and could possibly delay lifesaving interventions for a patient if multiple emergencies occur at the same time. Additionally, if Ocean Rescue staff were involved with a mass casualty incident then having only (1) AED would not suffice for adequate patient care.
- E) **The geographic area to be addressed:** Palm Beach County Ocean Lifeguards are responsible for public safety at 14 waterfront parks from Boca Raton to Tequesta spanning 2.9 miles of beach, approximately 367 acres of park property and a total of 33 lifeguard towers. Ocean Rescue personnel will respond to the neighboring unguarded beaches up to a mile away if dispatched to a medical or water emergency. Incidents within the park boundary can vary from 1.98 acres to 120 acres.
- F) **The proposed time frames:** This project would take a maximum of three months to implement. As soon as the new AEDs are received, the Ocean Rescue staff would begin training staff on the new equipment. It is estimated

that it would take one to three months to train all of the 112 ocean rescue lifeguards. Once training is complete, the AEDs would immediately go into service.

- G) **Data Source:** Daily statistics are obtained by Ocean Rescue personnel at each beach which include attendance, major medical calls, minor medical calls, rescues in rip currents, rescues in swift water, and other bather rescues, bather assists, boat rescues, number of boat passengers rescued and/or assisted, drownings in guarded and unguarded areas, and number of law enforcement calls. The daily statistics are reported to Ocean Rescue management and compiled into daily, monthly and annual reports.
- H) **Statement attesting that the proposal is not a duplications of a previous effort:** The Palm Beach County's Parks and Recreation has not previously submitted for an EMS grant to obtain AEDs.

**11. Outcome for Projects That Provide or Effect Direct Services to Emergency Victims:**

- A) **Quantify what the situation has been in the most recent 12 months for which you have data:** Beach attendance in 2020 was approximately 4.2 million, a decrease of over 1 million from the previous years due to the pandemic closing the beaches for two months in high tourist season. In 2020, there was one fatality in the guarded area on September 2<sup>nd</sup> at Dubois Park and the AED was used. The current AED's in-service do not give CPR feedback. In 2019, the AED's were utilized three times.
- July 11<sup>th</sup> at Phil Foster Park for a drug overdose and the patient survived.
  - In May there was a drowning fatality at Ocean Reef Park.
  - November 29<sup>th</sup> for a diving victim offshore and the patient did not survive.
- B) **In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "A" should become:** Emergency incidents are unpredictable and can occur at any time. Therefore, it would be impossible to estimate the number of times an AED will be utilized in any given year. However, beach attendance has increased 9% from 2017 to 2019 and historically will continue to increase. Since the beaches have re-opened from COVID-19, monthly beach attendance has increased from 2019. With an increase in attendance one can assume that additional emergency situations requiring the use of an AED would occur.

- C) **Justify and explain how you derived the numbers in (a) and (b) above:** Ocean Rescue statistics and accident/incident reports provided the data when the lifeguards utilized the AED.
- D) **What other outcome of this project do you expect?** It is Ocean Rescue's mission to provide the best on scene emergency care to beach patrons. As our beach visitor population grows, our patient survival would increase by providing the best possible emergency equipment available, regardless if the patients are in the park boundary or outside the guarded areas.
- E) **How does this integrate into your agency's five year plan?** Additional AED's will increase our readiness to respond to emergencies and enhance public safety. It would enable updating employee training to save lives by improving their performance, timeliness, and efficacy. It would update existing equipment to the latest AHA guidelines that would give CPR feedback on the rescuer's compression rate, depth, and breaths. AED's would be accessible to each swimmer / beach patron regardless of where they are in the park.

**15. Statutory Considerations and Criteria:**

- A) **Serve the requirements of the population upon which it will impact:** 4.2 million
- B) **Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.** N/A
- C) **Enable emergency vehicles and their staff to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.** N/A
- D) **Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.** N/A
- E) **Enable your organization to improve or expand the provision of:**
  - 1) **EMS services on a county, multi county, or area wide basis.** N/A
  - 2) **Single EMS provider or coordinated methods of delivering services.** N/A
  - 3) **Coordination of all EMS communication links with police, fire, emergency vehicles, and other related services.** N/A

16. Work Activities and Time Frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

<b>Work Activity</b>	<b>Number of Months After Grant Starts</b>	
	<u>Begin</u>	<u>End</u>
Training Ocean Rescue staff on new equipment.	One(1)	three(3)

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

**Palm Beach County Received \$147,932 in State EMS grant funding for FY2020 -2021. Due to COVID the Palm Beach County EMS Board has not allocated this funding, yet. In the past the EMS State grant allocation was used to purchase life-saving medical equipment for County and Municipal Fire Rescue Departments and a portion of the funding was given to Palm Beach County Risk Management for AEDs for the County facilities. Due to the delay in the FY2020 – 2021 State grant allocation, we are unable to secure funding from this grant year to pay for the particular AEDs needed for our Ocean Rescue.**

18. Budget:		
<b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	<b>Costs</b>	<b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
<b>TOTAL:</b>	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Expenses:</b> 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).	<b>Costs:</b> List the price and source(s) of the price identified.	<b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project.
<b>TOTAL:</b>	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Vehicles, Equipment, and Other:</b> Operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, and the normal expected life of, which is 1 year or more.	<b>Costs:</b> List the price of the item and the source(s) used to identify the price.	<b>Justification:</b> State why each of the items and quantities listed is a necessary component of this project.
14 – Zoll AED 3 Semi-Automatic package. Color touch screen LCD display, Real CPR Help, UniPads and WiFi enabled; including weather proof case and spare pads 14 x \$1,908 each	26,712  Attached quote	AED to save lives, one for each beach front park with weather proof case and spare pads
2 – Zoll AED 3 Trainer Includes: Operator's Manual, Wireless Trainer remote, CPR-D Training Padz (one set), Training CPR-D Reusable Gels (one set), (4) D cell Batteries for Trainer (good for more than 100 training hours), and 2 AA cell batteries for remote operator's guide 2 x \$559 each	1,118  Attached quote	Train staff on new equipment, two for each district.
1 – Zoll Training CPR Uni Padz replacement Gels (5 Pack)	208  Attached quote	Train staff on new equipment, two for each district.
<b>TOTAL:</b>	<b><u>\$28,038</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>State Amount</b> (Check applicable program) <input type="checkbox"/> Matching: 75 Percent	<b><u>\$21,029</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 90 Percent	<b><u>\$0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Local Match Amount</b> (Check applicable program) <input checked="" type="checkbox"/> Matching: 25 Percent	<b><u>\$7,009</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 10 Percent	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Grand Total</b>	<b><u>\$ 28,038</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

Life Safety Solutions, Inc.

Quote

**Life Safety Solutions, Inc.**

3510 SW Corporate Pkwy, Palm City, Florida 34990

Date  
1/29/2021

Proposal No.  
4784  
Rep

Customer Information

Palm Beach County  
Finance Dept.  
P.O. Box 4036  
West Palm Beach, FL 33402-4036

Ship To

Pat Harmer  
Palm Beach County Risk Management  
100 Australian Avenue  
West Palm Beach, FL 33406

Qty	Description	Rate	Total
14	Zoll AED 3 Semi-Automatic Package. Color touch screen LCD display, Real CPR Help, UniPads and WiFi enabled.	1,895.00	26,530.00
14	8000-001254 ZOLL Weatherproof Protective Case - Large, Black rigid plastic.	315.00	4,410.00
14	8900-000280-01 ZOLL CPR Uni-Pads for AED3 (as spare for each AED)	175.00	2,450.00
2	Zoll AED 3 Trainer Includes: • Operator's Manual • Wireless Trainer Remote • CPR-D Training Padz (One Set) • Training CPR-D Reusable Gels (One Set) • Four (4) D Cell Batteries for Trainer (Good for more than 100 training hours) • Two (2) AA Cell Batteries for Remote Operator's Guide	699.00	1,398.00
1	8028-000012 Zoll Training CPR-Uni-Padz Padz Replacement Gels - 5-Pack	259.00	259.00
	Subtotal of all items		35,047.00
	20% Equipment Discount	-20.00%	-7,009.40

Signature \_\_\_\_\_

**Subtotal** \$28,037.60  
**Sales Tax (6.5%)** \$0.00  
**Total** \$28,037.60

Phone # (561) 748-0000 Fax # (561) 575-9937 accountant@lifesafety.solutions

www.lifesafetysolution.com

<b>19. Certification:</b>
My signature below certifies the following:
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination later. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.
I agree that all information submitted in this application will become a public document pursuant to Section 119.07, F.S., when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received and can exercise that right.
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department approved funds for those activities identified in the notification letter. No funds count toward satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all the above and also accept any attached grant terms and conditions and acknowledge this by signing below.
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>Dave Kerner</b></p> <p>Digitally signed by Dave Kerner Date: 2021.02.05 09:15:05 -05'00'</p> <hr/> <p>David M. Kerner, Mayor</p> </div> <div style="width: 30%; text-align: center;"> <p>_____/_____/_____ MM / DD / YY</p> </div> </div>

DH FORM 1767 [2013]

**THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED**

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

*Jean-Adel Williams*

COUNTY ATTORNEY



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:**

Ask a finance person in your organization who does business with the state to provide the information to complete the top part of this form, but it should be signed by the person identified in Item 2, 1<sup>st</sup> application page.

Name of Agency: Palm Beach County

Mailing Address: 2700 6<sup>th</sup> Avenue south

Lake Worth, FL 33461

Federal 9-digit Identification Number: 59-6000785 3-digit Seq. Code \_\_\_\_\_

Authorized County Official: Dave Kerner Digitally signed by Dave Kerner  
Date: 2021.02.05 09:15:27 -05'00'

**Signature** **Date**

**David M. Kerner, Mayor PBC Board of County Commissioners**  
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: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2020 - 2021

<u>Organization Code</u>	<u>EO</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	03	SF003	751000	059999

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

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

## **Applicant Information**

**Special Note:** Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS with costs for automated external defibrillators. We intend to fund grant requests of this type.

**Optional!** In your application package cover letter you may request to be, or recommend a person to be, a reviewer of matching grant applications during this grant cycle.

**Request for Grant Fund Distribution Page:** This page is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion, as indicated on the form.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form and the exact corresponding address of its 9-digit federal tax ID plus its 3-digit sequence code.

**Number of Pages:** Each application must be no more than 15 one-sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These pages will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one-sided pages.

**Fastening.** If you send a paper application, do not use a booklet cover. Simply staple it in the upper left corner, with the first page of the application form the first of the stapled pages.

While preparing the application, you may contact state EMS staff for assistance.