



**FISCAL IMPACT ANALYSIS**

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

<b>Fiscal Years</b>	<b><u>2021</u></b>	<b><u>2022</u></b>	<b><u>2023</u></b>	<b><u>2024</u></b>	<b><u>2025</u></b>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	<u>0*</u>	_____	_____	_____	_____

**# ADDITIONAL FTE**

<b>POSITIONS (Cumulative)</b>	0	0	0	0	0
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Is Item Included In Current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does this item include the use of federal funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account Exp No: Fund \_ Dept. \_ Unit \_ Obj. \_ Prog.  
 Rev No: Fund \_ Dept. \_ Unit \_ Rev. Prog.

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

\*There is no fiscal impact at this time. When the final award letter is received from the Florida Department of Health, Bureau of EMS, an agenda item will be prepared in which the budget will be adjusted to reflect the actual award.

C. Departmental Fiscal Review: Sejima

**III. REVIEW COMMENTS**

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

<p><u>Patricia Paves</u> 4/5/21</p> <p>OFMB QA 4/5/21 8:45/21</p>	<p><u>Dr. J. Jacobson</u> 4/15/21</p> <p>Contract Administration</p> <p>4-14-21 TW</p>
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**B. Legal Sufficiency:**

[Signature]  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

## RESOLUTION NO. R-2021-\_\_\_\_\_

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2020-2021 ANNUAL EMS GRANT FUND APPLICATION FOR \$147,932 AND SIGN THE EMS GRANT PROGRAM CHANGE REQUEST FORMS RELATED TO THE GRANT AFTER THE APPROVAL OF THE APPLICATION BY THE FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES AND FORWARD SAME TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES.

**WHEREAS**, the State of Florida has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violation and driving under the influence conviction in Palm Beach County; and

**WHEREAS**, the Palm Beach County share of the Emergency Medical Services Trust Fund for FY 2020-2021 is **\$147,932** to be used to improve and expand pre-hospital emergency medical services in the County; and

**WHEREAS**, the County may reimburse and disburse the funds to licensed emergency medical service providers; and

**WHEREAS**, various pre-hospital emergency medical service providers have applied to the Palm Beach County Division of Emergency Management for a share of the County award; and

**WHEREAS**, the Palm Beach County Emergency Medical Services Advisory Council and the Division of Emergency Management have reviewed the grant award proposal and have recommended the appropriate awarding and distribution of funding; and

**WHEREAS**, the agencies requesting a share of the funding have certified that their requests are improvements and expansions of pre-hospital emergency medical services within the County; and

**WHEREAS**, prior to any disbursement of funds from the County Grant Award Program, each agency authorized to receive funds from the program will provide documentation to the Department of Public Safety, Division of Emergency Management, affirming that they agree to the reimbursement of funding or distribution of equipment and will permit an audit; and

**WHEREAS**, the Palm Beach County Emergency Medical Services Grant Award Application is made a part of and attached hereto.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:**

The Board of County Commissioners certifies that this Grant Award Application and request is an improvement and expansion of the pre-hospital emergency medical services system in Palm Beach County and that the funding will not be used to supplant existing County EMS budget applications.

1. The County Administrator or designee is authorized to sign the County Grant Award application.
2. The County Administrator or designee is authorized to sign the EMS Grant Fund Distribution Form.
3. The County Administrator or designee is authorized to sign the Grant Budget Change Request form for the EMS County Grant Award funds.

4. The EMS Coordinator of the Division of Emergency Management is designated as the "Authorized Contact Person" pursuant to application requirements.

This Resolution shall be effective immediately upon adoption of the Board. The foregoing Resolution was offered by Commissioner \_\_\_\_\_ who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_, and upon being put to a vote, the vote was as follows:

District 1:	Maria G. Marino	___
District 2:	Gregg K. Weiss	___
District 3:	Dave Kerner	___
District 4:	Robert S. Weinroth	___
District 5:	Maria Sachs	___
District 6:	Melissa McKinlay	___
District 7:	Mack Bernard	___

The Mayor thereupon declared the Resolution duly passed and adopted this \_\_\_\_\_ day of \_\_\_\_\_ 2021.

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK & COMPTROLLER

By: \_\_\_\_\_  
Deputy Clerk

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: \_\_\_\_\_  
Assistant County Attorney

**Instructions: County Government Application Form 2020-2021**

The amount of your new grant is in the "Total" column of the county amount table accessible at the state EMS website link.

The first application form page has five numbered items. The first three are self-explanatory.

However, note that item 2 on the first application page is where the county's authorized person must provide his/her signature and date.

Item 4 describes the content of the "resolution." Please provide this in your county's customary format and approval process. The resolution must be current; or if a previous resolution has continuing authority, include a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

Item 5 of the first page of the application form asks for the name of the organization(s) to which you decide to allocate funds from your new county grant. The second page of the application form is the budget page. One of these budget pages is needed for each organization listed in item 5.

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service. However, all costs in your budget combined must total to the exact amount of total new funds for your grant. You can request budget changes and add unexpended previous funds after the new grant begins.

Your budget totals in the application should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click "Update Field" on the resulting menu.

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to field.

**Request for Grant Fund Distribution Form**

**Request for Grant Fund Distribution Form:** this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. Your address on this form must be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the top half of the Distribution Form, the corresponding address and its 9-digit federal tax ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or at the website: [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com).



**FLORIDA DEPARTMENT OF HEALTH**  
 Emergency Medical Services Section  
 EMS County Grant Application

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

<b>1. County Name:</b> Palm Beach County
<b>Business Address:</b> 301 N. Olive Ave. West Palm Beach, FL 33401
<b>Telephone:</b> 561-355-2001
<b>Federal Tax ID Number (Nine Digit Number):</b> VF 596000785

<b>2. Certification:</b> (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.	
<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b> Verdenia C. Baker	
<b>Position Title:</b> County Administrator	

<b>3. Contact Person:</b> (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.)	
<b>Name:</b> Mary Blakeney	
<b>Position Title:</b> Director, Palm Beach County Division of Emergency Management	
<b>Address:</b> 20 S. Military Trail West Palm Beach, FL 33415	
<b>Telephone:</b> 561-712-6321	<b>Fax Number:</b> 561-712-6464
<b>Email Address:</b> MBlakeney@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 this resolution.

<b>5. Organization List:</b> 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)	
<b>Boynton Beach Fire Department</b>	<b>Palm Beach Gardens Fire Department</b>
<b>Delray Beach Fire Department</b>	<b>Riviera Beach Fire Department</b>
<b>Greenacres Fire Department</b>	<b>Tequesta Fire Department</b>
<b>North Palm Beach Fire Department</b>	<b>West Palm Beach Fire Department</b>
<b>Palm Beach Fire Department</b>	
<b>Palm Beach County Fire Department</b>	



**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 =	
<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
<b>One (1) FERNO Stretcher</b>	<b>\$29194.64</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$29194.64</b>
<b><u>Grand Total =</u></b>	<b><u>\$49474.38</u></b>







**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 =	
<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
<b>One (1) Stryker Power Load Stretcher</b>	<b>\$21848.94</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$21848.94</b>
<b>Grand Total =</b>	<b>\$88282.78</b>





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 =	
<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
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) Large Mobile Drug Return Drop Boxes	\$416.74
Total Vehicles & Equipment =	\$416.74
<b>Grand Total =</b>	<b>\$118830.11</b>



**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 =	
<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
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) Digital Controlled Substance Tracking System	\$17000.01
Total Vehicles & Equipment =	\$17000.01
<u>Grand Total =</u>	<u>\$147932.00</u>



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 county name, address, and corresponding federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

Name of County: Palm Beach County

Mailing Address: 301 N. Olive Ave.

West Palm Beach, FL 33401

Federal 9-digit Identification number: 596000785 3-digit seq. code n/a

Authorized County Official: \_\_\_\_\_  
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 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>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 \_\_\_\_\_ Sequence Code: \_\_\_\_\_

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