



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Personal Services	_____	_____	_____	_____	_____
Operating Expenses	_____	_____	_____	_____	_____
Capital Expenditures	\$16,191	_____	_____	_____	_____
Grants & Aids	\$131,741	_____	_____	_____	_____
External Revenues	(\$147,932)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>Net Fiscal Impact</b>	<u>\$0</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

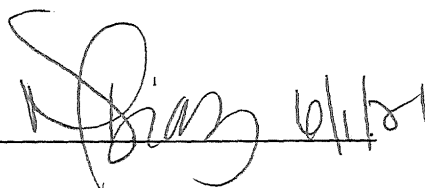
Is Item Included In Current Budget? Yes \_\_\_\_\_ No X  
 Does this item include the use of federal funds? Yes \_\_\_ No X

Budget Account Exp No.: Fund 1425 Department 662 Unit 5230 Object 6401/8101  
 Rev No.: Fund 1425 Department 662 Unit 5230 RevSrc 3429

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

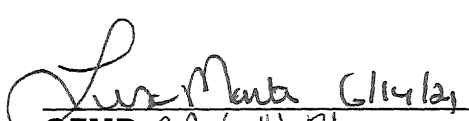
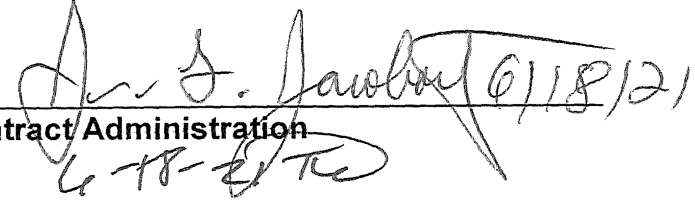
Grant funding is provided by the State of Florida, Department of Health, Emergency Medical Services Trust Fund.

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

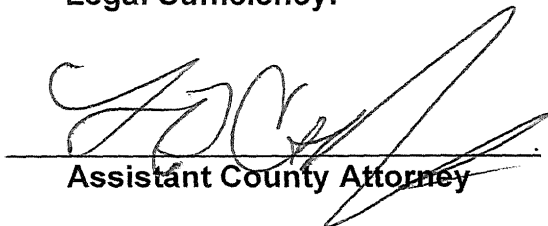
C. Departmental Fiscal Review: \_\_\_\_\_ 

**III. REVIEW COMMENTS**

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

 OFMB QA 6-14-21 CM 6/14  Contract Administration 6-18-21

**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.



Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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

May 12, 2021

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 C9050 in the amount of \$147,932.00 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 March 25, 2022. Please note that the county must report to the state its grant activities and purchases by the following dates: July 30, 2021, December 3, 2021, and April 8, 2022, 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 Section at (850) 558-9550.

Sincerely,

  
Douglas H. Woodlief  
Division Director  
Emergency Preparedness and Community  
Support

DHW/avl

cc: Mary Blakeney, Director, Division of Emergency Management

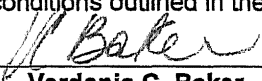
Florida Department of Health  
Division of Emergency Preparedness and Community Support  
Bureau of Emergency Medical Oversight  
4052 Bald Cypress Way, Bldg A-22 • Tallahassee, FL 32399-1722  
PHONE: 850/245-4448 • FAX: 850/400-9400



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> 561-355-6726
<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> 5/4/21
<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> MBlakene@pbcgov.org	

<b>4. Resolution:</b> 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 <u>cannot process</u> for funds without this resolution.
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<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)	
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 =	
<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>Twenty-six (26) Microsoft Surface Tablets for EPCR</b>	<b>\$20279.74</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$20279.74</b>
<b>Grand Total =</b>	<b>\$20279.74</b>



**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 =	
<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
<b>Six (6) Panasonic EPCR tablets with docking stations</b>	<b>\$16196.46</b>
Total Vehicles & Equipment =	\$16196.46
<b>Grand Total =</b>	<b>\$65670.84</b>











**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 =	
<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) Lucas Chest Compression System</b>	<b>\$13,939.59</b>
<b>Total Vehicles &amp; Equipment =</b>	<b>\$13,939.59</b>
<b><u>Grand Total =</u></b>	<b><u>\$118413.37</u></b>



**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 =	
<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
<b>One (1) Simulaids Smart Stat training simulator</b>	<b>\$12101.88</b>
Total Vehicles & Equipment =	\$12101.88
<u>Grand Total =</u>	<u>\$130931.99</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: *Verdenia C. Baker* 5/4/21  
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

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: \_\_\_\_\_



21-

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

ATTACHMENT 3



BGRV - 662- 052021\*501  
BGEX - 662- 052021\*1408

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 5/20/2021	REMAINING BALANCE
<b>EMS State Grant FY 2020-2021 - Amending Original Budget to Actual Awarded Amount</b>								
<b>Revenue</b>								
1425-662-5230-3429	State Grant Other Public Safety	155,993	298,435	0	8,061	290,374		
	<b>Total Revenue and Balance</b>	<b>155,993</b>	<b>300,372</b>	<b>0</b>	<b>8,061</b>	<b>292,311</b>		
<b>Expense</b>								
1425-662-5230-3421	Contractual Services Training	3,000	3,000	0	3,000	0	0	0
1425-662-5230-5201	Materials/Supplies Operating	15,000	15,000	0	6,164	8,836	0	8,836
1425-662-5230-5212	Safety Supplies	5,000	5,000	0	1,280	3,720	3,720	0
1425-662-5230-6401	Machinery and Equipment	10,000	10,000	6,191	0	16,191	0	16,191
1425-662-5230-6405	Data Processing Equipment	15,000	15,000	0	15,000	0	0	0
1425-662-5230-8101	Contributions Other Govtl Agency	107,991	252,370	11,192	0	263,562	127,818	135,744
	<b>Total Appropriation and Expenditures</b>	<b>155,993</b>	<b>300,372</b>	<b>17,383</b>	<b>25,444</b>	<b>292,311</b>	<b>131,538</b>	<b>160,773</b>

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

Signatures \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By Board of County Commissioners  
At Meeting of 7/13/2021  
Deputy Clerk to the  
Board of County Commissioners