PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: Ju	ly 13, 2021	[X] Consent [] Ordinance		[] Regular [] Public Hearing
Department: Submitted By: Submitted For:	Department	<u>of Public Safety</u> <u>of Public Safety</u> Emergency Managemer	nt	
		I. EXECUTIVE BRIEF	==== E	

Motion and Title: Staff recommends motion to:

A) receive and file the Emergency Medical Services (EMS) County Grant ID Code C9050 Award Letter from the State of Florida Department of Health, Bureau of EMS to improve and expand the EMS system for the period May 12, 2021 through March 25, 2022, in the amount of \$147,932; and

B) approve a downward budget amendment of \$8,061 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$147,932.

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 May 4, 2021, R2021-0601 authorized the County Administrator to sign the FY2020-2021 annual EMS county grant application. No county matching funds are required for this grant. <u>Countywide</u> (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 FY2020-2021 is \$147,932. 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 C9050 Award Letter
- 2. Emergency Medical Services Grant Application
- 3. Budget Amendment

Recommended By:	<u>Department Director</u>	(0 10 2) Date
Approved By:	Sistant County Administrator	6 21 2021 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Personal Services	Fiscal Years	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Capital Expenditures \$16,191 Grants & Aids \$131,741 External Revenues (\$147,932) Program Income (County)	Personal Services					
Capital Expenditures \$16,191 Grants & Aids \$131,741 External Revenues (\$147,932) Program Income (County)						<u></u>
Grants & Aids \$131,741 External Revenues (\$147,932) Program Income (County)		\$16,191			······	
External Revenues (\$147,932) Program Income (County)	- •	and the second				
Program Income (County) In-Kind Match (County) Net Fiscal Impact \$0 # ADDITIONAL FTE POSITIONS (Cumulative) Is Item Included In Current Budget? Yes No Z Does this item include the use of federal funds? Yes No Z Budget Account Exp No:: Fund 1425 Department 662 Rev No:: Fund 1425 Department 662 Rev No:: Fund 1425 Department 662 Unit Start funding is provided by the State of Florida, Department of Health, Emergency Medical Services Trust Fund. Grant: Emergency Medical Services Grant Fund: EMS-Public Safety C. Departmental Fiscal Review: III. REVIEW COMMENTS A. OFMB Fiscal and/or Contract Dev. and Control Comments: Math OFMB (p1 6/1-21 With Contract/Administration B. Legal Sufficiency:	External Revenues					
In-Kind Match (County)	Program Income (County)					
Net Fiscal Impact §0 # ADDITIONAL FTE POSITIONS (Cumulative) Is Item Included In Current Budget? Yes No Does this item include the use of federal funds? Yes No Budget Account Exp No.: Fund 1425 Department 662 Unit 5230 Object 6401/8101 Rev 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 Grant Fund: EMS Award – Grant Program Unit: EMS-Public Safety C. Departmental Fiscal Review: III. <u>REVIEW COMMENTS</u> A. OFMB Fiscal and/or Contract Dev. and Control Comments: Math GHARI Math GHARIAN OFMB QA GHARI Math Contract Administration B. Legal Sufficiency: Math Math Math Math Math Math Math Math						
<pre># ADDITIONAL FTE POSITIONS (Cumulative) Is Item Included In Current Budget? Yes NoX Does this item include the use of federal funds? Yes NoX 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 II. <u>REVIEW COMMENTS A. OFMB Fiscal and/or Contract Dev. and Control Comments: Unit: Contract Administration Unit: Contract Administration Unit: Legal Sufficiency: C. Departmental Fiscal and/or Contract Median Administration Unit: Contract Administration Unit: Contract Administration Unit: Legal Sufficiency: C. Departmental Fiscal Administration Unit: Contract Adm</u></pre>					· · ·	
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 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: Junt: REVIEW COMMENTS A. OFMB Fiscal and/or Contract Dev. and Control Comments: Mathematical Cline Ist of Contract Administration OFMB QA (cline I) B. Legal Sufficiency:	Net Fiscal Impact	\$0				
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. <u>REVIEW COMMENTS</u> A. OFMB Fiscal and/or Contract Dev. and Control Comments: Math Clischer OFMB (A 6/4-21) With Contract/Administration Weigel Sufficiency:						
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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. <u>REVIEW COMMENTS</u> A. OFMB Fiscal and/or Contract Dev. and Control Comments: Marka Cling and Contract Dev. and Control Comments: Marka Cling and Contract Dev. and Control Comments: Marka Cling and Contract Administration Contract Administration Contract Administration Contract Marka Cling and Contract Administration Contract Administration Contract Marka Cling and Contract Administration Contract Marka Cling and Contract Marka Cling and Cl						
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III. <u>REVIEW COMMENTS</u> A. OFMB Fiscal and/or Contract Dev. and Control Comments:	Fund: EMS Award – Grant P					
A. OFMB Fiscal and/or Contract Dev. and Control Comments:	C. Departmental Fiscal Review: _		15	11181		
OFMB 9A (0.14.21 B. Legal Sufficiency: M. J. Jawburg (0.18/2) Contract/Administration Contract/Administration Contract/Administration Contract/Administration Contract/Administration Contract/Administration Contract/Administration	111.	REVIEW COM	MENTS			
B. Legal Sufficiency:	A. OFMB Fiscal and/or Contract I	Dev. and Contro	ol Comments	5:		
$\frac{1}{2}$	OFMB 9A (014-221 12)	M Contract A	dministratio	hawbert Te	<u>6)18</u>]2,	/
Assistant County Attorney	B. Legal Sufficiency:	1				
	Assistant County Attorney					

C. Other Department Review:

Department Director

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



Governor

Scott A. Rivkees, MD Slate 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 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 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,

* 🛃 & S. A.C.

Douglas H. Woodlief Division Director Emergency Preparedness and Community Support

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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, Bin A-22 • Tallahassee, FL 32399-1722 PHONE: 850/245-4148 • FAX: 850/408-9408

Page _____ of ____

ATTACHMENT 2

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COMPANY OF COMPANY
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HEALTH
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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)				
1. County Name: Palm Beach County				
Business Address: 301 N. Olive Ave.				
West Palm Beach, FL 33401				
Telephone: 561-355-6726				
Federal Tax ID Number (Nine Digit Number):	VF 596000785			
documents for the county) I certify that all info	to has authority to sign contracts, grants, and other legal formation and data in this EMS county grant application and its re acknowledges and assures that the county shall comply EMS County Grant Application. Date: $5/4/24$			
Printed Name. Verdenia C. Baker				
Position Title: County Administrator				
responsibility for the implementation of the gra and may request project changes. The signer Name: Mary Blakeney Position Title: Director, Palm Beach County				
Address: 20 S. Military Trail				
West Palm Beach, FL 33415				
Telephone: 561-712-6321	Fax Number: 561-712-6464			
Email Address: MBlakene@pbcgov.org				
	Board of County Commissioners certifying the grant funds will EMS system and will not be used to supplant current levels of funds without this resolution.			
provide funds. List the organization(s) below.				
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				

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DH 1684, December 2008 (Rev. July 2018)

Rule 64J-1.015, Florida Administrative Code

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 <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
i otai 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	
Twenty-six (26) Microsoft Surface Tablets for EPCR	\$20279.74	
	·	
Total Vehicles & Equipment =	\$20279.74	
<u>Grand Total =</u>	<u>\$20279.74</u>	

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 <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
One (1) FERNO Stretcher	\$29194.64
	an a
Total Vehicles & Equipment =	\$29194.64
<u>Grand Total =</u>	<u>\$49474.38</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 <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
Six (6) Panasonic EPCR tablets with docking stations	\$16196.46
Total Vehicles & Equipment =	
Total venicies & Equipment -	\$16196.46
Grand Total =	\$65670.84
	<u></u>

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
	A 0.00
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) ActivTek Induct 500-12V UV Light with ozone	\$763.00
Total Vehicles & Equipment =	\$763.00
<u>Grand Total =</u>	<u>\$66433.84</u>

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 <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
	<u> </u>
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 Power Load Stretcher	\$21848.94
Total Vehicles & Equipment =	\$21848.94
<u>Grand Total =</u>	<u>\$88282.78</u>

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 =	\$ 0.0

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
Three (3) Pre Hospital Ultrasounds	\$16191.00
Total Vehicles & Equipment =	\$16191.00
<u>Grand Total =</u>	<u>\$104473.78</u>

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 <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		
	ψ 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		
Total Vehicles & Equipment =	\$13,939.59	
Orend Table	<u> </u>	
<u>Grand Total =</u>	<u>\$118413.37</u>	

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 =	\$ 0.00		
l otal 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.

Amount	
\$416.74	
\$416.74	
\$118830.11	

DH 1684, December 2008

Tequesta Fire Department

A. Salaries and Benefits:

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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	
One (1) Simulaids Smart Stat training simulator	\$12101.88	
Total Vehicles & Equipment =	\$12101.88	
<u>Grand Total =</u>	<u>\$130931.99</u>	

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 <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	
One (1) Digital Controlled Substance Tracking System		
Total Vehicles & Equipment =	\$17000.01	
<u>Grand Total =</u>	\$147932.00	

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), <i>Florida Statutes</i> , the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.					
MyFloridaMarketPlace (N	DOH Remit Payment To: The county <u>name</u> , <u>address</u> , and <u>corresponding</u> federal ID number <u>must</u> be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state <u>must</u> provide these.				
Name of County:	Palm Beach	County			
Mailing Address:	301 N. Olive	Ave.			
	West Palm I	Beach, FL 3340	1		
Federal 9-digit Ide	entification nu	umber: 5960007	'85	3-digit seq.	code n/a
Authorized Count		<u>CBA</u> O iature		 Date	5/4/2/
	<u>v</u>	/erdenia C. Bak Type or Print Nam	er, Countr e and Title	y Administra	tor
Sig	gn and returr	n this page with	your app	plication to:	
Florida Department of Health Emergency Medical Services Unit, Grants 4052 Bald Cypress Way, Bin A-22 Tallahassee, Florida 32399-1722					
 (3) - (3) - (-(-))//(-(-))/(-(-))/(-(-))/(-(-))/(-(-))/(-(-))/(-(-))/(-(-))/(-(-			<u> </u>	2014 	
Grant Amount for State t	o Pay: \$			Grant ID: Co	ode:
Approved By: Signature of State EMS Unit Supervisor					Date
Approved By:					Date
State Fiscal Year: <u>20</u>					
Organization Code E. 64-61-70-30-000 03	<u>O.</u> 5		<u>Object C</u> 751000		<u>Category</u> 059998
Federal Tax ID: VF					
Grant Beginning Date: Grant Ending Date:					

DH 1767P, December 2008 (rev. June 8, 2018), incorporated by reference in Rule 64J-1.015, Florida Administrative Code

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BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT BGRV -

Page 1 of 1 pages

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		ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 5/20/2021	REMAINING BALANCE
EMS State Grant F	Y 2020-2021 - Amending Original Budget to A	ctual Awarded Amo	ount					
Revenue								
	9 State Grant Other Public Safety	155,993	298,435	0	8,061	290,374		
	Total Revenue and Balance	155,993	300,372	0	8,061	292,311		
Expense								
	1 Contractual Services Training	3,000	3,000	0	3,000	0	0	
1425-662-5230-520	1 Materials/Supplies Operating	15,000	15,000	0	6,164	8,836	0	8,83
1425-662-5230-521	2 Safety Supplies	5,000	5,000	0	1,280	3,720	3,720	,
1425-662-5230-640	1 Machinery and Equipment	10,000	10,000	6,191	0	16,191	0	16,19
1425-662-5230-640	5 Data Processing Equipment	15,000	15,000	0	15,000	0	0	
1425-662-5230-810	1 Contributions Other Govtl Agency	107,991	252,370	11,192	0	263,562	127,818	135,74
	Total Appropriation and Expenditures	155,993	300,372	17,383	25,444	292,311	131,538	160,77

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

ATTACHMENT 3