Agenda Item #: <u>3X - 1</u>

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Ja	anuary 10, 2023	[X] []	Consent Ordinance	[] []	Regular Public Hearing
Department: Submitted By:	ubmitted By: Department of Public Safety				
Submitted For:	Division of Eme	rgency I =====	Management	====:	

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to adopt: a Resolution of the Board of County Commissioners authorizing the County Administrator or designee to sign the FY 2022-2023 annual Emergency Medical Services (EMS) County grant application for \$174,438 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 EMS and forward same to the State of Florida Department of Health, Bureau of EMS.

Summary: The EMS County Grant (CSFA# 64.005) is an annual grant provided to Palm Beach County from the Florida Department of Health, 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. **No County matching funds are required for this grant.** <u>Countywide</u> (SB)

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 has been receiving this grant since 1999 and its share of the trust fund for FY 2022-2023 is \$174,438. Pursuant to the EMS grant application a Resolution is required certifying these funds will be used to improve and expand emergency medical services in the County and will not be used to supplant current levels of county expenditures. The licensed EMS providers and other agencies that are eligible for EMS grant funding within Palm Beach County will be submitting requests as part of a group effort for funding under this program. The requests will be reviewed by the staff of the Division of Emergency Management and the Grant Review Committee of the EMS Advisory Council.

Attachments:

- 1) Emergency Medical Services Resolution
- 2) Emergency Medical Services Grant Application

Recommended By: _	Ssemole	19/2/22
	Department Director	Date
Approved By: _	Assistant County Administrator	12 (71) 22 Date

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Personal Services Operating Costs Capital Expenditures External Revenues Program Income (County) In-Kind Match (County) Net Fiscal Impact					
# ADDITIONAL FTE POSITIONS (Cumulative) Is Item Included In Curre	0			0	0
Is Item Included In Curre Does this item include th Budget Account Exp No Rev No				No <u>Prog</u> Prog.	
 B. Recommended Sources *There is no fiscal impact the Florida Department in which the budget will C. Departmental Fiscal Rev MS 	of Funds/Summ ct at this time. W of Health, Bureau be adjusted to re	ary of Fiscal hen the final u of EMS, an	Impact: award lette agenda iter	r is received f	
	III. <u>REVIEW</u>	COMMENTS	<u>5</u>		
A. OFMB Fiscal and/or Con	tract Dev. and Co	ontrol Comm	ents:		
B. Legal Sufficiency:	- 12/2/2000	zh fire vol	ontract Adn	Jawlue	62119122
RM/Sm Assistant County		-			
C. Other Department Review	w :				

Department Director

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

RESOLUTION NO. R-2023-____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2022-2023 ANNUAL EMS GRANT FUND APPLICATION FOR \$174,438 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 2022-2023 is **\$174,438** to be used to improve and expand prehospital 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 will apply 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 will review the grant award proposal and recommend the appropriate awarding and distribution of funding; and

WHEREAS, the agencies requesting a share of the funding will certify 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:

Commissioner Gregg K. Weiss, Mayor	
Commissioner Maria Sachs, Vice Mayor	
Commissioner Maria G. Marino	
Commissioner Dave Kerner	
Commissioner Marci Woodward	
Commissioner Sara Baxter	
Commissioner Mack Bernard	

The Mayor thereupon declared the Resolution duly passed and adopted this _____ day of _____ 20**23**.

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

JOSEPH ABRUZZO, CLERK & COMPTROLLER

By:_____ Deputy Clerk

APPROVED AS TO FORM AND LEGAL SUFFICIENCY Ander Bv: Assistant County Attorney

Instructions: County Government Application Form 2022-2023

The first application page has five numbered items.

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

Item 4 describes the content of the current "resolution" that is required. However, if a previous resolution has continuing authority, include a signed message about this and provide a copy of the previous resolution.

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, and one of these budget pages is needed for each organization listed in item 5.

The county alone has the authority to use all the grant funds itself or to provide some of the funds to other organizations within the county. However, the county remains responsible to the state for all the funds.

The budget costs must total to the exact amount of <u>new</u> funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, <u>after</u> the new grant begins.

<u>The Request for Grant Fund Distribution Form is</u> the last page herein and you must complete only the top part of the form. State EMS will complete the bottom part, as stated on the form.

You should copy all forms on your computer to use them. If you place them in restricted editing mode, you can use your keyboard Tab key to go from field to field.

Page 1 of 4



EMS COUNTY GRANT APPLICATION 2022 - 2023

FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program Complete all items

ID. Code (The State EMS Program	will assign the ID Code – leave this blank)
1. County Name: Palm Beach County	
Business Address: 301 N. Olive Ave.	
West Palm Beach, FL	33401
West Faint Beach, FL	33401
Telephone: 561-355-2001	
Federal Tax ID Number (Nine Digit	Number): VF 596000785-173
documents for the county) I certify that all in its attachments are true and correct. My sign comply fully with the conditions outlined in th	no has authority to sign contracts, grants, and other legal formation and data in this EMS county grant application and nature acknowledges and assures that the county shall ne Florida EMS County Grant Application.
Signature:	Date:
Printed Name: Verdenia C. Baker	
Position Title: County Administra	ator
responsibility for the implementation of the g	ect knowledge of the project on a day-to-day basis and has rrant activities. This person is authorized to sign project he signer and the contact person may be the same.)
	h County Division of Emoreous Management
Address: 20 S. Military Trail	h County Division of Emergency Management
West Palm Beach, FL 33	116
West Fain Deach, FL 55	1413
Telephone: 561-712-6321	Fax Number: 561-712-6464
E-mail Address: MBlakene@pbcgc	
4. Resolution: Attach a resolution from the will improve and expand the county pre-hosp levels of county expenditures. We <u>cannot pre-hosp</u> levels of county expenditures.	Board of County Commissioners certifying the grant funds oital EMS system and will not be used to supplant current ocess for funds without this resolution.
5. Organization List: Complete a budget pa provide funds. List the organization(s) below BOYNTON BEACH FIRE DEPT.	age(s) for each organization, which at your option you will (Use additional pages if necessary) PALM BECH GARDENS FIRE DEPT.
DELRAY BEACH FIRE DEPT.	RIVIERA BEACH FIRE DEPT.
GREENACRES FIRE DEPT.	TEQUESTA FIRE DEPT.
NORTH PALM BEACH FIRE DEPT.	WEST PALM BEACH FIRE DEPT.
PALM BEACH FIRE DEPT.	PALM BEACH COUNTY EMERGENCY MANAGEMENT
PALM BEACH COUNTY FIRE DEPT.	
DH 1684, December 2008 (Rev. July 2018)	64J-1.015, F.A.C.

Page 2 of 4

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

BUDGET PAGE - When the budget form is in your computer, the budget totals below should be added for you if you place your cursor over a subtotal or total field, <u>right</u> click your mouse, then <u>left</u> click "Update Field" on the resulting menu.

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
ALL APPROVED FUNDS WILL BE DIVIDED AMOUNG ABOVE	11111111
LISTED AGENCIES THAT ALL SERVE THE REQUESTING COUNTY.	
AN UPDATED BUDGET SHEET WILL BE PROVIED ONCE FUNDS	
ARE APPOVED BY THE STATE AND RELEASED TO THE COUNTY.	
	\$174,438.00
Total Expenses =	\$ 174,438.00
	ψ 17 4,400.0

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	
otal Vehicles & Equipment =	\$ 0.00
	\$ 0.00
<u>Grand Total =</u>	<u>\$ 0.00</u>
	otal Vehicles & Equipment =

DH 1684, December 2008

Page 3 of 4

FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT			
REQUEST FOR GRAN	T 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.		
	deral ID number used herein must be in the state erson in your organization who does business with the		
Name of County: Palm Beach County			
Mailing Address: 301 N. Olive Ave.			
West Palm Beach, FL 33401			
Federal 9-digit Identification number: 59600078	5 <u>3-digit seq. code</u> 173		
Authorized County Official: Signature	Date		
	r, County Administrator		
Type or Print Name and TitleAPPROVED AS TO FORSign and return this page with your application to:AND LEGAL SUFFICIENFlorida Department of HealthEmergency Medical Services Unit, Grants4052 Bald Cypress Way, Bin A-22COUNTY ATTORNETallahassee, Florida 32399-1722COUNTY ATTORNE			
Do not write below this line. For use by State Emergency Medical Services Section			
	Grant ID: Code:		
Approved By:	Date		
Approved By:	Date		
State Fiscal Year:20222023			
	oject Code Category 751000 059998		
Federal Tax ID: VF	Seq. Code:		
Grant Beginning Date: Gramma Gram	ant Ending Date:		

DH 1767P, December 2008 (rev. June 8, 2018), incorporated by reference in F.A.C. 64J-1.015.3

Page 4 of 4