

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	<u>0*</u>	_____	_____	_____	_____

ADDITIONAL FTE

POSITIONS (Cumulative)	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: *[Signature]* 11/21/22

III. REVIEW COMMENTS

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

[Signature] 12/17/2022
 OFMB 9A 12/16 *(initials)* 12/17

[Signature] 12/19/22
 Contract Administration
 12/16/22

B. Legal Sufficiency:

[Signature] 12/20/22
 Assistant County Attorney

C. Other Department Review:

 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 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 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 _____ 2023.

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

JOSEPH ABRUZZO, CLERK & COMPTROLLER

By: _____
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
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 new funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, after the new grant begins.

The Request for Grant Fund Distribution Form is 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.



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
Telephone: 561-355-2001
Federal Tax ID Number (Nine Digit Number): VF 596000785-173

2. Certification: (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.

Signature:	Date:
Printed Name: Verdenia C. Baker	
Position Title: County Administrator	

3. Contact Person: (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.)

Name: Mary Blakeney	
Position Title: Director, Palm Beach County Division of Emergency Management	
Address: 20 S. Military Trail West Palm Beach, FL 33415	
Telephone: 561-712-6321	Fax Number: 561-712-6464
E-mail Address: MBlakene@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.

5. Organization List: 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 DEPT.	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.	

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

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:

The county name, address, and corresponding federal ID number used herein **must** be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state can 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 173

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

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

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: 2022 - 2023

<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 _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____