

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 13, 2023       Consent       Regular  
    Ordinance       Public Hearing

Department: Department of Public Safety  
Submitted By: Department of Public Safety  
Submitted For: Division of Emergency Management

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

**A) receive and file** the Emergency Medical Services (EMS) County Grant ID Code C1050 Award Letter from the Florida Department of Health, Bureau of EMS to improve and expand the EMS system for the period March 1, 2023 through February 29, 2024, in the amount of \$174,438; and

**B) approve** a Budget Amendment of \$174,438 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$174,438.

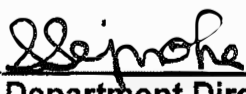
**Summary:** The EMS County Grant (CSFA #64.005) is an annual grant provided to Palm Beach County from the Florida Department of Health, Bureau of EMS, to improve and expand the EMS system. The funds are used to purchase EMS equipment which is distributed to EMS providers and other agencies that are eligible for EMS grant funding. On January 10, 2023, R2023-0023 authorized the County Administrator to sign the FY2022-2023 annual EMS county grant application. **No county matching funds are required for this grant. Countywide** (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's share of the trust fund for FY2022-2023 is \$174,438. 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. 2022-23 C1050 EMS Grant Award Letter
- 2. 2022-23 C1050 EMS Grant Application
- 3. Budget Amendment

*meb*

Recommended By:       4/17/23  
   Department Director      Date

Approved By:       5/24/23  
   Assistant County Administrator      Date

**II. 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 Expenses	22,408				
Capital Expenditures					
Grants & Aids	152,030				
External Revenues	(174,438)				
Program Income (County)					
In-Kind Match (County)					
<b>Net Fiscal Impact</b>					
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

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 Various  
 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.

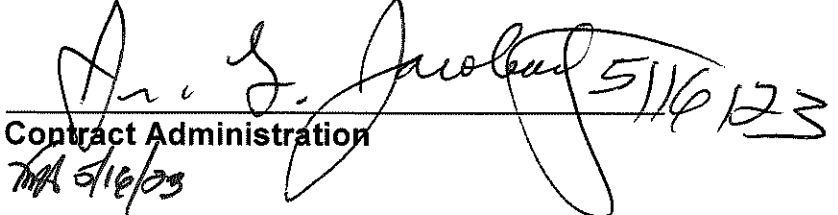
Grant: Emergency Medical Services Grant  
 Fund: EMS Award – Grant Program  
 Unit: EMS-Public Safety

**C. Departmental Fiscal Review:**

(AC)  4/17/23

**III. REVIEW COMMENTS**

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

ASD/SA 5/12/23  
 OFMB QA 5/10/23 5/11 DF 5/11  5/16/23  
 Contract Administration 7/16/23

**B. Legal Sufficiency:**

 5/17/23  
 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.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

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

March 1, 2023

Mary Blakeney, Director  
Palm Beach County Division of Emergency Management  
20 S. Military Trail  
West Palm Beach, FL 33415

Dear Mary Blakeney:

The Florida Department of Health, Division of Emergency Preparedness and Community Support is pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C1050, in the amount of \$174,438.00 to Palm Beach County.

The purpose of this grant is to provide funds for the expansion and/or improvements of pre-hospital emergency medical services. Section 401.113(2)(a), Florida Statutes, provides authority to dispense funds to counties annually from the EMS Trust Fund; no federal funding was utilized for this grant.

Your advancement of funds will be sent within approximately 30 days upon the issue date of this letter. The grant cycle begins on March 1, 2023 and ends on February 29, 2024. Please note, the county must provide quarterly reports on annual grant activities and purchases to the Department no later than the following dates: **June 1, 2023, September 1, 2023, and December 1, 2023.** The final report is due by **March 1, 2024.**

Your signed grant application affirms you have read, understood, and will comply with the conditions and requirements in the "Florida EMS County Grant Program Application Packet."

Thank you for your participation in the Florida Department of Health, Bureau of Emergency Medical Oversight's EMS County Grant program. If you need assistance, please contact our Statewide Services Manager, Christina Parmer, at [EMS@FLHealth.gov](mailto:EMS@FLHealth.gov).

Sincerely,

Douglas H. Woodlief  
Division Director  
Emergency Preparedness and Community Support

DW/cp

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: 850/245-4440 • FAX: 850/488-9408  
[FloridaHealth.gov](http://FloridaHealth.gov)



Accredited Health Department  
Public Health Accreditation Board

R2023 0023

JAN 10 2023



**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:** *[Signature]* **Date:** 1/10/23  
**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:

*[Signature]*

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, right click your mouse, then left 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 =	
<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
ALL APPROVED FUNDS WILL BE DIVIDED AMONG ABOVE LISTED AGENCIES THAT ALL SERVE THE REQUESTING COUNTY.	
AN UPDATED BUDGET SHEET WILL BE PROVIDED ONCE FUNDS	
ARE APPROVED BY THE STATE AND RELEASED TO THE COUNTY.	
	\$174,438.00
Total Expenses =	\$ 174,438.00

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

JAN 10 2023

**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:  Date 1/10/23

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: \_\_\_\_\_

23- 0707

BOARD OF COUNTY COMMISSIONERS  
 PALM BEACH COUNTY, FLORIDA  
 BUDGET AMENDMENT

BGRV - 662- 031723\*470  
 BGEX - 662- 031723\*1095

FUND 1425 - EMS Public Safety Grants

Use this form to provide budget for items not anticipated in the budget.

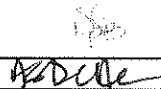
ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 5/11/23	REMAINING BALANCE
<b>EMS State Grant FY 2022-2023 - Amending Original Budget to Actual Awarded Amount</b>								
<b>Revenue</b>								
1425-662-5230-3429	State Grant Other Public Safety	80,740	186,162	174,438		360,600		
	<b>Total Revenue and Balance</b>	<b>82,641</b>	<b>188,741</b>	<b>174,438</b>	<b>0</b>	<b>363,179</b>		
<b>Expense</b>								
1425-662-5230-5212	Safety Supplies	1,901	34,071	22,408	0	56,479	27,557	28,922
1425-662-5230-8101	Contributions Other Govtl Agency	80,740	154,670	152,030	0	306,700	82,961	223,739
	<b>Total Appropriation and Expenditures</b>	<b>82,641</b>	<b>188,741</b>	<b>174,438</b>	<b>0</b>	<b>363,179</b>	<b>110,518</b>	<b>252,662</b>

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

Signatures

Date

Digitally signed by Mariana Diaz  
 DN: DC=org, DC=pbcbgov, OU=Enterprise, OU=PSD,  
 OU=Users, CN=Mariana Diaz, E=MDiaz@pbcbgov.org  
 Date: 2023.05.11 17:48:47-04'00'

  
 \_\_\_\_\_  
 \_\_\_\_\_

5/12/23

By Board of County Commission  
 At Meeting of 6/13/2023

Deputy Clerk to the  
 Board of County Commissioners