

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</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 _____
 Is this item using Federal Funds? Yes _____ No _____
 Is this item using State 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 if needed to reflect the actual award.

C. Departmental Fiscal Review: _____ *[Signature]* 11/15/23

III. REVIEW COMMENTS

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

[Signature] 12/20/23
 OFMB *QA 10/19 V.S. 12/20*
MP 12/20

[Signature] 1/12/24
 Contract Administration

B. Legal Sufficiency:

[Signature] 1/3/2024
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

RESOLUTION NO. R-2024-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2023-2024 ANNUAL FLORIDA DEPARTMENT OF HEALTH EMS COUNTY GRANT APPLICATION FOR \$183,816 AND SIGN 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 2023-2024 is **\$183,816.99** 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 Grant Committee 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 will not be used to supplant current levels of expenditures; 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 the grant funds received under this Grant program and Application will improve and expand the pre-hospital emergency medical services system in Palm Beach County and will not be used to supplant current levels of County expenditures.

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 Director 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 Maria Sachs, Mayor	___
Commissioner Maria G. Marino, Vice Mayor	___
Commissioner Gregg K. Weiss	___
Commissioner Michael A. Barnett	___
Commissioner Marci Woodward	___
Commissioner Sara Baxter	___
Commissioner Mack Bernard	___

The Mayor thereupon declared the Resolution duly passed and adopted this _____ day of _____ 2024.

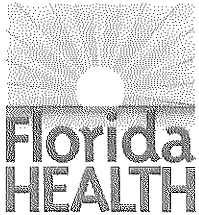
PALM BEACH COUNTY, FLORIDA, BY ITS
BOARD OF COUNTY COMMISSIONERS

JOSEPH ABRUZZO, CLERK & COMPTROLLER

By: _____
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: 
Assistant County Attorney



EMS COUNTY GRANT APPLICATION

**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**

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

[Signature]
COUNTY ATTORNEY

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: 561-712-6331 | Fax Number: 561-712-6464

E-mail Address: MBlakene@pbc.gov

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 Beach Gardens Fire Rescue Dept.
Delray Beach Fire Rescue Dept.	Riviera Beach Fire Dept.
Greenacres Fire Rescue Dept.	Tequesta Fire Dept.
North Palm Beach Fire Rescue Dept.	West Palm Beach Fire Dept.
Palm Beach Fire Rescue Dept.	Palm Beach County Emergency Management
Palm Beach County Fire Dept.	

BUDGET PAGE – Boynton Beach Fire Rescue

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 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
Handtevy System	17852.50
Total Vehicles & Equipment =	\$ 17852.50
Grand Total =	\$ 17852.50

BUDGET PAGE – Greenacres Fire Rescue.

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 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
Pedi Training Manikins, Adult Training Manikins, Adult Airway Management trainer, Vscap Aur Ultra Sound	21243.06
Total Vehicles & Equipment =	\$ 21243.06
Grand Total =	\$ 21243.06

BUDGET PAGE – North Palm Beach Fire Rescue

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 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
Handtevy PEDI Bags with Training	8669.00
Total Vehicles & Equipment =	\$ 8669.00
Grand Total =	\$ 8669.00

BUDGET PAGE – Palm Beach Fire Rescue.

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 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
MTS Powerload stretcher	29933.20
Total Vehicles & Equipment =	\$ 29933.20
<u>Grand Total =</u>	<u>\$ 29933.20</u>

BUDGET PAGE – Palm Beach County Fire Rescue

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 excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Whole Blood	26822.60
Total Expenses =	\$ 26822.60

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 =	
Grand Total =	\$ 26822.60

BUDGET PAGE – Palm Beach Gardens Fire Rescue.

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 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
EleGARD Patient Position systems with cover	14968.00
Total Vehicles & Equipment =	\$ 14968.00
<u>Grand Total =</u>	<u>\$ 14968.00</u>

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 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
Video Laryngoscope Reusable Display and Cable	9571.16
Simulator Equipment for manikin training	10891.20
Total Vehicles & Equipment =	\$ 20462.36
<u>Grand Total =</u>	<u>\$ 20462.36</u>

BUDGET PAGE – Tequesta Fire Rescue

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 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
Stop the Bleed training kits with two CPR mannequins	5081.26
Total Vehicles & Equipment =	\$ 5081.26
Grand Total =	\$ 5081.26

BUDGET PAGE – Palm Beach County Emergency Management

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 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
Countywide AEDs	108.08
Total Vehicles & Equipment =	\$ 108.08
Grand Total =	<u>\$ 108.08</u>

DH 1684, December 2008

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

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Sign and return this page with your application to:


COUNTY ATTORNEY

Florida Department of Health
Emergency Medical Services Unit, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

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: 2023 - 2024

<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: _____