

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

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Meeting Date: September 1, 2020 [ X ] 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 receive and file: approved Florida Department of Health Emergency Medical Services (EMS) Section, Grants Unit Change Request in the amount of \$9,169.38 for EMS Grant ID Code C8050 to improve and expand EMS systems for the period of December 26, 2019 through December 18, 2020.

**Summary:** The County was awarded \$155,993 (CSFA# 64.005) during the FY 2019-20 grant cycle from the State of Florida Department of Health, Bureau of EMS, to improve and expand the EMS systems. There was an unspent balance of \$5,615.64 due to purchasing bids coming in lower than expected from the FY 2018-19 grant cycle, Grant ID Code C7050, and interest earned of \$3,553.74 for a sum total of \$9,169.38 that will roll over into the FY 2019-20 grant cycle, Grant ID Code C8050 bringing the total to \$165,162.38. The grant funding may be used by the County or municipal agencies to purchase EMS equipment or provide training. On November 19, 2019, R2019-1801 authorized the County Administrator to sign the Grant Budget Change Request form for the EMS County Grant Award funds. **There is no ad valorem funding required. Countywide** (LDC)

**Background and Justification:** Pursuant to Florida Statutes, Chapter 401, Part II, the State of Florida Department of Health, Bureau of EMS has established an EMS Trust Fund, funded through a portion of every municipal and county moving violation fine including DUI convictions. The licensed EMS providers within Palm Beach County submit a proposal for training or equipment and reimbursement is provided by the County from their EMS Grant Fund. The proposals are reviewed by the staff of the Division of Emergency Management, Office of Emergency Medical Services, and Grant Review Committee of the EMS Advisory Council of Palm Beach County.

**Attachments:**

- 1. Memo to Verdenia/Florida Department of Health EMS Section, Grants Unit Grant Change Request
- 2. Resolution #2019-1801
- 3. Florida EMS County Grant ID Code C8050 Award Letter

Recommended By: [Signature] 7/29/20
Department Director Date

Approved By: [Signature] 8/11/20
Deputy County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	9,170	_____	_____	_____	_____
External Revenues	(9,170)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>Net Fiscal Impact</b>	<u>0</u>	_____	_____	_____	_____

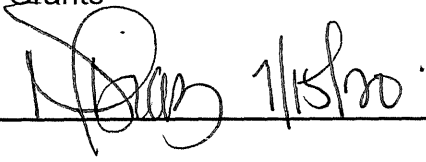
# ADDITIONAL FTE POSITIONS (Cumulative) \_\_\_\_\_

Is Item Included In Current Budget? Yes X No \_\_\_\_\_  
 Does this item include the use of federal funds? Yes \_\_\_\_\_ No X

Budget Account Exp No: Fund 1425 Department 662 Unit 5230 Object various  
 Rev No: Fund 1425 Department 662 Unit 5230 RevSrc 3249

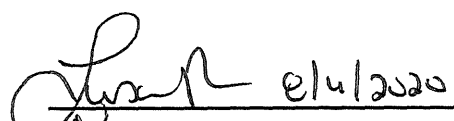

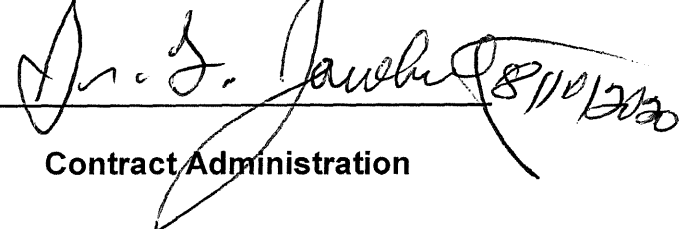
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

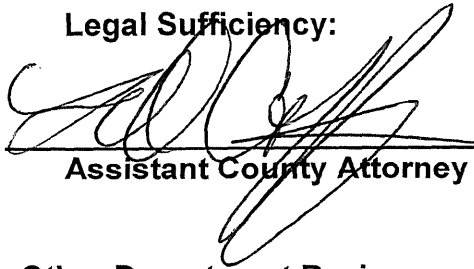
Grant: EMS Public Safety  
 Fund: EMS Award-Grant Program  
 Unit: EMS-Public Safety Grants

Departmental Fiscal Review: FF  1/15/20

**II. REVIEW COMMENTS**

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

 2/1/2020  
 2/1/21 OFMB  8/3  8/11/2020  
 Contract Administration

**B. Legal Sufficiency:**  
  
 Assistant County Attorney

**C. Other Department Review:**  
 \_\_\_\_\_  
 Department Director

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



**Department of Public Safety  
Division of Emergency Management**

20 South Military Trail  
West Palm Beach, FL 33415  
(561) 712-6400  
FAX: (561) 712-6464  
www.pbcgov.com



**Palm Beach County  
Board of County  
Commissioners**

Dave Kerner, Mayor  
Robert S. Weinroth, Vice Mayor  
Hal R. Valeche  
Gregg K. Weiss  
Mary Lou Berger  
Melissa McKinlay  
Mack Bernard

**County Administrator**

Verdenia C. Baker

*"An Equal Opportunity  
Affirmative Action Employer"*

Official Electronic Letterhead

**To:** Verdenia C. Baker  
County Administrator

**Through:** Jon Van Arnam  
Deputy County Administrator

**From:** Stephanie Sejnoha, Director  
Public Safety Department

**Date:** July 15, 2020

**Subject:** Signature Required for Florida Department of Health  
Emergency Medical Services (EMS) grant change  
request.

Enclosed is the Grant Change Request Form that is required by the Florida Department of Health to spend funding that was rolled over from the previous grant year. According to the Florida Department of Health Bureau of Emergency Medical Services (EMS), "any unencumbered EMS county grant program funds as of the ending date of the grant, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application."

The County was awarded \$155,993 during the FY2019-20 grant cycle from the State of Florida Department of Health, Bureau of Emergency Medical Services (EMS), to improve and expand the EMS systems. There is a balance of \$5,615.64 from FY2018-19, and interest of \$3,553.74 this funding will roll over into the FY2019-20 grant cycle.

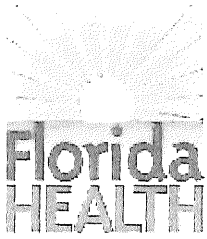
On November 19, 2019 Resolution #2019-1801 the County Administrator or designee was authorized to execute the annual EMS grant fund application and sign the EMS grant program change request forms related to the grant.

Please sign the Grant Program Change Request and notify Sally Waite at [swaite@pbcgov.org](mailto:swaite@pbcgov.org) or call 712-6484 when they are ready for pick up. Should you have any questions, feel free to contact me.

**Enclosure:**

- 1) Department of Health Emergency Medical Services (EMS) grant change request.

**Cc:** Bill Johnson  
Sally Waite



Florida Department of Health  
 Emergency Medical Services Section, Grants Unit  
**CHANGE REQUEST FOR GRANT**  
 401.113(2) (a), Florida Statutes

<b>Organization Name: Palm Beach County</b>	<b>Grant ID Code: C8050</b>
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BUDGET LINE ITEMS	CHANGE FROM	CHANGE TO
Carry forward to C7050 unspent budget from ID Code C8050	\$0.00	\$5,615.64
Carry forward to C7050 unspent interest from ID Code C8050	\$0.00	3,553.74
	\$0.00	\$0.00
<b>TOTAL BUDGET =</b>	<b>\$ 0.00</b>	<b>\$9,169.38</b>

**Justification for Change:**  
 This change request when approved provides state authorization to transfer the unencumbered budget of \$5,615.64 and interest of \$3,553.74 from the county's previous and now ended state EMS grant, ID Code C7050, to the current active county grant ID Code C8050. This retention by the county and transfer of funds is authorized by the state EMS county grant guidelines, which are incorporated by reference in Florida Administrative Code 64J-1.015. The applicable paragraph follows.

“Any unencumbered EMS county grant program funds as of the ending date of the grant, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.”

After approval by the state, the transferred funds will have state spending authority under state EMS county grant C8050. The funds, which are already in county accounts, should then be made available by the county for expenditure for current line items in the approved budget of C8050, but use of these and any funds for new budget line items or significant changes in allocations must be requested by the county and approved by the state in additional change requests.

 _____ Grantee Authorized Signature	22	<u>07/17/2020</u> MMM DD YYYY
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**Below is for Use Only by State EMS**

Approved: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Change No.: 1
State EMS Authorized Signature		MMM DD YYYY

This form is equivalent to DH Form 1684C, Rev. June 2002

RESOLUTION NO. R-2019- 1801

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO SIGN THE FY 2019-2020 ANNUAL EMS GRANT FUND APPLICATION FOR \$155,993 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 2019-2020 is **\$155,993** 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 have applied 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 have reviewed the grant award proposal and have recommended the appropriate awarding and distribution of funding; and

**WHEREAS**, the agencies requesting a share of the funding have certified 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 Weinroth who moved its adoption. The motion was seconded by Commissioner Berger, and upon being put to a vote, the vote was as follows:

District 1:	Hal R. Valeche	<u>Aye</u>
District 2:	Gregg K. Weiss	<u>Aye</u>
District 3:	Dave Kerner	<u>Aye</u>
District 4:	Robert S. Weinroth	<u>Aye</u>
District 5:	Mary Lou Berger	<u>Aye</u>
District 6:	Melissa McKinlay	<u>Aye</u>
District 7:	Mack Bernard	<u>Aye</u>

The Mayor thereupon declared the Resolution duly passed and adopted this 19th day of November 2019.

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS  
SHARON R. BOCK, CLERK & COMPTROLLER

By: *Marcy Powell*  
Deputy Clerk



APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By: *[Signature]*  
Assistant County Attorney

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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

December 26, 2019

Verdenia C. Baker, County Administrator  
Palm Beach County  
301 North Olive Avenue  
West Palm Beach, Florida 33401

R2020 0323

MAR 17 2020

Dear Ms. Baker:

I am pleased to award the Emergency Medical Services (EMS) County Grant, ID Code C8050 in the amount of \$155,993.00 to Palm Beach County. The purpose of this grant is to improve and expand pre-hospital 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 December 18, 2020. Please note that the county must report to the state its grant activities and purchases by the following dates: April 17, 2020, August 21, 2020, and December 18, 2020, 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 Alan Van Lewen, Health Services and Facilities Consultant in the Bureau of Emergency Medical Oversight, EMS Section at (850) 558-9550.

Sincerely,

Douglas H. Woodlief  
Division Director  
Emergency Preparedness and Community Support

MJ/avl

cc: Bill Johnson, Director of Emergency Management

DIVISION OF  
EMERGENCY MANAGEMENT

JAN 16 2020

Palm Beach County

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**



Accredited Health Department  
Public Health Accreditation Board

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