

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: June 7, 2022           [ X ] Consent           [ ] Regular
                                       [ ] Ordinance           [ ] Public Hearing

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Department:      Department of Public Safety
Submitted By:    Department of Public Safety
Submitted For:   Division of Emergency Management
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) receive and file the Emergency Medical Services (EMS) County Grant ID Code C0050 Award Letter from the State of Florida Department of Health, Bureau of EMS to improve and expand the EMS system for the period March 24, 2022 through March 24, 2023, in the amount of \$138,411; and

B) approve a budget amendment of \$138,411 in the EMS Grant Fund to adjust the budget to reflect the actual grant award of \$138,411.

Summary: The EMS County Grant (CSFA #64.005) is an annual grant provided to Palm Beach County from the Florida 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 March 8, 2022, R2022-0214 authorized the County Administrator to sign the FY2021-2022 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 FY2021-2022 is \$138,411. 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. State of Florida EMS County Grant ID Code C0050 Award Letter
2. Emergency Medical Services Grant Application
3. Budget Amendment

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Recommended By: Sejmore                               5/2/22
                  Department Director                       Date

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Approved By: [Signature]                               5/11/2022
                Assistant County Administrator              Date

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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>
Personal Services					
Operating Expenses	\$25,415				
Capital Expenditures					
Grants & Aids	\$112,996				
External Revenues	(\$138,411)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>\$0</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

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 5212/8101
 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: _____

MG
4-8-22

[Signature]
4/8/22

III. REVIEW COMMENTS

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

[Signature] 4/29/22
 OFMB *[Signature]* 4-28-22
LM 4/28
[Signature] 5/10/22
 Contract Administration
 5-9-22 TD

B. Legal Sufficiency:

[Signature] 5/11/22
 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 24, 2022

RECEIVED

MAR 28 2022

Palm Beach County Board of County Commissioners
Attention: Verdenia Baker, County Administrator
301 Olive Ave.
West palm Beach, FL 33401

PALM BEACH COUNTY
EMERGENCY MANAGEMENT

Dear Ms. Baker:

I am pleased to award the Emergency Medical Services (EMS) County Grant ID Code C0050 in the amount of \$138,411.00 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 March 24, 2023. Please note that the county must report to the state its grant activities and purchases by the following dates: May 29, 2022, September 29, 2022, and March 27, 2023, 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 Ms. Lorrianna Jean-Jacques, Emergency Medical Services Grant Program Manager Bureau of Emergency Medical Oversight, EMS Section at (850) 558-9500.

Sincerely,

Douglas H. Woodlief
Division Director
Emergency Preparedness and Community Support

DHW/mmj

cc: Mary Blakeney, Director of EMS

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

Page 1 of 1



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

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: *Verdenia C. Baker* **Date:** 3-21-22

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

Email 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 Department	Palm Beach Gardens Fire Department
Delray Beach Fire Department	Riviera Beach Fire Department
Greenacres Fire Department	Tequesta Fire Department
North Palm Beach Fire Department	West Palm Beach Fire Department
Palm Beach Fire Department	Palm Beach County Emergency Management
Palm Beach County Fire Department	

Verdenia C. Baker

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
18 Stat Packs – trauma bags with equipment @ \$1312.30 each	\$23621.40
Total Vehicles & Equipment =	\$23621.40
<u>Grand Total =</u>	<u>\$23621.40</u>

BUDGET PAGE - Delray Beach Fire Department

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
Advanced Airway training – 100 officers	\$10500.00
Total Vehicles & Equipment =	\$10500.00
Grand Total =	\$34121.40

BUDGET PAGE - Greenacres Fire Department

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
8 Handtevy Pediatric Bags @\$295.00 each	\$2360.00
8 Handtevy Medication & Equipment Guides @280.00 each	\$2240.00
9 Curaplez Quick-connect carriers (scoop stretcher)@\$535.00 each	\$4815.00
Total Vehicles & Equipment =	\$9415.00
Grand Total =	\$43536.40

BUDGET PAGE - North Palm Beach Fire Department

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
50 Stop the Bleed Kits @ \$74.05 each	\$3702.50
Total Vehicles & Equipment =	\$3702.50
Grand Total =	<u>\$47238.90</u>

BUDGET PAGE - Palm Beach Fire Department

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
Electronic Patient Care Reporting (EPCR) software	\$9560.00
Total Vehicles & Equipment =	\$9560.00
Grand Total =	\$56798.90

BUDGET PAGE - Palm Beach County Fire Department

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
8 Blood Boxx – EMS (storage containers for blood) @\$795.08 each	\$6360.64
4 Fluid Warmers for Blood program @\$3438.50 each	\$13754.00
4 cases LifeFlow Plus Blood & Fluid infuser @\$1325.00 each	\$5300.00
Total Vehicles & Equipment =	\$25414.64
Grand Total =	\$82213.54

BUDGET PAGE - Palm Beach Gardens Fire Department

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
2 K9 Training Manikins @\$1755.95 each	\$3511.90
Total Vehicles & Equipment =	\$3511.90
Grand Total =	\$85725.44

BUDGET PAGE - Riviera Beach Fire Department

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
1 LifePak 15 V4 Monitor/defib	\$21669.86
Total Vehicles & Equipment =	\$21669.86
<u>Grand Total =</u>	<u>\$107395.30</u>

BUDGET PAGE - Tequesta Fire Department

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
2 LifePak 1000 AEDs @ \$2397.50 each	\$4795.00
50 Bleed control kits @ \$77.60 each	\$3880.00
Total Vehicles & Equipment =	\$8675.00
<u>Grand Total =</u>	<u>\$116070.30</u>

BUDGET PAGE - West Palm Beach Fire Department

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
K9 Emergency Medicine (K9 Officers) for Fire Rescue classes	\$15500.00
Total Vehicles & Equipment =	\$15500.00
Grand Total =	\$131570.30

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
Purchase of AED's for Countywide facilities	\$6840.70
Total Vehicles & Equipment =	\$6840.70
<u>Grand Total =</u>	<u>\$138411.00</u>

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 must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must 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 n/a

Authorized County Official:  _____
Signature Date

Verdenia C. Baker, County Administrator
Type or Print Name and Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

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

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: 2021-2022

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	05	SF005	751000	059998

Federal Tax ID: VF _____ Sequence Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____

22-

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

ATTACHMENT 3

BGRV - 662- 040422*0444
BGEX - 662- 040422*1124

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 4/4/2022	REMAINING BALANCE
EMS State Grant FY 2020-2021 - Amending Original Budget to Actual Awarded Amount								
Revenue								
1425-662-5230-3429	State Grant Other Public Safety	0	142,645	138,411		281,056		
	Total Revenue and Balance	1,000	145,504	138,411	0	283,915		
Expense								
1425-662-5230-5212	Safety Supplies	1,000	12,841	25,415		38,256	0	38,256
1425-662-5230-8101	Contributions Other Govtl Agency	0	132,663	112,996		245,659	92,645	153,014
	Total Appropriation and Expenditures	1,000	145,504	138,411	0	283,915	92,645	191,270

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

Signature's _____ Date 6/8/22

By Board of County Commissioners
At Meeting of 6/7/2022

Deputy Clerk to the
Board of County Commissioners