

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	August 20, 2024	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing
Department:	Fire Rescue		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:


- A) ratify a Memorandum of Agreement (MOA) with the Florida Department of Health (DOH) for an Emergency Medical Services (EMS) Matching Grant award, in the amount of \$24,000, for the period June 1, 2024 through May 31, 2025; and
- B) approve a Budget Amendment of \$32,000 within the Fire/Rescue Municipal Service Taxing Unit Fund to recognize the grant award for FY 2024, establish a budget for the approved grant and a budget transfer of \$8,000 from Fire Rescue contingency reserves to meet the required match

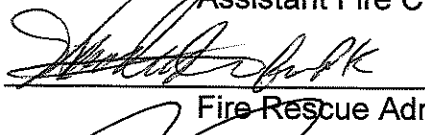
Summary: On January 23, 2024 (R2024-0083) the Board of County Commissioners (BCC) authorized the County Administrator, or designee, to sign the State FY 2023-2024 annual EMS Matching Grant Application which requested \$216,674 to fund 75% of the purchase of 13 Hamilton-T1 ventilators, and to execute the grant award and other necessary documents. On June 28, 2024 the County received notification from the DOH of the \$24,000 grant award which will cover two (2) of the 13 requested ventilators. Fire Rescue will purchase the remaining 11 ventilators from the FY 2025 budget. On June 28, 2024, the Fire Rescue Finance Director, an approved designee of the County Administrator, electronically executed the MOA. The Risk Management Department and County Attorney's Office have reviewed the indemnification requirements for this grant and advised staff accordingly. The indemnification clause requires the County to indemnify the Florida Department of Health, including for court costs and attorneys' fees. The indemnification is limited to the negligence, intentional or unintentional acts or omissions of the County, and the County's agents, assignees, sub-contractors, and employees, that may arise during the course of the operation of the grant MOA, or that arise out of or relating to the subject property, the Project, or the use of grant money. Staff were advised by DOH that no modifications could be made to the MOA. Therefore, staff recommends approval of the MOA. **The required match for this grant is \$8,000 (25% of the project amount), which will be funded from Fire Rescue's contingency reserve. Countywide (SB)**

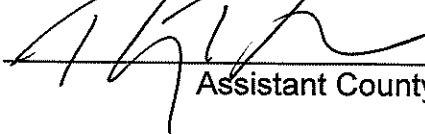
Background and Justification: Pursuant to Florida Statutes, Chapter 401, Part II, the FL-EMS Department has established an Emergency Medical Services Trust Fund consisting of a portion of every municipal and county moving violations including DUI convictions. Forty (40) percent of the monies must be used for making matching grants to local agencies, municipalities, emergency medical services organizations, and youth athletic organizations for the purpose of conducting research, increasing existing levels of emergency medical services, evaluation, community education, injury-prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques.

Attachments

- 1. EMS Matching Grant Memorandum of Agreement
- 2. Budget Amendment

Recommended by:  7-23-24
Assistant Fire Chief Date

Approved by:  7-23-24
Fire Rescue Administrator Date

Approved by:  8/2/2024
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures	<u>\$32,000</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>(\$24,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$8,000</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes ___ No X
 Does this item include the use of Federal Funds? Yes ___ No X
 Does this item include the use of State Funds? Yes X No ___

Budget Account No.: Fund 1300 Dept 440 Unit 4243 Object 6401

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

The project total is \$32,000 where as \$24,000 will be funded by the Florida Department of Health and the remaining \$8,000 is the required match that will be funded by Fire Rescue contingency reserves.

C. Departmental Fiscal Review: *Ronnie Maciejewski*

III. REVIEW COMMENTS

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

Lisa Marie Flaclaw
 OFMB *QA 7/24*
VS 7/24
MPF 7/26

Trunda Mack *8/2/24*
 Contract Development and Control
8/1/24

B. Legal Sufficiency

Dee Bue *8/7/24*
 Assistant County Attorney

C. Other Department Review:

 Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

CONTRACT SUMMARY

This contract action has completed the Department’s routing process and has received the required approvals for execution.

Division/CHD/Office:	Division of Emergency Preparedness and Community Support
Provider Name:	Palm Beach County Fire Rescue
Contract Number:	M2448
Original Contract Amount:	\$24,000.00
Total Contract Amount (executed actions):	N/A
Original Contract Start Date:	June 1, 2024
Contract End Date (executed actions):	May 31, 2025

DESCRIPTION OF CONTRACTUAL SERVICES:

Expansion and enhancement of Emergency Medical Services in area of coverage as outlined in the approved grant application (Attachment A).

CONTRACT ACTION:

AMENDMENT(Y/N):	N	AMENDMENT AMOUNT:	N/A		
CHANGE TO TERM(Y/N):	N	START DATE:	N/A	END DATE:	N/A
RENEWAL:	N	RENEWAL AMOUNT:	N/A		
START DATE:	N/A	END DATE:	N/A		

DESCRIPTION OF CONTRACT AMENDMENT ACTION:

N/A

This contract complies with all of the following requirements:

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value



**MEMORANDUM OF AGREEMENT
BETWEEN
The FLORIDA DEPARTMENT OF HEALTH
And
Palm Beach County Fire Rescue**

This Memorandum of Agreement "Agreement" for the Emergency Medical Services Matching Grant, is entered into between the Florida Department of Health "Department", and Palm Beach County Fire Rescue "Grantee", each a "Party" and jointly referred to as the "Parties". In consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

SECTION I: DEFINITIONS

A. Definition of Terms:

- 1) Quarter: A three-month period of the executed agreement. The quarters for this Agreement are July through September (Quarter One); October through December (Quarter Two); January through March (Quarter Three); and April through June (Quarter Four).
- 2) Medical Services (EMS): A system that responds to emergencies in need of highly skilled pre-hospital clinicians.
- 3) Emergency Medical Services Matching Grant: Grant funds available to local agencies, municipalities, emergency medical services organizations, and youth athletic organizations for the purpose of conducting research, increasing existing levels of emergency medical services, evaluation, community education, injury prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques that are contingent upon the recipient providing a matching cash sum.
- 4) Grantee: A local agency, municipality, EMS organization, or youth athletic organization for which the Department has approved an application for an Emergency Medical Services Matching Grant.

SECTION II: GENERAL TERMS AND CONDITIONS

- A. General Statement: The Grantee will receive \$24,000.00 from General Appropriation 517 of the 2024-2025 Appropriations Act Laws of Florida," Grants and Aids – Emergency Medical Services Matching Grants from Emergency Medical Services Trust Fund."
- B. Legal Authority: This Agreement is made pursuant to the Specific Appropriation Line item 517, 2024-2025 Appropriations Act and Section 401.111, Florida Statutes.
- C. Entire Agreement: This Agreement embodies the entire Agreement and understanding



between the Parties, on the subject hereof.

- D. Term: The term of this Agreement is June 1, 2024 to May 31, 2025, or upon completion of the approved Project, whichever is sooner.

SECTION III: PROPERTY AND EQUIPMENT

- A. Property and equipment are defined as non-expendable, tangible property having a useful life of more than one year with a cost of \$5,000.00 or more.
 - 1. All property and equipment purchased with Emergency Medical Services Matching Grant funds must be:
 - a. Necessary to carry out the approved project;
 - b. Justified and pre-approved by the Department;
 - c. Inventoried and tracked throughout the grant period; and
 - d. Protected with sufficient insurance and security safeguards.
- B. All approved property and equipment must be purchased and received prior to the last three months of the grant period unless prior written approval from the Department has been obtained.
- C. All equipment purchased with grant funds is the property of the grantee, and is subject to Chapter 273, Florida Statutes, dealing with state-owned tangible personal property and the disposition thereof. For research institutions not covered under Chapter 1000, Florida Statutes, equipment no longer deemed to be useful will remain state property and must be transferred or donated to a state agency or public university for redistribution or disposition.

SECTION IV: SERVICES TO BE PROVIDED

- A. Task List: Grantee will perform the following tasks:
 - 1) Ensure the following tasks are performed as needed:
 - a. Grantee must complete the project as specified in the Department approved Emergency Medical Services Matching Grant Program application (Attachment A hereinafter referred to as the "Project").
 - b. Grantee will obtain all supplies, services, and labor for use in the performance of this MOA at the lowest practicable cost and by means of competitive bidding wherever practicable or required by Florida law.
 - c. Provide a quarterly report to the Department outlining all items that were purchased during the quarter, as well as any remaining items to be purchased during the contract term.



SECTION V: DELIVERABLES AND METHOD OF PAYMENT

A. Deliverables: Grantee must complete and submit the following deliverable in the time and manner specified:

- 1) **Quarterly**: The Grantee must provide a quarterly report, reflecting all purchases made in accordance with the approved Attachment A, to the Department demonstrating progress toward completion of the Project as specified in the Department approved Attachment A.

B. Method of Payment:

- 1) **Payment**: This is a 100% advance payment.
- 2) **Reporting Requirements**: Grantee must submit a properly completed quarterly report to the Agreement Manager within 15 days of the end of each quarter. At a minimum, each report must be submitted on Grantee's letterhead, provide the invoice date, and all activities completed during the invoice period. On a separate page, the Grantee must provide the following:
 - a) Beginning budget amount;
 - b) Amount spent year to date;
 - c) Amount remaining in budget;
 - d) Statement certifying the accuracy of the invoice; and
 - e) Signature of an individual with the authority to bind the Grantee.

3) Matching of State Funds

Funds received from the Department for this grant shall not be used as Matching Funds for any Projects.

C. Special Provisions:

- 1) Allowable Costs: The Grantee may expend funds only for allowable costs resulting from obligations incurred during the Agreement term. Allowable costs are those that are related to the approved Attachment A.
- 2) Return of Funds: Any balance of unobligated funds advanced or paid, or funds that were not expended in accordance with the Attachment A, must be refunded to the Department within three months of the grant end date.
- 3) Monitoring: The Grantee must permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, or goods and services of the Grantee that are relevant to this grant, and interview any clients, sub-contractors, and employees of the Grantee to assure the Department of



M2448
Palm Beach County Fire Rescue

satisfactory performance of the Terms and Conditions of this grant. Monitoring may take place at any time during the grant period or records retention period, with reasonable advance notice, during normal business hours. Following such evaluation, the Department may deliver to Grantee a written report of its findings and may include written recommendations with regard to Grantee's performance of the Terms and Conditions of this grant. Grantee will correct all noted deficiencies identified by the Department within the specified period of time set forth in the recommendations. Grantee's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Department, result in any one or a combination of the following: 1) Grantee being deemed in breach or default of this Agreement; 2) the termination of this grant.

- 4) Duties of Designated Grant Manager: The Grant Manager designated by the Department shall reconcile and verify all funds received against all funds expended during the term of this Agreement period and produce a final reconciliation report. The final report for this project must identify any funds paid in excess of the expenditures incurred by the Grantee or Sub-recipient.
- 5) Sovereign Immunity: Pursuant to section 768.28, Florida Statutes, the Department is immune from civil or criminal liability resulting from acts or omissions of the Grantee and the Grantee's agents, employees, or assigns.
- 6) Governing Law and Venue: This Agreement is executed and entered into in the State of Florida and will be construed and performed under the laws, rules, and regulations of the State of Florida. Venue must be in Leon County, Florida to the exclusion of all other jurisdictions.
- 7) Indemnification: Grantee will be liable for, and indemnify, defend, and hold the Department harmless from and against all claims, demands, suits, judgments, or damages, including, but not limited to, court costs and attorneys' fees and damages resulting from personal injury, including death or damage to property, arising out of the negligence, intentional or unintentional acts or omissions of the Grantee, and the Grantee's agents, assignees, sub-contractors, and employees, that may arise during the course of the operation of this Agreement, or that arise out of or relating to the subject property, the Project, or the use of grant money.
- 8) Modification: This Agreement may only be amended in writing and upon mutual agreement by the Parties.
- 9) Termination:
 - a) Termination Because of Lack of Funds: It is agreed that in the event funds to finance this Agreement, or part of this Agreement, become unavailable, the obligations of each Party, hereunder may be terminated upon no less than 24 hours' notice in writing to the other Party. Said notice will be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Department will be the final authority as to the availability of state funds, and how any remaining funds will be allocated among Grantees.



- b) Termination for Breach: Unless the Grantee's breach is excused by the Department, the Department may provide written notice to the Grantee specifically setting forth the breach and allow a 30-calendar day period whereby the Grantee may cure any such breach. The Department may terminate any part or the whole of this Agreement in any of the following circumstances:
 - i. If Grantee fails to provide services called for by this Agreement within the time specified herein or any extension thereof.
 - ii. If Grantee fails to perform any of the other provisions of this Agreement.
 - iii. Except as set forth above, termination will be upon no less than 24 hours' notice in writing delivered by certified mail, return receipt requested, or in person with proof of delivery.
 - c) All provisions of this Agreement that were not terminated, amended, or modified will remain in full effect and Grantee will continue performance under any remaining provisions.
 - d) After receipt of a notice of termination, and except as otherwise directed in writing, the Grantee will:
 - i. Stop work under this Agreement on the date and to the extent specified in the notice of termination and take any other actions as directed in writing from the Department.
 - ii. Place no further orders or contracts for materials, services, or facilities except as may be necessary for completion of such portion of work under the Agreement as is not terminated.
 - iii. Terminate all outstanding orders and contracts to the extent that they relate to the performance of work under this Agreement.
 - iv. Prepare all necessary reports and documents required under the terms of this Agreement. Documents must be prepared up to the date of termination and include the final report due upon completion of this Agreement. The Department will provide no additional funds for administrative fees or for the completion of final reports after the date of termination.
 - v. Notwithstanding anything to the contrary set forth herein, upon termination of this Agreement, the Grantee may continue work on the Project that is the subject of this MOA so long as such work is funded by sources other than the Department.
- 10) Notice: Any notices given by either party to the other party under this Agreement will be in writing and sent either: via email to the designated email address, by overnight courier, with a verified receipt; or by registered or certified United



M2448
Palm Beach County Fire Rescue

States Mail, postage prepaid. Either party's specified point of contacts may be changed by notifying the other party a minimum of one week prior to such change. Notice will be deemed sufficiently given upon receipt at the following addresses:

Department: Doug Woodlief
Director, Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-26
Tallahassee, FL 32399
Doug.Woodlief@flhealth.gov

Grantee: Lauren Magierowski, Finance Director
301 N. Olive Ave
West Palm Beach, FL 33401
LMagierowski@pbc.gov

- 11) Cooperation with Inspectors General: To the extent applicable, the Parties will cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), Florida Statutes.
- 12) Public Records: The Grantee must keep and maintain public records, as defined in Chapter 119, Florida Statutes that are required by the Department to perform the services required by the grant. Questions regarding the application of Chapter 119, Florida Statutes, and its duty to provide public records relating to this Agreement, contact the custodian of public records at (850) 245-4005, PublicRecordsRequest@flhealth.gov or 4052 Bald Cypress Way, Bin A02, Tallahassee, FL 32399.

SECTION V: AUTHORIZATION

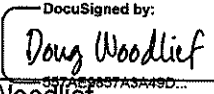
IN WITNESS THEREOF, the Parties hereto have caused this 6-page Agreement to be executed by their undersigned, duly authorized, officials:

Grantee: Palm Beach County Fire Rescue

DocuSigned by:

 Date: 6/28/2024
 Name: Lauren Magierowski
 Title: Finance Director

Florida Department of Health

DocuSigned by:

 Date: 7/1/2024
 Name: Doug Woodlief
 Title: Director, Division of Emergency Preparedness and Community Support



Florida Department of Health
Emergency Medical Services Grants
Matching Grants 2023-2024

Palm Beach County Fire Rescue is submitting for your consideration an application for the 2023-2024 Matching Grant.

On January 13, 2024, the Board of Commissioners of Palm Beach County ("Board") authorized the County Administrator, Verdenia Baker, or her designee, Chief Patrick J. Kennedy, Fire Rescue Administrator, to submit on behalf the Board the State FY 2023—2024 Annual Emergency Medical Services Matching Grant Application.

The application identified Chief Kennedy as the grant signer on page 2, however Ms. Baker signed the application at the Board meeting, and Chief Kennedy latter signed the application for terms and conditions and the Request for Grant Fund Distribution on page 9; we are attaching a copy of the agenda item and the delegation memo so that the signature of both Ms. Baker and Chief Kennedy can be verified as authorized to sign on behalf of the Board.



Integrity • Unity • Compassion • Accountability • Dedication

Application Form Instructions for 2023-2024 Matching Grant Requests

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications during this grant cycle. If selected, reviewers will only evaluate applications that are not associated with them.

Request for Grant Fund Distribution: This form is page 9 of the application. A staff member of your organization who handles financial transactions with the state must complete the top part of the form. The address must match the address in the state financial system for your organization's corresponding nine-digit ID code and the additional three-digit sequence code of the address for any funds to be provided. State EMS staff will complete the bottom part, as indicated on the form. This form must be completed for distribution of awarded state funds.

Number of Pages: Each application cannot exceed more than 15 one-sided pages, including the form and all content. Reviewers may not read any pages beyond 15 one-sided pages. However, the applicant may submit a one-page cover letter and letters of recommendation, which do not count against the 15 one-sided page limit.

Note: This instruction form is for informational purposes only and is not part of form DH 1767.

EMS MATCHING GRANT APPLICATION



FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank)

1. Organization Name: Palm Beach County (Fire Rescue)	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Patrick J. Kennedy	
Position Title: Fire Rescue Administrator	
Address: 405 Pike Rd	
City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33411
Telephone: 561-816-7000	Fax Number:
E-Mail Address: PKennedy@pbcgov.org	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: Michael Garcia	
Position Title: Captain	
Address: 405 Pike Rd	
City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33411
Telephone: 786-367-5106	Fax Number:
E-Mail Address: mgarcia1@pbcgov.org	

4. **Legal Status of Applicant Organization (Check only one response):**

(1) Private Not for Profit [Attach documentation-501(c)(3)]
 (2) Private for Profit
 (3) City/Municipality/Town/Village
 (4) County
 (5) State
 (6) Other (specify): _____

5. **Federal Tax ID Number (Nine Digit Number):** VF 596000785 ___

6. **EMS License Number:** 5013 Type: Transport Non-transport Both

7. **Number of permitted vehicles by type:** 0 BLS; 95 ALS Transport; 74 ALS non-transport.

8. **Type of Service (check one):** Rescue; Fire; Third Service (County or City Government, non-fire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. **Medical Director of licensed EMS provider:** If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: _____ Date: 12/12/2023

Print/Type: Name of Director Peter Antevy, MD

FL Med. Lic. No. ME 93139

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to item Number 14. Otherwise, proceed to item 10 and the following items.

10. **Justification Summary:** Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need).
 B) Present situation (Describe how the situation is being handled now).
 C) The proposed solution (Present your proposed solution).
 D) Consequences if not funded (Explain what will happen if this project is not funded).
 E) The geographic area to be addressed (Provide a narrative description of the geographic area).
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project).
 G) Data Sources (Provide a complete description of data source(s) you cite).
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. **Outcome For Projects That Provide or Effect Direct Services To Emergency Victims:** This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

12. **Outcome For Training Projects:** This includes training of all types for the public, first responders, law enforcement personnel, EMS, and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. **Outcome For Other Projects:** This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one-sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Procurement of equipment	1	6
Protocol Modification	1	2
Training EMS supervisors to operate equipment	6	7
Modify ePCR system to include ventilator	6	7
Place ventilators on the units for use	7	8

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

All funds previously awarded to Palm Beach County Fire Rescue under the State EMS County grant were allocated and spent on the Whole Blood Transfusion Program. Any unspent County grant funds are submitted to the State as a change order to roll them into the following County Grant year account.

18. Budget		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
N/A	N/A	N/A
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
N/A	N/A	N/A
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

DH 1767 [2013]

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, and the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
Hamilton Medical Hamilton-T1 EMS Package (10)	\$22,222.99	This will provide a device on each of the EMS supervisor vehicles
Hamilton Medical Hamilton-T1 EMS Package (2)	\$22,222.99	This will provide a device on each of the Trauma Hawk helicopters
Hamilton Medical Hamilton-T1 EMS Package (1)	\$22,222.99	This will provide a device for continuous training for all the crews
	Quote received from Hamilton Medical	
TOTAL:	\$288,898.89	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 75 Percent	\$216,674.17	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 90 Percent	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 25 Percent	\$72,224.72	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 10 Percent	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	\$288,898.89	Right click on 0.00 then left click on "Update Field" to calculate Total

DH 1767 [2013]

R2024-0083

JAN 23 2024

19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.


I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

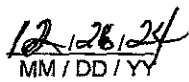
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept any attached grant terms and conditions and acknowledge this by signing below.

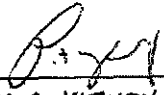

 Signature of Authorized Grant Signer
 (Individual Identified in Item 2)


 MM / DD / YY


DH 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO TERMS
& CONDITIONS


 PATRICK J. KENYON
 FIRE RESCUE ADMINISTRATOR

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)(b), Florida Statutes, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:


A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1st application page.

Name of Agency: Palm Beach County (Fire Rescue)


Address in State
Financial System: 301 N. Olive Ave

West Palm Beach, FL 33401

Federal 9-digit Identification Number: 596000785 3-digit Seq. Code: 173

Authorized Official:  2-7-2024
Signature Date

Patrick J. Kennedy
Type or Print Name and Title

Sign and return this page with your application to: APPROVED AS TO FORM AND LEGAL SUFFICIENCY
Florida Department of Health
Emergency Medical Services Unit, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

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 Contract Manager Date

State Fiscal Year: 2023 - 2024

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	03	SF003	751000	059999

Federal Tax ID: VF _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____

10. Justification Summary

A) Palm Beach County Fire Rescue (PBCFR) is confronted with critical limitations in its ventilator equipment. The existing ventilators on transport units lack versatility and adaptability for various patient needs. Specifically, they cannot accommodate Positive End Expiratory Pressure (PEEP) valves required for cardiac arrest patients, necessitating manual ventilation that risks over-ventilation and lacks precision in determining necessary tidal volumes. Moreover, these ventilators lack essential features such as a fraction of inspired oxygen (FIO₂) control dial and the ability to adjust ventilation rates according to individual patient needs.

This deficiency leads to challenges in prehospital care, resulting in an overzealous approach to ventilation post-intubation. This discrepancy in equipment between prehospital and hospital ventilators exacerbates compatibility issues. Compounded by a shortage of nursing staff, there's a pressing issue regarding inadequate accompanying personnel for transport crews during transfers to other hospitals.

B) Presently, the management of ventilator settings involves manual adjustments in breathing rates and tidal volumes instead of pressure regulation. However, this makeshift method poses risks of inadequate ventilation, potentially leading to complications for patients during transport. In the case of inter-facility transfers involving critical patients, the ventilator's incompatibility necessitates the presence of a hospital nurse or respiratory technician to accompany the transport, highlighting the critical need for compatibility between devices.

C) PBCFR advocates for a comprehensive enhancement by procuring (13) Hamilton T1 ventilators, allocating (10) for EMS supervisor vehicles, (2) for trauma hawk helicopters, and (1) designated for continuous training purposes. These state-of-the-art ventilators boast advanced features, including the Adaptive Support Ventilation (ASV) mode suitable for patients of all ages, including newborns. The ASV mode continuously adapts key parameters such as respiratory rate, tidal volume, and inspiratory time based on individual patient lung mechanics and effort. Presently, EMS supervisors are tasked with responding to all cardiac arrests, trauma alerts, high-index respiratory medical calls, and inter-facility transports. Equipping the Hamilton T1 ventilators in their vehicles is poised to significantly enhance the care and outcomes for intubated patients in these crucial situations.

D) Without this equipment, patients with COPD, heart failure, and pulmonary edema are at risk of inadequate ventilation, exacerbating their conditions. This may lead to increased morbidity, prolonged hospital stays, and potentially life-threatening complications.

E) In the fiscal year of 2022, PBCFR responded to 154,024 (911) calls, 130,921 were medical calls, and 93,339 transports. Of the total transports, 14,043 were respiratory related, 1255 required intubation, and 729 cardiac arrest. PBCFR has 50 stations with 9 EMS supervisors on shift daily (10 when staffing permits), and 2 trauma hawk helicopters, serving a population of 969,125 covering 1769 square miles with rural areas requiring long transports to the closest appropriate hospital.

F) The plan includes purchasing the equipment within 180 days, followed by personnel training within 30 days. Implementation on the units is slated within 30 days post-training, ensuring swift deployment for improved patient outcomes.

G) Data Sources:

1. Hernández-Tejedor, A., Puebla, V. G., Torres, E. C., Sánchez, A. I., López, R. R., & Calategui, M. D. G. (2023). Ventilatory improvement with mechanical ventilator versus bag in non-traumatic out-of-hospital cardiac arrest: SYMEVECA study, phase 1. *Resuscitation*, 192, 109965. <https://doi.org/10.1016/j.resuscitation.2023.109965>
2. HAMILTON-T1 - Intelligent transport ventilator | Hamilton Medical. (n.d.). https://www.hamilton-medical.com/en_US/Products/HAMILTON-T1.html
3. PBCFR EMS records

H) This grant proposal does not duplicate any previous efforts or duplicate any previous grant projects.

11. Outcome for projects that provide or effect direct services to emergency

victims

A) In the fiscal year of 2022, Palm Beach County Fire Rescue (PBCFR) responded to 154,024 (911) calls, 130,921 were medical calls, and 93,339 transports. Of these transported cases, a considerable 59% constituted Medicare qualified patients. Specifically, within the spectrum of transports, 14,043 cases were respiratory-related, with 1,255 requiring intubation, and 729 categorized as cardiac arrests.

B) In the first 12 months following the project's launch, we foresee immediate and tangible improvements in the care of patients reliant on respiratory support. Specifically, for all our cardiac arrest patients, PBCFR will meticulously assess cases where there's a return of spontaneous circulation (ROSC) alongside a cerebral performance category (CPC) score of 1 or 2, comparing data from the year preceding the project's implementation to the subsequent year. The Hamilton T1 offers a versatile array of ventilation modes, catering comprehensively to both invasive and noninvasive therapies suitable for patients of all ages, including newborns. Its integration of Adaptive Support Ventilation (ASV) technology allows for automatic adjustments in therapy, responding dynamically to a patient's breathing patterns and needs. This state-of-the-art technology not only empowers our crews to attend to other critical patient needs during transport but also facilitates simultaneous monitoring of the patient's respiratory response. With the Hamilton T1's capabilities, our teams gain the flexibility to concentrate on various aspects of patient care while maintaining a vigilant focus on the patient's respiratory well-being.

C) The data provided was obtained from our ePCR program, and myCares.net

D) The core objective of this equipment is to elevate the efficiency of respiratory care. However, an additional anticipated improvement lies in mitigating patient anxiety and distress during respiratory emergencies. The integration of the Hamilton T1 is expected to curtail the risk of overzealous ventilation among intubated patients. Its capability to seamlessly transition between different levels of respiratory care without necessitating equipment changes very important. This flexibility not only enhances crew efficiency but also ensures the delivery of optimal care during hospital transport. By offering a smoother transition between respiratory care levels, the Hamilton T1 empowers our teams to navigate respiratory emergencies more effectively while simultaneously alleviating patient distress.

E) Integrating this state-of-the-art ventilator into our EMS supervisor vehicles aligns seamlessly with our primary objective of enhancing patient care. This initiative is a pivotal component of our overarching five-year plan aimed at advancing respiratory care services and ultimately providing superior patient care. The Hamilton T1's design allows for seamless incorporation of software updates as they become available, ensuring the longevity and sustainability of the equipment well beyond the scope of our initial five-year plan. This adaptability not only supports our immediate goals but also future-proofs our capabilities, guaranteeing a sustained commitment to top-tier patient care well into the future

15. Statutory Considerations and Criteria

A) In the fiscal year of 2022, Palm Beach County Fire Rescue (PBCFR) responded to 154,024 (911) calls, 130,921 were medical calls, and 93,339 transports. Among these transported cases, a substantial 59% is comprised of Medicare qualified patients. Given the substantial demand from this patient demographic, the cutting-edge technology embedded in the Hamilton T1 presents a valuable opportunity for PBCFR to improve the level of service to all the residents and visitors of Palm Beach County.

B) The Hamilton T1 meets and exceeds the Florida State statutes found in 64-J section 1.002 and section 1.003.

C) The integration of the Hamilton T1 into PBCFR resources ensures not only compliance but also surpasses the minimum equipment and supply standards outlined in 64-J, sections 1.002 and 1.003. This addition guarantees that PBCFR not only meets but also exceeds the mandated criteria, ensuring the provision of top-tier equipment essential for optimal emergency medical care.

D) N/A

E) The Hamilton T1 will enable PBCFR to improve the provision of:

1. This advanced technology could significantly enhance respiratory care for all residents and visitors of Palm Beach County affected with Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) who require Bi-level Positive Airway Pressure (BiPAP), and potentially improve the Cerebral Performance Category (CPC) percentage of patients who achieved Return of Spontaneous Circulation (ROSC).
 2. N/A
 3. N/A
-

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures	288,899	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(216,674)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	*72,225	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes ___ No X

Does this item include the use of federal funds? Yes ___ No X

Does this item include the use of State Funds? Yes X No ___

Budget Account No.: Fund 1300 Dept 440 Unit 4243 Object 6401

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

* There is no fiscal impact at this time. Should the grant be awarded, a budget amendment will be brought to the Board for approval. The funding source for the required match of \$72,225 will be from the Fire Rescue MSTU (Fund 1300).

C. Departmental Fiscal Review: *[Signature]* 12/27

III. REVIEW COMMENTS

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

<p><u><i>[Signature]</i></u> 12/27/2023 OFMB <u>JA</u> 12/27 12/27</p>	<p><u><i>[Signature]</i></u> 1/8/24 Contract Development and Control</p>
--	--

B. Legal Sufficiency

[Signature] 1/10/24
Assistant County Attorney

C. Other Department Review:


Department Director


(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)



PALM BEACH COUNTY FIRE RESCUE
Inter-Office Memorandum

TO: Verdenia C. Baker
County Administrator

FROM: Patrick J. Kennedy
Fire Rescue Administrator 

THROUGH: Reginald Duren
Assistant County Administrator 

DATE: January 24, 2024

RE: **Signature Authority**

On January 23, 2024 (R2024-0083), the Board authorized the County Administrator or designee to sign the State FY 2023-2024 annual Emergency Medical Services (EMS) Matching Grant Application, and to accept, approve, execute and submit, on County's behalf the grant award, representations, certifications, acknowledgments, assurances, standard forms and documents, reimbursement requests, amendments, time frame changes, EMS Grant program change requests, and other necessary documents, that do not materially change the general scope of terms and conditions of the grant.

The grant application requested \$216,674 from the State Emergency Medical Services Trust Fund to purchase 13 Hamilton-T1 ventilators. The application included a required match of \$72,225 (25% of the State approved grant amount). This grant plus the required matching funds equal a total grant project cost of \$288,899.

The purpose of this memorandum is to request that you formally designate the Fire Rescue Administrator, the Fire Rescue Finance Director and the Fire Rescue Contract Manager as your designees for the purposes stated above. If you agree, please sign below and return to me.

Thank you.



Verdenia C. Baker, County Administrator

24-0842

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT**

BGEX 440 - 072324-1703

BGRV 440 - 072224-0507

FUND 1300 - FIRE RESCUE MSTU

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 07/23/2024	REMAINING BALANCE
REVENUES									
1300-440-4243-3429	State Grant Other Public Safety	Medical Services	0	0	24,000	0	24,000		24,000
	Total Fund Revenues		635,300,932	651,134,934	24,000	0	651,158,934		
EXPENDITURES									
1300-440-4243-6401	Machinery & Equipment	Medical Services	1,744,216	1,702,216	32,000	0	1,734,216		1,734,216
1300-440-4299-9901	Contingency Reserves	Reserves	17,000,000	16,995,718	0	8,000	16,987,718		16,987,718
	Total Fund Expenditures		635,300,932	651,134,934	32,000	8,000	651,158,934		

SIGNATURES

[Signature]
 Planning Department/Division

DATES

7/23/2024

[Signature]
 Administration/Budget Department Approval

7/26/2024

OFMB Department - Posted

BY BOARD OF COUNTY COMMISSIONERS

At Meeting of: 8/20/2024

Deputy Clerk to the
Board of County Commissioners