



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** October 8, 2013

**AGENDA ITEM NO. 19**

**Consent Agenda** ☒

**Regular Agenda** ☐

**Public Hearing** ☐

**County Administrator's Signature:**

*[Handwritten Signature]*

**Subject:**

FY2013 - 2014 Emergency Medical Services County Grant

**Department:**

Safety and Emergency Services

**Staff Member Responsible:**

Bruce Moeller, Executive Director  
Public Safety Services

*[Handwritten Signature]*

**Recommended Action:**

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS SITTING AS THE EMERGENCY MEDICAL SERVICES AUTHORITY (EMS AUTHORITY), ADOPT THE ATTACHED RESOLUTION AS SUBMITTED AND AUTHORIZE THE CHAIRMAN TO SIGN THE APPLICATION FOR A GRANT AWARD FROM THE STATE EMS TRUST FUND.

**Summary Explanation/Background:**

The State of Florida dispenses funds annually after the end of the state's fiscal year for the prior year from the EMS Trust Fund to Boards of County Commissioners upon their application to the State. These funds cannot supplant existing County EMS budget allocations. A Resolution certifying that monies received from the County's EMS award will improve and expand the County's existing pre-hospital services is a requirement per terms of the Grant Application.

**Fiscal Impact/Cost/Revenue Summary:**

Grant Revenue of \$144,883.00 will be awarded by the State EMS Trust Fund upon application. No Matching Funds are associated with this Grant. The revenue and expense were anticipated and included in the FY14 budget for Emergency Medical Services, therefore, there is no new appropriation needed for this grant.

Prior year rollover funds = \$2,128.54

New Grant Award = \$144,883.00

Total = \$147,011.54

**Exhibits/Attachments Attached:**

Resolution Review Form  
Resolution  
Application

*[Handwritten Signature]*

**RESOLUTION REVIEW FORM**

Type of Resolution  
or Ordinance:

The State of Florida currently dispenses funds annually, from the EMS Trust Fund to Boards of County Commissioners upon their application to the State. The Grant Application requires a Resolution by the Pinellas County Board of County Commissioners certifying that monies received from the county emergency medical services award will improve and expand the County's existing pre-hospital services. These funds will not supplant existing County EMS budget allocations.

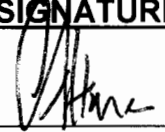
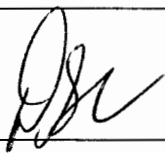
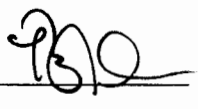
Estimated Revenue:

The expected amount to be awarded to Pinellas County is \$144,883.00 upon application. No Matching Funds are associated with this Grant.

Available Budget:

The EMS Grant funds from previous awards and interest earned of \$2,128.54 will roll-over to this grant period. Upon receipt of the 2012-2013 EMS Grant Award (\$144,883.00), the grand total budget will be \$147,011.54. The line items for this budget are contained within the Grant Application.

The attached documentation is submitted for your review and comment. Upon finalization of your review, please complete this Review Form below.

<b><u>REVIEW AUTHORITY</u></b>	<b><u>REVIEW DATE</u></b>	<b><u>SIGNATURE</u></b>	<b><u>COMMENTS</u></b>	<b><u>COMMENTS ADDRESSED ORIGINATOR'S INITIALS &amp; DATE</u></b>
<b>Originator:</b> Craig Hare EMS Division Manager	09/11/13			
<b>Risk Mgmt:</b> Virginia Holscher Director, Risk Management	9/12/13	GW	Grant funding	
<b>Finance:</b> Cassandra Williams Finance Accountant	9/13/13	CBW		
<b>OMB:</b> Eric Naughton Director, Office of Management and Budget	9/17/13	Z	see requested addition to the Fiscal Impact section of the funding write-up. (V. Holscher)	Incorporated. GW for C. Hare
<b>Legal:</b> Don Crowell Managing Assistant County Attorney	9/17/13			
<b>Executive Director:</b> Bruce Moeller Safety and Emergency Services	9/19/2013			

**Please contact Greg Woodrum at 647-1153 upon completion of your review. All inquiries should be made to Craig Hare at 421-6819. Thank you.**

NO. 13 -

**RESOLUTION BY THE PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFYING THAT MONIES RECEIVED FROM THE EMERGENCY MEDICAL SERVICES TRUST FUND SHALL BE USED SOLELY TO IMPROVE AND EXPAND PREHOSPITAL EMERGENCY MEDICAL SERVICES.**

**WHEREAS**, Chapter 401.113, Laws of Florida, requires funds deposited into the Emergency Medical Services (EMS) Trust Fund be used to improve and expand pre-hospital emergency medical services in the state; and

**WHEREAS**, the Pinellas County Board of County Commissioners is applying for a county emergency medical services grant award from the EMS Trust Fund, pursuant to Chapter 401, Part II, Florida Statutes, to improve and expand the county's pre-hospital emergency medical services; and

**WHEREAS**, The Florida Department of Health EMS Grant Application requires a Resolution from the Board of County Commissioners certifying that monies received from the county's emergency medical services award will improve and expand the County's existing pre-hospital services.

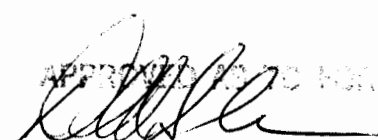
**NOW, THEREFORE, IT IS RESOLVED** by the Pinellas County Board of County Commissioners, in regular session this \_\_\_\_ day of \_\_\_\_\_, 2013 certify that monies received from the county's emergency medical services award will be used solely to improve and expand the county's pre-hospital emergency medical services and that these grant monies will not be used to supplant existing county EMS budget allocations. The Chairman of the County Commission is therefore authorized to apply for the award and sign the award application.

Commissioner \_\_\_\_\_ offered the foregoing resolution and moved its adoption, which was seconded by Commissioner \_\_\_\_\_ and upon roll call the vote was:

Ayes:

Nays:

Absent and not voting:

  
APPROVED AND FORWARDED:  
Chairman of the County Commission

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS

**DOH Remit Payment To:**

Name of Agency: Pinellas County Board of County Commissioners

Mailing Address: 315 Court Street

Clearwater, Florida 33756

Federal Identification number VF 59 - 6000 - 8000

Authorized Official: \_\_\_\_\_  
Signature Date

Kenneth Welch, Chairman, Board of County Commissioners  
Type Name and Title

*Sign and return this page with your application to:*

*Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738*

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-42-10-00-000			<b>750000</b>

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

**BUDGET PAGE****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
N/A	
TOTAL salaries	-0-
TOTAL FICA	-0-
Grant total Salaries and FICA	-0-

**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
N/A	
TOTAL	-0-

**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
SEE ATTACHED LINE ITEM BUDGET	
Rollover from Prior Years	\$202,128.54
Encumbered from C1052	(\$200,000.00)
Adjusted Rollover from Prior Years	\$2,128.54
Grant Award	\$144,883.00
TOTAL	\$147,011.54
Grand Total	\$147,011.54

Co. **Pinellas** Grant No.: **C**

<i>Line item budget</i>			
<i>Recipient of Line Item</i>			<i>Total Cost</i>
Pinellas County Public Safety Services - Emergency Medical Services	EMS Narcotic Inventory Control System Improvements The grant funds will be used implementing improvements after research of current computer processes and hardware.		\$100,000.00
Pinellas County Public Safety Services -Emergency Medical Services	<u>Quality Management Software for Key Performance Indicators</u> The grant funds will be used for implementing software in the EMS computer system for tracking and report purposes.		\$47,011.54
	<b>Total</b>		<b>\$147,011.54</b>

Rollover from Previous Years

\$2,128.54

Grant Award

\$144,883.00

**Total Budget**

**\$147,011.54**

**REV - Iik 08/06/12**

## **EMS COUNTY GRANT APPLICATION**

### **FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services**

**Complete all items**

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

<b>1. County Name:</b>	Pinellas
<b>Business Address:</b>	315 Court Street
	Clearwater, FL 33756
<b>Telephone:</b>	(727) 582-2000
<b>Federal Tax ID Number (Nine Digit Number):</b>	VF 59 - 6000 - 800

**2. Certification:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.)

Signature:

Date:

Printed Name: Kenneth Welch

Position Title: Chairman, Board of County Commissioners

**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: Craig Hare

Position Title: EMS Division Manager

Address: Public Safety Services

12490 Ulmerton Rd

Largo, FL 33774

Telephone: (727) 582-5752

Fax Number: (727) 582-5759

E-mail Address: chare@pinellascounty.org

**4. Resolution:** Attach a current 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.

**5. Budget:** Complete a budget page(s) for each organization to which you shall provide funds. List the organizations(s) below. (Use additional pages if necessary).

Pinellas County Public Safety Services – Emergency Medical Services
