

BOARD OF COUNTY COMMISSIONERS

DATE: December 2, 2014

AGENDA ITEM NO. 6

Consent Agenda ☒

Regular Agenda ☐

**Public
Hearing** ☐

 **County Administrator's Signature:**

Subject:

Fiscal Year (FY) 2015 State Emergency Medical Services (EMS) Trust Fund Grant

Department:

Safety and Emergency Services 

Staff Member Responsible:

Craig Hare, Director, EMS and Fire Administration

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) ADOPT THE ATTACHED RESOLUTION AND AUTHORIZE THE CHAIR TO SIGN THE APPLICATION FOR A GRANT AWARD FROM THE STATE EMS TRUST FUND.

Summary Explanation/Background:

The State of Florida dispenses funds annually from the EMS Trust Fund to Boards of County Commissioners upon application to the State. The funds cannot supplant existing County EMS budget allocations, and will be used to improve and expand the County pre-hospital EMS systems. A resolution stating this must accompany the application.

Fiscal Impact/Cost/Revenue Summary:

Grant revenue of \$147,713.00 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 FY15 budget for EMS.

Prior year rollover funds:	\$89,732.58
New Grant Award:	\$147,713.00
Total:	\$237,445.58

Exhibits/Attachments Attached:

Resolution Review Form
Resolution
Grant Application

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 \$147,713.00 upon application. No Matching Funds are associated with this Grant.

Available Budget: The EMS Grant funds from previous awards and interest earned of \$89,732.58 will roll-over to this grant period. Upon receipt of the 2014-2015 EMS Grant Award (\$147,713.00), the grand total budget will be \$237,445.58. 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.

<u>REVIEW AUTHORITY</u>	<u>REVIEW DATE</u>	<u>SIGNATURE</u>	<u>COMMENTS</u>	<u>COMMENTS ADDRESSED ORIGINATOR'S INITIALS & DATE</u>
<u>Originating Department</u> EMS & Fire Administration Craig A. Hare, Director	10/21/14	C. HARE		
<u>Risk Management</u> Virgina Holscher	10/22/14	GW	Public Entity to Public Entity Grant funding	NO CHANGE - C. HARE
<u>OMB</u> Bill Berger	10/27/14	VB	Recurring grant is budgeted annually. New and Rollover Funds were anticipated and included in the FY15 adopted budget.	NO CHANGE - C. HARE
<u>Finance</u> Cassandra Williams	10/28/14	CBW		
<u>County Attorney</u> Don Crowell	10/29/14	DC		
<u>Interim Chief of Staff</u> Bruce J. Moeller	11/4/14	BJM		

Please return to Craig Hare, EMS & Fire Administration. All inquiries should be made to Craig Hare, at 421-6819. Thank you.

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.

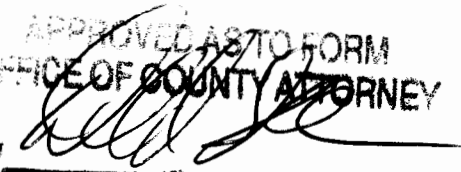
NOW, THEREFORE, IT IS RESOLVED by the Pinellas County Board of County Commissioners, in regular session this ____ day of _____, 2014 certify that monies received from the county's emergency medical services award will be used solely to improve and expand the county's pre-hospital emergency medical services 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 AS TO FORM
OFFICE OF COUNTY ATTORNEY
By 
Attorney

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** _____

1. County Name:	Pinellas
Business Address:	315 Court Street
	Clearwater, FL 33756
Telephone:	(727) 582-2000
Federal Tax ID Number (Nine Digit Number):	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: Karen Williams Seel	
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:	Director
Address:	EMS & Fire Administration
	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.
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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).
Emergency Medical Services and Fire Administration

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	
Estimated Rollover from Prior Year	\$89,732.58
Grant Award	\$147,713.00
TOTAL	\$237,445.58
Grand Total	\$237,445.58

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

Karen Williams Seel, 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: _____ - _____

Organization Code
64-42-10-00-000

E.O.

OCA

Object Code
750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

Co. **Pinellas** Grant No.: C_____

<i>Line item budget</i>			<i>Total Cost</i>
<i>Recipient of Line Item</i>			
EMS & Fire Administration	1	<u>Sunstar Fleet Parts Room</u>	\$50,000.00
		Enhancing storage and distribution of ambulance parts to mechanics for repair and maintenance of the system ambulance fleet will result in better safety and less cost in the EMS system and improve disaster preparedness and capability.	
EMS & Fire Administration	2	<u>Special Events and Evacuation Shelter AEDs</u>	\$50,000.00
		Placement of AEDs at special event and evacuation shelters will ensure that necessary equipment is in place for cardiac emergencies.	
EMS & Fire Administration	3	<u>EMS Hospital Data Sharing</u>	\$50,000.00
		Hospital Data Exchange (HDE) is a relatively new communication method that will allow EMS to collaborate with any area hospital regarding patient care. By sharing patient data with hospitals, EMS will be able to obtain patient outcome data. This outcome data will include patient results all the way through their hospital stay. It will also allow the hospitals to have a complete picture of the patient care prior to admission to the hospital. This bi-directional data flow will allow for the creation of dynamic quality management programs based on actual patient outcome data. The visibility that HDE provides into the continuum of care is vital to improving patient care from activation of 9-1-1 to the patients discharge from the hospital.	
EMS & Fire Administration	4	<u>Key Performance Indicator - First Pass</u>	\$50,000.00
		Software will be implemented that permits the ability to collect pertinent key performance indicators from several different databases. The data collected will allow analysis of existing patient care, analysis of the impact of new protocols on patient care and allow for the development of specific training for Pinellas County EMS.	
EMS & Fire Administration	5	<u>Narcotic Control</u>	\$25,000.00
		Implement a complete narcotic management system that is consistent across the entire Pinellas County EMS System. The system will incorporate management from the initial receipt of a narcotic medication until it's death. It will incorporate all hardware components (same box, same key) and software components for tracking a narcotic medication. The system will comply with all Federal and State Laws.	
EMS & Fire Administration	6	<u>Technology Support For CPM</u>	\$12,445.58
		This support will enhance the facility with wireless systems for teaching and testing during simulation in real time. Lighting and sound effector for realistic simulation will enhance and ensure realistic training for EMTs and Paramedics. Large screen, smart TV for projection of simulation during training, testing and evaluating.	
Total			\$237,445.58

Rollover from Previous Year (C2052

\$89,732.58

Grant Award

\$147,713.00

Total Budget

\$237,445.58