



Staff Report

File #: 15-822, **Version:** 1

Agenda Date: 12/15/2015

Subject:

Resolution for a Fiscal Year 2015-2016 Grant Award from the State Emergency Medical Services Trust Fund.

Recommended Action:

Adoption of a Resolution for a Fiscal Year 2015-2016 Grant Award from the State Emergency Medical Services (EMS) Trust Fund.

Grant Revenue of \$130,632.00 will be awarded upon application. No matching funds are associated with this Grant.

Authorize the Chairman to sign the application for grant award.

Strategic Plan:

Ensure Public Health, Safety and Welfare

2.1 Provide planning, coordination, prevention and protective services to ensure a safe and secure community.

Summary:

The State EMS Trust Fund requires the Board of County Commissioners to submit a Resolution each year specifying that grant funds will be used to improve and expand the county pre-hospital EMS systems.

Background Information:

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. The Florida EMS Grant Act, Chapter 401, Florida Statutes, specifies that the sixty-seven Counties are the grant recipients. As such, the Board of County Commissioners and not the EMS Authority must apply for this grant.

Fiscal Impact:

Grant Revenue of \$130,632.00 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 FY15-16 budget for Emergency Medical Services, therefore, there is no new appropriation needed for this grant.

New Grant award = \$130,632.00

Staff Member Responsible:

Michael Cooksey, Director, Safety and Emergency Services

Partners:

N/A

Attachments:

EMS Grant Resolution

EMS Grant Application

NO. 15 -

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 _____, 2015 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:

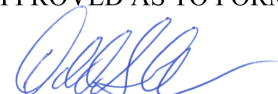
Ayes:

Nays:

Absent and not voting:

APPROVED AS TO FORM

By:



Office of the County 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) C40

1. County Name:	Pinellas
Business Address:	315 Court Street
	Clearwater, FL 33756
Telephone:	(727) 582-2550
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: John Morroni	
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, Suite 134
	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. We <u>cannot process</u> for funds without a current resolution.

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
• EMS & Fire Administration	
1. Health Data Exchange	\$5,000.00
2. Responder Wellness Program	\$50,000.00
3. AEDs – Water Rescue/Special Rescue/Shelter	\$25,632.00
4. Public Education Campaigns	\$50,000.00
TOTAL	\$130,632.00
Grand Total	\$130,632.00

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 5 9 – 6 0 0 0 – 8 0 0 0

Authorized Official: _____
Signature Date

John Morroni, 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 E.O. OCA Object Code
64-42-10-00-000 **750000**

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____