

**BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

Meeting Date: April 18, 2007

Division: Emergency Services

Bulk Item: Yes  No

Department: Fire Rescue

Staff Contact Person/Phone#: Darice Hayes / 6004

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**AGENDA ITEM WORDING:** Resolution authorizing the Mayor to execute an EMS County Grant Application and related Request for Grant Fund Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services.

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**ITEM BACKGROUND:** The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 401, Part II, Florida Statutes to distribute county grant funds. County grant funds are derived from surcharges on the fines for various traffic violations. A portion of these funds are made available to eligible county governments to improve and expand their pre-hospital emergency medical services (EMS) systems. Local matching funds are not required, and the projected amount of Monroe County's award for FY2007 is \$57,118.00.

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**PREVIOUS RELEVANT BOCC ACTION:** The County Award Grant is a yearly grant that provides funding for EMS enhancement, and the Board has seen fit to approve the grant application every year these grant funds have been available and requested. The date of the last BOCC approval for a County Award Grant was February 15, 2006.

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**CONTRACT/AGREEMENT CHANGES:** This is not a contract.

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**STAFF RECOMMENDATIONS:** It becomes more apparent each year how vital the Fire Rescue services are for the citizens and visitors of Monroe County. In order to stay as current as possible with up-to-date EMS trends, and due to budget constraints, it is imperative that these available grant funds be applied for. In view of the foregoing, approval is recommended.

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**TOTAL COST:** 0.00

**BUDGETED:** Yes  No

**COST TO COUNTY:** 0.00

**SOURCE OF FUNDS:** Grant (#13503-530490-GE9803)

**REVENUE PRODUCING:** Yes  No  **AMOUNT PER MONTH** N/A **Year** \_\_\_\_\_

**APPROVED BY:** County Atty CLH OMB/Purchasing BO Risk Management MS

**DOCUMENTATION:** Included  Not Required

**DISPOSITION:** \_\_\_\_\_

**AGENDA ITEM #** \_\_\_\_\_

**MEMORANDUM ATTACHMENT TO AGENDA ITEM SUMMARY**

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**ITEM BACKGROUND:** The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 401, Part II, Florida Statutes to distribute county grant funds. County grant funds are derived from surcharges on the fines for various traffic violations. A portion of these funds are made available to eligible county governments to improve and expand their pre-hospital emergency medical services (EMS) systems. Local matching funds are not required.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. They remain the responsibility of the counties and EMS agencies and organizations. Furthermore, county grant funds cannot be used to supplant the existing county budget allocations.

The projected amount of Monroe County's award for FY2007 is \$57,118.00. The application being submitted is a request for the following: Purchase of Toughbook CF19 Notebook computers, new software, and upgrades of software (EMSPRO/RescueNet). Grant funds will be used for the continuing expansion of Monroe County Fire Rescue (MCFR) field data collection and reporting. Grant funds will also be used to purchase map and grid books for MCFR's mapping project that will benefit fire rescue systems county-wide. This map project was applied for in last year's application, but the actual purchase is taking place this current fiscal year. The purchase of "Braslow" Bags for each rescue unit, not only for MCFR but county-wide rescue units, is part of the application.

In order to keep apprised of all current information which will improve our rescue services for the benefit of citizens and visitors of Monroe County, grant funds will also be used for travel expenses to Rural Health EMS, State Advisory Council Meetings, FAREMS Planning Meetings, and EMSPRO and Zoll Summits.

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**PREVIOUS RELEVANT BOARD ACTION:** The County Award Grant is a yearly grant that provides funding for EMS enhancement, and the Board has seen fit to approve the grant application every year these grant funds have been available and requested. The date of the last BOCC approval for a County Award Grant was February 15, 2006.

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**CONTRACT/AGREEMENT CHANGES:** This is an application for grant funding, and not a contract. This section is not applicable.

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**STAFF RECOMMENDATIONS:** It becomes more apparent each year how vital the Fire Rescue services are for the citizens and visitors of Monroe County. In order to stay as current as possible with current EMS trends, and due to budget constraints, it is imperative that these available grant funds be applied for. In view of the foregoing, approval is recommended.

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FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES

**EMS COUNTY GRANT PROGRAM  
APPLICATION PACKET**

# TABLE OF CONTENTS

Description of Program	1
County Grant Process	1
Application	3
Request for Grant Fund Distribution	5
EMS Grant Program Change Request	6
EMS Grant Program Expenditure Report	7
General Conditions and Requirements	8
Financial	8
Rollovers	8
Disallowed Expenditures	9
Vehicles and Equipment	9
Transfer of Property	9
Requests for Change	9
Supplanting Funds	9
Deposit of Funds	10
Reports	10
Grant Signature	10
Records	10
Final Reports	10
Communications Equipment	10
Expenditures	11
Credit Statement	11
Financial and Compliance Audit Requirements	11
State Funded	11
Submission of Audit Reports	12
Records Retention	13

## DESCRIPTION OF PROGRAM

### OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 401, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

### ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

## COUNTY GRANT PROCESS

### APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution ( item 5 on the application) to the department.

### NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

**APPLICATION SUBMISSION:**

The BCCs must submit:

1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant  
Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

**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> MONROE COUNTY (Monroe County Board of County Commissioners)
<b>Business Address:</b> 490 63rd St., Suite 140 Marathon, FL 33050
<b>Telephone:</b> (000) 123-4567 305-289-6004
<b>Federal Tax ID Number (Nine Digit Number):</b> VF <del>123-45-6789</del> 9 6 0 0 0 7 4 9

<b>2. Certification:</b> (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.
<b>Signature:</b> _____ <b>Date:</b> _____
<b>Printed Name:</b> Mario Di Gennaro
<b>Position Title:</b> Mayor

<b>3. Contact Person:</b> (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.)
<b>Name:</b> James K. Callahan
<b>Position Title:</b> Acting Fire Chief/Division Director
<b>Address:</b> 490 63rd St., Suite #140 Marathon, FL 33050
<b>Telephone:</b> (000) 000-0000 305-289-6004 <b>Fax Number:</b> (000) 000-0000 305-289-6336
<b>E-mail Address:</b> abcdefg@zyx.com callahan-james@monroecounty-fl.gov

<b>4. Resolution:</b> 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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<b>5. Budget:</b> Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Monroe County Fire Rescue (MCFR)

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
*Cynthia L. Hall*  
CYNTHIA L. HALL  
ASSISTANT COUNTY ATTORNEY  
Date 3-21-07

BUDGET PAGE MCFR

**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	
TOTAL FICA	
Grand total Salaries and FICA	

**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
Travel to Rural EMS Provider Meetings and State DOH Advisory Council Meetings, and FAREMS Planning Meetings	\$ 6,585.25
Travel to EMSPRO and Zoll Summits	7,350.00
Administrative support costs for electronic reporting (EMSPRO / RescueNet)	9,540.00
Travel and misc. expenditures for deployment specialist for upgrade of & new software	3,300.00
TOTAL	\$ 26,775.25

**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
Enhancements & replacement equip. for pen-based EMS patient care reporting system which includes but is not limited to licensing fees, software upgrades, new software, Toughbook CF19 Notebook computers, vehicle power adaptors, batteries, wireless adaptors	\$68,347.52
Mapping project which includes map and grid books	16,900.00
"Braslow" Bags for each rescue unit for MCFR & county-wide	12,600.00
TOTAL	\$ 97,847.52
<b>Grand Total</b>	<b>\$ 124,622.77</b>

\*\*

DH Form 1684, Rev. June 2002  
 \*\* \$124,622.77; Break down is as follows: Includes roll-over funds in the amount of \$67,504.77 (\$64,782.38 with accrued interest of \$2,722.39 through Sept. 30, 2006), and FY2007 anticipated share of \$57,118.00 which equals a TOTAL OF \$124,622.77.

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: Board of County Commissioners, Monroe County, FL

Mailing Address: 490 63rd St., Suite 140  
Marathon, FL 33050

Federal Identification number Fed ID 59-6000-749

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

Mario Di Gennaro, Mayor  
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 : \_\_\_\_\_ Date \_\_\_\_\_  
Signature of EMS Grant Officer

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

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-25-60-00-000	N_	N2000	7 _____

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

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
Cynthia L. Hall  
CYNTHIA L. HALL  
ASSISTANT COUNTY ATTORNEY  
Date 3-23-07

James K. Callahan  
Fire Rescue

RESOLUTION NO. -2007

**A RESOLUTION OF THE BOARD OF COUNTY  
COMMISSIONERS OF MONROE COUNTY, FLORIDA  
AUTHORIZING MAYOR TO EXECUTE AN EMS COUNTY  
GRANT APPLICATION AND RELATED REQUEST FOR  
GRANT FUND DISTRIBUTION TO THE STATE OF FLORIDA  
DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY  
MEDICAL SERVICES**

WHEREAS, an EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue education to staff to improve the County's fire rescue services; and will improve the County's fire rescue services and area municipal fire rescue systems with updated medical equipment; and therefore,

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA, as follows:

1. The Mayor is hereby authorized to execute an EMS County Grant Application and related Request for Grant Fund Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services, and copies of same being attached hereto.
2. The monies from the EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue education to staff to improve the County's fire rescue services; and will improve the County's fire rescue services and area municipal fire rescue systems with updated medical equipment.
3. The grant monies will not be used to supplant existing County EMS budget allocations.

PASSED AND ADOPTED by the Board of County Commissioners of Monroe County, Florida, at a regular meeting of said Board held on the \_\_\_\_\_ day of \_\_\_\_\_, 2007.

Mayor Di Gennaro	_____
Mayor Pro Tem Spehar	_____
Commissioner Neugent	_____
Commissioner McCoy	_____
Commissioner Murphy	_____

BOARD OF COUNTY COMMISSIONERS  
OF MONROE COUNTY, FLORIDA

By: \_\_\_\_\_  
Mayor/Chairman

(SEAL)  
Attest: DANNY L.KOLHAGE, Clerk

By: \_\_\_\_\_  
Deputy Clerk

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
*Cynthia L. Hall*  
\_\_\_\_\_  
CYNTHIA L. HALL  
ASSISTANT COUNTY ATTORNEY  
Date 3-23-07