

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20070176

1. ACTION REQUESTED/PURPOSE:

Request the Board to adopt a resolution certifying that County Award Grant monies will be used to improve and / or enhance Lee County's existing EMS prehospital system. Also, request the Board to accept the grant monies when received from the Bureau of EMS and approve a budget resolution in the amount of \$160,376.00.

2. FUNDING SOURCE: Fund - EMS County Award Grant CA

3. WHAT ACTION ACCOMPLISHES:

The action completes the application and agreement process allowing Lee County EMS to apply and Accept the grant monies in the amount of \$160,376.00.

4. MANAGEMENT RECOMMENDATION: Approve

5. Departmental Category: C7A		6. Meeting Date: FEB 20 2007
7. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative Appeals <input type="checkbox"/> Public Walk-On	8. Requirement/Purpose: (specify) <input checked="" type="checkbox"/> Statute <u>401.113</u> <input type="checkbox"/> Ordinance <input type="checkbox"/> Admin. Code <input type="checkbox"/> Other	
	9. Request Initiated: Commissioner _____ Department <u>Independent</u> Division <u>Public Safety / EMS</u>	
	By: <u>John Wilson, Director</u> <i>Chris Hansen for</i>	

10. Background:

The State of Florida legislature established the EMS Trust Fund for the purpose of improving and enhancing the existing prehospital emergency medical system in each county. The grant amount of \$160,376.00 is Lee County's share of the monies collected through the surcharge of moving violation citations during FY'06. No recurring costs of the equipment outlined in the grant are anticipated for 5 years when replacement may be necessary. The grant proceeds when received will be available in grant revenue account: 12086113834 ^{CR} 334290.9001

- Grant & Aide to Local Government (ALS Fire Districts): 12086113834.508150: \$72,000.00
- Equipment Maintenance: 12086113834.504630: \$4,000.00
- Reference Materials: 12086113834.505410: \$5,898.40
- Educational Expense: 12086113834.505430: \$60,000.00
- Improvements Other Than Buildings: 12086113834.506310: \$3,000.00
- Furniture and Equipment: 12086113834.506410: \$11,477.60
- Utility Expenses: 12086113834.506541: \$4,000.00 CR

11. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P. W. Director
					Analyst	Risk	Grants	Mgr.	
<i>1/11/07</i>	<i>N/A</i>			<i>Butler</i> <i>Trasek</i>	<i>CA</i> <i>2/6/07</i>	<i>MR</i> <i>2/6/07</i>	<i>2/6/07</i>	<i>2/8/07</i>	<i>2-8-07</i>

12. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN:
2/19/07 *MR*
5 to *CA*
 COUNTY ADMIN FORWARDED TO: *MR*
2/18 *2:30 PM*

Rec. by CoAtty
 Date: *2/6/07*
 Time: *8:50 AM*
 Forwarded To: *Admin 2/6/07*

RESOLUTION

Amending the EMS County Award Grant Budget, Fund 13834 to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2006-2007.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the EMS County Award Grant Budget, Fund 13834 for \$160,376 of the unanticipated revenue from Grant funding and an appropriation of a like amount for grant expenditures and;

WHEREAS, the General Fund Budget, Fund 13834 shall be amended to include the following amounts which were previously not included.

ESTIMATED REVENUES

Prior Total:		
Additions		\$ 156,686
12086113834.334290.9001	EMS County Award	\$ 160,376
Amended Total Estimated Revenues		\$ 317,062

APPROPRIATIONS

Prior Total:		\$ 156,686
Additions		
12086113834.504630	Equipment maintenance	\$ 4,000
12086113834.505410	Reference materials	\$ 5,898
12086113834.505430	Educational Expense	\$ 60,000
12086113834.506310	Improvements Other Than Buildings	\$ 3,000
12086113834.506410	Furniture & Equipment	\$ 11,478
12086113834.506541	Utility Expenses	\$ 4,000
12086113834.508150	Grants & Aids to Local Gov't	\$ 72,000
Amended Total Appropriations		\$ 317,062

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the EMS County Award Grant Budget, Fund 13834 is hereby amended to show the above additions to its Estimated Revenue and Appropriation Accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this ____ day of _____, 2007.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA
LEDGER TYPE BA

GRANT AT A GLANCE

GRANT AWARD INFORMATION

1. County Grant ID (project #): 12086113834
2. Title of Grant: 2006 EMS County Award Grant
3. Amount of Award: \$160,376.00
4. Amount of Match Required: \$-0-
5. Type of Match: N/A
 (cash, in-kind etc)
6. SOURCE OF GRANT FUNDS & CATALOG NUMBER:

FEDERAL <input type="checkbox"/> CFDA #	STATE <input checked="" type="checkbox"/> CSFA #64.005
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7. Agency Contract Number: C

8. Contract Period:	Begin Date: 10/01/06	End Date: 9/30/07
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9. Name of Subrecipient(s) N/A

10. Business Unit(s): 12086113834

11. Scope of Grant: (describe project). The grant is to improve or enhance EMS services in Lee County. EMS will be providing 6 ALS fire districts / departments mobile data hardware and software in order to improve direct communications between Emergency Dispatch and all responding fire rescue vehicles. Will be providing paramedic certification course for 20 EMS employees (EMT's).

12. Has this Grant been Funded Before? YES NO If YES When?

13. Is Grant Funding Anticipated in Subsequent Years? YES NO

14. If Grant Funding Ends Will This Program Be Continued at County Expense? YES NO
 If YES What is the Lee County Budget Impact:

1st Year 0	2 nd Year 0	3 rd Year
4 th Year	5 th Year	

Check Box if Additional Information on Program and Budget Impact is provided in *Comment Section* on page 2

ADMINISTERING DEPARTMENT INFORMATION

1. Department: Public Safety / EMS
2. Contacts: David Kainrad, Administrative Manager

Deputy Public Safety Director Chris Hansen	Phone #: 335-1600
Fiscal Mgr. Cindy McBride	Phone #: 335-1622

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: Lee County Board of County Commissioners
Business Address: 2215 Second Street
Ft. Myers, Florida 33901
Telephone: (239) 335-2224
Federal Tax ID Number (Nine Digit Number). VF 590600702

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: Robert Janes
Position Title: Chairman

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: David Kainrad
Position Title: Public Safety Administrative & Finance Manager
Address: P.O. Box 398
Ft. Myers, Florida 33902-0398
Telephone: (239) 335-1614 Fax Number: (239) 335-1657
E-mail Address: davek@leegov.com

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 organization(s) below. (Use additional pages if necessary)
Lee County Emergency Medical Service
Lee County ALS Non-Transport Fire Districts: Bonita Springs, Estero, San Carlos Park, South Trail
Lee County ALS Transport Fire Districts: Ft. Myers Beach & Lehigh Acres

BUDGET PAGE

FY'06 County Award Grant Carryover: \$107,022.40

FY'07 County Award Grant: \$160,376.00

Total Grant: \$267,398.40

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	- 0-
TOTAL Salaries	
TOTAL FICA	
Grand 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
Lee County EMS Paramedic Tuition Program @ Edison College (25)	\$95,000.00
EMS Minority Scholarship Program @ Edison College	\$5,000.00
Public Education Material for EMS PIER Program	\$5,898.40
TOTAL	\$105,898.40

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
AQ-4000 Equipment Washer / Sanitizer (1)	\$44,500.00
(7) Bryant Air-Cooled 15KW Propane Gas Generators of EMS Supply Centers.	\$45,000.00
(8) Mobile Data Computers for Lee County ALS Fire Departments	\$72,000.00
TOTAL	\$161,500.00
Grand Total	\$267,398.40

**FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM**

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

Name of Agency: Lee County Board of Commissioners

Mailing Address: P.O. Box 398

Ft. Myers, Florida 33902-0398

Federal Identification Number VF 590600702

Authorized Agency Official: _____
Signature Date

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	CG	N2000	750000

Federal Tax ID: VF _____

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____

LEE COUNTY RESOLUTION NO.

WHEREAS, the Lee County Board of County Commissioners established a Division of Emergency Medical Service for pre-hospital care and the transportation of citizens of Lee County to hospitals; and,

WHEREAS, this system of emergency medical care serves the emergent needs of the citizens of, and visitors to Lee County and,

WHEREAS, the Emergency Medical Service Division of Lee County have responded to the public demand for such services at an unprecedented rate of growth over the past thirty-five years.

NOW, THEREFORE, BE IT RESOLVED THAT:

The Board of County Commissioners do hereby certify and accept that award and grant monies received from the State of Florida Emergency Medical Service Trust Fund and further certify that the funds will be utilized solely to improve and expand the current system and sophistication of those services.

DULY PASSED AND ADOPTED THIS ____ DAY OF _____, 2007.

The foregoing Resolution was offered by Commissioner _____, who moved its adoption. This motion was seconded by Commissioner _____ and, being put to a vote, the vote was as follows:

BOB JANES

A. BRIAN BIGELOW

RAY JUDAH

TAMMARA HALL

FRANK MANN

DULY PASSED AND ADOPTED THIS ____ day of _____, 2007.

ATTEST:
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

APPROVED AS TO FORM:

By: _____
Office of County Attorney