	Lee County Board Of County Commissi	oners
	Agenda Item Summary	Blue Sheet No. 20030705
1. REQUESTED MOTION:	award monies from the Distilla DVG C	ater Annual Crowt Des
resolution in the amount of \$79,486.43.	award momes from the riorida EMS Cou	nty Award Grant Program and approve a budget
WHY ACTION IS NECESSARY: To g	ive budgetary authority to receive grant.	
WHAT ACTION ACCOMPLISHES: Award Grant monies.	Completes application and agreement proc	ess that entitles Lee County to accept EMS County
2. DEPARTMENTAL CATEGORY:		3. MEETING DATE:
COMMISSION DISTRICT #:	C7C	06-24-2003
4. <u>AGENDA</u> :	5. <u>REQUIREMENT/PURPOSE</u> : (Specify)	6. <u>REQUESTOR OF INFORMATION</u> :
X CONSENT	STATUTE	A. COMMISSIONER
ADMINISTRATIVE	ORDINANCE	B. DEPARTMENT Independent
APPEALS	ADMIN. CODE	C. DIVISION Public Safety
PUBLIC	X OTHER	BY: John D. Wilson, Director
WALK ON		
TIME REQUIRED: 7. BACKGROUND:	,	
	ived from traffic violation fines. Of the m	onies collected, 45% is returned to the EMS County
Award Grant Program on an annual basis.	Lee County has received \$79,486.43. No	o match is required. The Board approved the grant
application on January 21, 2003.		
	N	
EMS County Award acct string:12072113	V ⁻ - 8 2.4.22.4200.0001	
EWIS County Award acct string:12072115	834.334290.9001	
Attachment: Budget Resolution		
8. MANAGEMENT RECOMMENDA	TIONS: Staff recommends approval	
. MANAGEMENT RECOMMENDA		/AT .
A B C	9. <u>RECOMMENDED APPROV</u>	<u>AL</u> : F G
Department Purchasing Human Director or Contracts Resources	Other County Attorney	Budget Services County Manager
A MA	ALANA OA	OM Risk GC
	Marie Gin 03 6	11/03 Stillo Montestar
10. <u>COMMISSION ACTION</u> : APPR	OVED	
DENII		
DEFE	ROC. DJ LOWLLJ	The second second
OTHE	R Date: 6/11/07	6-11-71-3 PM
		<u> </u>
	Time: 8 am	C LATY ADDIM. INC
	Forwarded To:	IN DED TO:
	Bucget	- 4/12 200-
	U1103 0:27	

RESOLUTION#

Amending the Fund 13834 EMS County Award Grant FY03 budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2002-2003.

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 Fund 13834 EMS County Award Grant FY03 budget for \$79,486 of the unanticipated revenue from FL Dept. of Health contract and an appropriation of a like amount into expense accounts and;

WHEREAS, the Fund 13834 EMS County Award Grant FY03 budget shall be amended to include the following amounts which were previously not included.

Prior Total: Additions	ESTIMATED REVENUES	\$0
12072113834.334290.9001	EMS County Award Grant FY03	\$79,486
Amended Total Estimated Revenues		\$79,486
Prior Total: Additions	APPROPRIATIONS	\$0
12072113834.503490	Other Contracted Services	\$79,486
Amended Total Appropriations		\$79,486

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the Fund 13834 EMS County Award Grant FY03 budget 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 ______, 2003.

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 YB LEDGER TYPE BA

FORWARD WITH AGREEMENT AND BLUE SHEET ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE GRANT AWARD INFORMATION				
1. County Grant ID (project #):	0721			
2. Title of Grant:	EMS COUNTY A	WARD GRANT FY03		
3. Amount of Award:	\$79,486			
4. Amount of Match Required:	\$NONE			
5. Type of Match: (cash, in-kind etc)	N/A			
6. SOURCE OF GRANT FUNDS &	CATALOG NUMB	ER:		
FEDERAL 🗌 CFDA #	STAT	E 🛛 CSFA #64.005		
7. Agency Contract Number: N/A				
8. Contract Period: Be	gin Date: 06/01/03	End Date: 09/30/03		
9. Name of Subrecipient(s)	none			
supplies, electronic medical data eq	uipment for the follo	cholorship, EMS PIER Program, medical owing fire departments: Bonita Springs, Estero, or, Lehigh Acres, Sanibel and Ft Myers Beach.		
12. Has this Grant been Funded Bef13. Is Grant Funding Anticipated in	1 Subsequent Years?	⊠YES □ NO		
14. If Grant Funding Ends Will Thi If YES What is the Lee Cour	8	ued at County Expense?		
1st Year 4 th Year	5 th Year	3 Year		
Check Box if Additional Info is provided in <i>Comment Sect</i> A <u>DMINISTERING DEPARTM</u> 1. Department: Public Safety 2. Contacts:	rmation on Program			
Program Mgr. Chris Hansen		Phone #: 335-1604		
Fiscal Mgr. Patty Hojnacki	Page 1 of 2	Phone #:335-1606		

GRANTOR AGENCY INFORMATION

(The agency you signed this agreement with)

- 1. Grantor Agency: Florida Department of Health
- 2. Program Title/Division: Bureau of Emergency Medical Serv
- 3. Agency Contact: Edward Wilson
- 4. Phone Number: (850) 245-4444 ext 2737
- 5. Mailing Address: 4052 Bald Cypress Way Bin c-18 Tallahassee, FI 32399-1738

SOURCE OF FUNDS

- 1. Original Funding Source: Bureau of Emergency Medical Servi (name of agency where funding originated from)
- 2. Pass Through Agency: N/A

(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT --- then from STATE DOT to Lee County DOT --- STATE of FL DOT is the pass-through agency).

3. Additional Information for Other Agencies Involved:

3a. Is the County a Grantee or Subrecipient in #3 above: Grantee

REPORTING REQUIREMENTS

1. Does this grant require a separate subfund?	YES	NO
(Example: you need to return interest earnings)		

Please Explain:

2. Is funding received in advance? YES NO NO CONTROL (If YES, please indicate conditions for returning residual proceeds, or interest and the address to return it to, if different from the Grantor Agency Information)

OMMENTSINSTRUCTIONS:	 	

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