

Agenda Item Summary

1. ACTION REQUESTED/PURPOSE:

Request the Board to adopt a resolution certifying that monies from the County EMS Award Grant Program will be used to improve and expand the 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 \$108,861.00.

2. WHAT ACTION ACCOMPLISHES:

The action completes the application and agreement process allowing Lee County to apply for and accept the EMS County Award Grant monies in the amount of \$108,861.00.

3. MANAGEMENT RECOMMENDATION: Management recommends approval.

4. Departmental Category: 07

C7A

5. Meeting Date:

03-14-2006

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner \_\_\_\_\_  
 Department Independent  
 Division Public Safety / EMS  
 By: John Wilson, Director

9. Background:

The State of Florida legislature established the EMS Trust Fund for the purpose of improving and expanding the existing prehospital emergency medical system in each county. The grant amount of \$108,861.00 is Lee County's share of the monies collected through the surcharge of moving violation citations during FY'05.

No recurring costs of 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: 12083013834

- Printing & Billing (External):12083013834.503490: \$800.00
- Medical Supplies / Drugs: 12083013834.505221: \$11,200.00
- Clothing and Wearing Apparel: 12083013834: 505230: \$1,500.00
- Minor Equipment: 12083013834.505280: \$30,250.00
- Educational Expense: 12083013834.505430: \$30,000.00
- Furniture & Equipment: 12083013834.506410: \$22,611
- Furniture & Equipment: 12083013834.506410.71: \$12,500.00

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants		
	n/a				2/24/06	3/1/06	3/1/06	3/1/06	HS 3/2/06

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY  
 COUNTY ADMIN: [Signature]  
 2-24-06  
 11:35  
 COUNTY ADMIN  
 FORWARDED TO: [Signature]  
 3/2/06  
 4:30 PM

Rec. by CoAtty  
 Date: 3/1/06  
 Time: 5:00 AM  
 Forwarded To: Admin 2/24/06

# RESOLUTION #

Amending the Fund 13834 EMS County Award Grant Fund Budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2005-2006.

**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 Fund budget for \$108,861 of the unanticipated revenue from an Bureau of EMS grant and an appropriation of a like amount into expenditures and;

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

## ESTIMATED REVENUES

Prior Total:		\$183,740
Additions		
12083013834.334290.9001	EMS County Award	\$108,861
Amended Total Estimated Revenues		\$292,601

## APPROPRIATIONS

Prior Total:		\$183,740
Additions		
12083013834.503490	Other Contracted Services	800
12083013834.505221	Medical Supplies/Drugs	11,200
12083013834.505230	Clothing & Wearing Apparel	1,500
12083013834.505280	Minor Equipment	30,250
12083013834.505430	Educational Expense	30,000
12083013834.506410	Furniture & Equipment	22,611
12083013834.506410.71	Furniture & Equipment	12,500
Amended Total Appropriations		\$292,601

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Lee County, Florida, that the Fund 13834 EMS County Award Grant Fund 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 \_\_\_\_\_, 2006.

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

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-four 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 \_\_\_\_\_, 2006.

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
- DOUGLAS R. ST. CERNY
- RAY JUDAH
- TAMMARA HALL
- JOHN E. ALBION

DULY PASSED AND ADOPTED THIS \_\_\_\_ day of \_\_\_\_\_, 2006.

ATTEST:  
CHARLIE GREEN, CLERK

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

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

By: \_\_\_\_\_  
Chairwoman

APPROVED AS TO FORM:

By: \_\_\_\_\_  
Office of County Attorney

FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE

GRANT AT A GLANCE

GRANT AWARD INFORMATION

- 1. County Grant ID (project #): 1208301834
- 2. Title of Grant: 2006 EMS County Award Grant
- 3. Amount of Award: \$108,861.00
- 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: 10/01/05	End Date: 9/30/06
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9. Name of Subrecipient(s)

10. Business Unit(s)

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. The EMS Training section will purchase a Medic Monthly CEU Program and implement a Crash Airway Mgt. Program. The EMS Public Education section will purchase CPR & AED equipment for community training.

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	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
4 <sup>th</sup> Year	5 <sup>th</sup> 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 #: 344-5404
Fiscal Mgr. Patti Hojnacki	Phone #: 344-5407

**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 Services
- 3. Agency Contact: Edward Wilson, Grants Coordinator
- 4. Phone Number: (850) 245-4444 Ext 2737
- 5. Mailing Address: 4052 Bald Cypress Way, Bin C 18  
Tallahassee, Florida 32399-1738

**SOURCE OF FUNDS**

- 1. Original Funding  
Source: EMS Trust Fund  
(name of agency where funding originated from)
- 2. Pass Through Agency:  
(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT --then from STATE DOT to Lec 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
- (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)

**COMMENTS--INSTRUCTIONS:**

**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> Lee County Board of County Commissioners
Business Address: 2215 Second Street Fort Myers, Florida 33901
Telephone: (239) 335-2227
Federal Tax ID Number (Nine Digit Number). VF 590600702

<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.	
Signature:	Date:
Printed Name: Tammara Hall	
Position Title: Chairwoman	

<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.)	
Name:	David Kainrad
Position Title:	EMS Administrative Manager
Address:	P.O. Box 398 Fort Myers, Florida 33902-0398
Telephone: (239) 335-1614	Fax Number: (239) 335-1638
E-mail Address: davek@leegov.com	

<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) <b>Lee County EMS</b>
<b>Lee County ALS Fire Districts: Bonita Springs, Estero, San Carlos Park, South Trail</b>

DH Form 1684, Rev. June 2002

**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 (7)	\$28,000.00
EMS Minority Scholarship Program @ Edison College	\$2,000.00
Automatic External Defibrillator Data Collection Program	\$13,500.00
Lee County ALS Fire Departments	\$40,000.00
TOTAL	<b>\$83,500.00</b>

**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
(50) Whisper Flow Generators for CPAP Program (airway mgt)	\$30,250.00
(7) Bryant air-cooled 15 KW propane gas operated generators for EMS supply centers.	\$29,262.45
(1) Powerflex Litter for EC 145 Helicopter (Eurocopter)	\$12,500.00
TOTAL	<b>\$72,012.45</b>
<b>Grand Total</b>	<b><u>\$155,512.45</u></b>

**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

Tammara Hall, Chairwoman  
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: 2005 - 2006

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-42-10-00-000	CG	N2000	730000	059998

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

Grant Beginning Date: 10 / 1 / 2005 Grant Ending Date: 09 / 30 / 2006