

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** Annual EMS County Grants Award Application

**DEPARTMENT:** Public Safety    **DIVISION:** EMS Performance Management

**AUTHORIZED BY:** Leeanna Raw, Acting Director    **CONTACT:** Angel Nater    **EXT.** 5127

<b>Agenda Date</b> <u>2/13/07</u> <b>Regular</b> <input type="checkbox"/> <b>Consent</b> <input checked="" type="checkbox"/> <b>Work Session</b> <input type="checkbox"/> <b>Briefing</b> <input type="checkbox"/> <b>Public Hearing – 1:30</b> <input type="checkbox"/> <b>Public Hearing – 7:00</b> <input type="checkbox"/>
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**MOTION/RECOMMENDATION:**

- (1) Board authorization for Chairman to execute the Emergency Medical Services, County Grant Application – Department of Health, Bureau of Emergency Medical Services.
- (2) Board adoption of Resolution.

(Angel Nater, Program Manager)

**BACKGROUND:**

The Department of Health, Bureau of Emergency Medical Services, is authorized by Chapter 401, Part II, Florida Statutes, to distribute county grant funds. The grant program is an innovative process which helps counties expand and improve their EMS System.

In order to receive the funds, an application must be completed and signed by the Chairman and a resolution adopted.

Anticipated funds for FY 2006/2007 are \$294,962.

The EMS County Grant program has been in effect since 1987 and continues on an annual basis. Funds are derived from fees assigned to moving traffic violations.

Funds are applied to EMS continuing education and system quality improvement countywide.

Reviewed by _____ Co Atty: <u>[Signature]</u> DFS: _____ Other: _____ DCM: <u>[Signature]</u> CM: <u>[Signature]</u>  File No. <u>CPS01</u>
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## 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>	Seminole
<b>Business Address:</b>	1101 East First St. Sanford, FL 32771
<b>Telephone:</b>	407-665-7201
<b>Federal Tax ID Number (Nine Digit Number):</b>	VF5 9 6 0 0 0 8 5 6

<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:	Carlton D. Henley
Position Title:	Chairman

<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:	Angel J. Nater		
Position Title:	Program Manager, EMS Performance Management		
Address:	150 Bush Blvd Sanford, FL 32773		
Telephone:	407-665-5127	Fax Number:	407-665-5036
E-mail Address:	anater@seminolecountyfl.gov		

**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.

<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)
(1) EMS Performance Management - EMS Trust





**B. Expenses:**

<u>Acct #</u>	<u>Acct Name</u>	<u>Amount</u>
30.31	Professional Services	\$120,000
30.40	Travel/Per Diem	5,908
30.44	Leases	2,000
30.46	Repair & Maintenance	20,125
30.47	Printing	400
30.51	Office Supplies	2,750
30.52	Operating Supplies	98,454
30.521	Operating Supplies/Equip	17,381
30.54	Books/Pubs/Subs/Membs	27,944
	<b>TOTAL</b>	<b><u>\$294,962</u></b>

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: Seminole County - BCC

Mailing Address: 1101 East First St.  
Sanford, FL 32771

Federal Identification number 596000856

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

Carlton D. Henley, Chairman, BCC  
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, \_\_\_\_\_

THE FOLLOWING RESOLUTION WAS ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, AT THEIR REGULARLY SCHEDULED MEETING OF \_\_\_\_\_, 2007.

WHEREAS, the Board of County Commissioners of Seminole County, Florida is charged with the duty of protecting the health, safety, and welfare of its citizens; and

WHEREAS, the providing of emergency medical services within Seminole County is felt to be essential to prevent disabilities and needless loss of life and health caused by accidents, sudden or acute illnesses and other calamities that may be suffered by the citizens of Seminole County or visitors therein; and

WHEREAS, it is in the interest of public safety and welfare in Seminole County that local pre-hospital emergency medical service providers be adequately staffed, equipped, maintained, and coordinated in order to provide the most competent and efficient pre-hospital emergency medical service possible; and

WHEREAS, the Legislature of the State of Florida has passed into law Chapter 316, Florida Statutes, which provides for the collection of a surcharge of Twenty-five and No/100 Dollars (\$25.00) on fines imposed on alcohol or drug related traffic offenses and a surcharge of Five and No/100 Dollars (\$5.00) on fines imposed on all other moving traffic violations; and

WHEREAS, these monies are to be deposited in the Emergency Medical Services Trust Fund created in Chapter 401.345, Florida Statutes, and shall be used solely to improve and expand pre-hospital emergency medical services in the State, with forty-five percent (45%) of such monies being returned to the counties according to the proportion of the combined amount deposited in the Emergency Medical Services Trust Fund from the County. This forty-five percent (45%) is hereinafter referred

to as "Awards"; and

**WHEREAS**, it is a requirement of Chapter 64E-2030(3), Florida Administrative Code, implementing Section 401.345, Florida Statutes, that the Seminole County Board of County Commissioners adopt a resolution certifying that the County's share of Awards monies from the Emergency Medical Services Trust Fund will improve and expand the County's pre-hospital emergency medical services system and not be used to supplant existing budget resolutions; and

**WHEREAS**, it is a further requirement of Chapter 64-E, Florida Administrative Code, that when making annual application for an emergency medical services Award, the County shall submit the following documentation:

(a) Designation of a separate account into which the Awards monies are to be deposited;

(b) A proposed expenditure plan based on estimates of available funds;

(c) A work plan detailing goals and objectives and anticipating completion dates of the proposed projects; and

**WHEREAS**, the Seminole County Board of County Commissioners recognizes the value to the community of having an agency which will, after careful study and evaluation, recommend to this Board courses of action designed to meet the intent of this legislation and serve the pre-hospital emergency medical services needs of the community.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, THAT:**

1. That it hereby adopts in Seminole County, Florida, the requirements of Chapter 401, Florida Statutes and Chapter 64E-2, Florida Administrative Code, as they may from time to time be amended to improve and expand pre-hospital emergency medical service within the community.

2. That the EMS Performance Management be responsible for

surveying, studying, evaluation, and providing recommendations for utilization of Emergency Medical Services Trust Fund monies to improve and expand all aspects of emergency medical services in Seminole County, Florida and in those surrounding counties which may choose to cooperate. The Emergency Medical Services Trust Fund monies shall not be used to supplant existing budget resolutions.

3. The Board shall look to the EMS Performance Management for advice and recommendation in all matters involving emergency medical services in Seminole County, Florida and adjoining counties when involved in joint projects.

**ADOPTED** this \_\_\_\_ day of \_\_\_\_\_, 2007.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

\_\_\_\_\_  
MARYANNE MORSE  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida.

By: \_\_\_\_\_  
CARLTON HENLEY, Chairman

Date: \_\_\_\_\_

AC/jr  
01/10/07  
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