

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Department of Health, Bureau of Emergency Medical Services Grant

DEPARTMENT: Fiscal Services **DIVISION:** Grants Administration

AUTHORIZED BY: Lisa Spriggs *LS* **CONTACT:** Lee Bailey *LB* **EXT.** 7125

Agenda Date <u>03/08/05</u>	Regular <input type="checkbox"/>	Consent <input checked="" type="checkbox"/>	Work Session <input type="checkbox"/>	Briefing <input type="checkbox"/>
	Public Hearing – 1:30 <input type="checkbox"/>		Public Hearing – 7:00 <input type="checkbox"/>	

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute the following: submit competitive grant proposal to the Florida Department of Health, Bureau of Emergency Medical Services.

BACKGROUND

The EMS Matching Grant Program sponsored by the Florida Department of Health provides emergency medical services providers, first responder organizations, and other emergency medical services related organizations with funds for projects to acquire, repair, improve or upgrade emergency medical services systems, or equipment. Seminole County Fire Department (SCFD) meets the specific eligibility requirements and request approval to submit its project, "Wireless Patient Reporting System."

SCFD proposes to upgrade its patient data collection process by implementing a Personal Data Assistance (PDA) and wireless operation. The proposal requests \$145,000 with a \$36,256 match, which Fire/Rescue has budgeted. Additional information is found on the attached Grant Proposal Review Form.

Reviewed by:
Co Atty: _____
DFS: _____
Other: _____
DCM: <u>SS</u>
CM: <u>LB</u>
File No. <u>CFSA01</u>

GRANT PROPOSAL REVIEW FORM – ABSTRACT
GRANTS ADMINISTRATION DIVISION

FUNDER: Department of Health, Bureau of Emergency Medical Services

DATE DUE: February 11, 2005

PROJECT TITLE: "Wireless Patient Reporting System"

DEPARTMENT: Public Safety, Fire Rescue Division

PROJECT INITIATOR(S): Battalion Chief Stan Human and Dorrie Forrest

PROJECT MANAGER/PRINCIPAL INVESTIGATOR: Battalion Chief Stan Human

PROJECT DESCRIPTION: Paramedics employed by the Seminole County Fire/Rescue department have NO ELECTRONIC method for gathering patient demographic, diagnostic, medical treatment and insurance information during on-scene patient interaction. The Seminole County Fire Department has identified a significant need for upgrading the current technology in which it accumulates the entire mandated patient demographic and medical data required to successfully complete Patient Care Report (PCR) per State of Florida Statutes and Administrative Rules. Seminole County proposes to upgrade its patient data collection process by implementing a Personal Data Assistance (PDA) and wireless operation. Twenty (20) Advanced Life Support transport capable rescue vehicles will be equipped with the most current PDA wireless technology in order for patient data to be captured, saved and transmitted to the appropriate fire station. Additionally, the technology will be used to capture EKG data from the 12-Lead monitor/defibrillators in operation. This new process will improve the time and labor-intensive process of data collection and provide more reliable information.

TOTAL AMOUNT REQUESTED: \$145,000

MATCHING FUNDS (IF APPLICABLE): \$36,256

SOURCES OF MATCH: Fire/Rescue Budget, IT Technology

DEADLINE: THIS PROPOSAL IS A:

NEW GRANT CONTINUATION GRANT SUPPLEMENTAL GRANT

GRANT FUNDING IS: COMPETITIVE ENTITLEMENT CONTRACT

Please contact Grants Administration for additional information or to peruse the proposal.

19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Signature of Authorized Grant Signer
(Individual Identified in Item 2)

____/____/____
MM / DD / YY

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: Seminole County Dept. of Public Safety

Mailing Address: 150 Bush Blvd.
Sanford, Florida 32773

Federal Identification Number 596000856

✓ Authorized Agency Official: _____
Signature Date

Carlton Henley, Chairperson, BOCC
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>
64-25-60-00-000	N_	N2000	7 _____

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____