

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Annual EMS County Grants Award Application & Resolution

DEPARTMENT: Public Safety

DIVISION: EMS Trust

AUTHORIZED BY: Kenneth M. Roberts

CONTACT: Angel Nater @ EXT 5127

Agenda Date 10/14/03 **Regular** **Consent** **Work Session** **Briefing**
Public Hearing – 1:30 **Public Hearing – 7:00**

MOTION/RECOMMENDATION:

Board authorization for Chairman to execute the Emergency Medical Service, County Grant Application & Resolution – Department of Health, Bureau of Emergency Medical Services.

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 and resolution must be executed by the Chairman. Anticipated funds for FY 2003/2004 are \$125,154.49.

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.

FY 03/04 funds will be used for continual implementation of QA Program including the countywide EMS reporting system, development of EMS medical education programs to address issues identified during the QA process, expenses associated with travel to state EMS meetings and EMS conferences, purchase of capital items for the EMS System, and funding the current senior coordinator position for one year.

Reviewed by:
Co Atty: [Signature]
DFS: _____
Other: _____
DCM: [Signature]
CM: [Signature]

File No. CPS03

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

BUREAU OF EMERGENCY MEDICAL SERVICES

August 8, 2003

TO: Chairperson, Seminole County Board of County Commissioners

SUBJECT: 2003-2004 Emergency Medical Services County Grant Application

We are pleased to provide you with the Florida County Grant Program Application Packet. The packet contains the application form and all information needed to request your fiscal year 2003-2004 county grant funds for the improvement and expansion of Emergency Medical Services (EMS) within your county.

Please complete the application, specifically pages 3-5 (DH Form 1684, Rev. June 2002), and return it with a copy of the required resolution. The resolution criteria are described in Item 4 of the application. Please note that both The Certification (application Item 2) and the form labeled "Request for Grant Fund Distribution" require original signatures.

Please retain a copy of the grant application packet. It contains the requirements for grant management and the forms for submitting reports. The application deadline is January 16, 2004, 5:00 P.M., Eastern Standard Time. Applications will be processed in the order that they are received.

We have determined that your grant award will not exceed \$125,154.49. Please use this figure when developing your budget.

Please contact me at (850) 245-4440, extension 2737, if you have any questions.


Edward L. Wilson, Jr.
Program Administrator

Enclosure: EMS County Grant Program Application Packet, Revised: June 2002
cc: Angel J. Nater

Resolution No.

Resolution

The Following Resolution Was Adopted At The Regular Meeting Of The Board Of County Commissioners Of Seminole County, Florida On The _____ Day Of October, A.D., 2003

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 prehospital emergency medical service providers be adequately staffed, equipped, maintained and coordinated in order to provide the most competent and efficient prehospital 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 \$25.00 on fines imposed on alcohol or drug related traffic offenses and a surcharge of \$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 prehospital emergency medical services in the state; forty five percent of such monies being returned to the counties according to the proportion of the combined amount deposited in the trust fund from the county. This forty five percent is hereinafter referred to as AWARDS; and

Whereas, it is a requirement of Chapter 64E-2.030(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 prehospital Emergency Medical Services system and not be used to supplant existing budget resolutions; and

Whereas, it is a further requirement of Chapter 64E-2, Florida Administrative Code, that when making annual application for an Emergency Medical Services award that the county 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; and

Resolution No.

- c. A work plan detailing goals and objectives and anticipated completion dates of 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 prehospital Emergency Medical Services needs of the community.

Now, Therefore, Be It Resolved by the Board of County Commissioners of Seminole County, Florida, as follows:

1. That it hereby adopts in Seminole County, Florida, the requirements of Chapter 401, Florida Statute, and Chapter 64E-2 Florida Administrative Code as they may from time to time be amended to improve and expand prehospital Emergency Medical Service within the community.
2. That the Medical Quality Assurance & Education Bureau be responsible for surveying, studying, evaluating and providing recommendations for utilization of Emergency Medical Services Trust 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 Medical Quality Assurance & Education Bureau 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 _____ Date Of _____ 2003.

Attest:

**Board of County Commissioners
Seminole County, Florida**

Maryanne Morse, Clerk To The
Board Of County Commissioners Of
Seminole County, Florida

Daryl G. McLain, Chairman

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: Seminole
Business Address: 1101 East First Street Sanford, Florida 32771
Telephone: 407-665-7209
Federal Tax ID Number (Nine Digit Number): VF5 9 6 0 0 0 8 5 6

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: Daryl G. McLain	
Position Title: Chairman, BCC	

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: Angel J. Nater	
Position Title: Program Manager, Medical Quality Assurance & Education	
Address: 150 Bush Boulevard Sanford, FL 32773	
Telephone: 407-665-5127	Fax Number: 407-665-5036
E-mail Address: anater@co.seminole.fl.us	

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)
1. Medical Quality Assurance - EMS Trust

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 Street
Sanford, FL 32771

Federal Identification number VF 596000856

Authorized Official: _____
Signature Date

Daryl G. McLain, 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>
64-25-60-00-000	N_	N2000	7 _____

Federal Tax ID: VF _____

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

BUDGET PAGE

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
Title: Sr. Coordinator (see attached)	\$ 56,076.00
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	\$ 56,076.00

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
(see attached)	\$ 30,078.00
TOTAL	\$ 30,078.00

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
Sim. Baby	\$ 34,000.00
CD/DVD Duplicator	\$ 2,000.00
DVD Dubbing Machine	\$ 1,000.00
WMD/Bioterrorism Simulation Software	\$ 2,000.00
TOTAL	\$ 39,000.00
Grand Total	\$125,154.00

EMS TRUST FY 2003/2004 - GRANT APPLICATION

State EMS County Grant Funded

09/15/03

Account Line	Account Line Name		Budget Year FY 03/04
SALARIES			
10-12	Salaries	Sr. Coordinator Position	\$ 38,786.00
10-14	Overtime	<i>Funding for this position is continued for a 2nd fiscal</i>	\$ 1,500.00
10-21	F.I.C.A.	<i>year to allow sufficient time to develop the county-</i>	\$ 3,083.00
10-22	Retirement-PENDING	<i>wide EMS reporting system, train field personnel to</i>	\$ 3,367.00
10-23	Health/Life-PENDING	<i>use the system, implement the system and begin</i>	\$ 5,207.00
10-24	Work Comp	<i>data collection</i>	\$ 4,133.00
SALARY BUDGET TOTAL			\$ 56,076.00

Salary Proposed Salary Budgets (w/Decrease in FY04/05)
 Recommended to MQA Budget (00100 055017)

OPERATING			
30-40	Travel & Per Diem	EMS Meetings, Programs, Conference, & Demos	\$ 3,500.00
30-44	Rentals & Leases	Rental/Lease equipment for EMS System	\$ 5,000.00
30-46	Repair and Maintenance	includes audio visual and lab equipment	
30-47	Outside Printing		\$ 1,000.00
30-51	Office Supplies		\$ 1,250.00
30-52	Operating Supplies	See Below: Ref/Training/Ed Video Tapes Training Class Med Supplies AV Hardware for Classrm Prog Uniforms, Training S/W Updates Writable CDs, EMS Reporting System Intraosseous bone replacements MultiCasualty Med Equip & Supplies ACLS Cert Cards, AHA Training Materials Specialized Ed/Equip Co EMS System Gases/Supplies for SimMan	\$ 35,215.00
30-54	Books	Ref Textbooks for SCEMS multimedia lending library, ACLS Prov & Inst Manuals ECC Handbooks, Emergency Medicine	\$ 1,100.00
30-54	Membership	Professional and Medical Director associations	\$ 400.00
30-54	Publications	EMS/MQA Publications	\$ 800.00
30-54	Subscriptions	Annals of Emergency Medicine , Training	\$ 1,100.00
30-54	Registrations	EMS Journal, EMS Insider,Pulse Update	\$ 3,000.00
30-54	Special Programs	EMS Summit, NEMSMA Training Programs as may be required to enhance SC EMS System, PHTLS	\$ 16,713.00
			\$ -

Operating OPERATING BUDGET TOTAL \$ 69,078.00

\$125,154.00

EMS GRANT BUDGET TOTAL \$125,154.49