

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Annual EMS County Grant Award Application

DEPARTMENT: Public Safety

DIVISION: Medical Quality Assurance &
Education

AUTHORIZED BY: Kenneth M. Roberts

CONTACT: Angel J. Nater

EXT 5127

Agenda Date 11/26/02	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:

Board authorization for Chairman to execute the Emergency Medical Services, County Grant Application and accompanying 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 these funds, an application and resolution must be completed and signed by the Chairman.

Anticipated funds for FY 2002/2003 are \$148,536.12.

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	<u>[Signature]</u>
Co Atty:	<u>[Signature]</u>
DFS:	_____
Other:	_____
DCM:	<u>[Signature]</u>
CM:	<u>[Signature]</u>
File No.	<u>CPS02</u>



BUREAU OF EMERGENCY MEDICAL SERVICES

October 11, 2002

TO: Chairperson, Seminole County Board of County Commissioners
SUBJECT: 2002-2003 Emergency Medical Services County Grant Application

We are pleased to provide you with the Florida County Grant Program Manual. The manual contains the application form and all information needed to request your fiscal year 2002-2003 county grant funds for the improvement and expansion of Emergency Medical Services (EMS) within your county.

Please copy the application form (Form 1684, Jan. 98) contained in Appendix F of the manual, complete the application and return it and a copy of the required resolution to the Bureau at the address on the bottom of this letter. The resolution criteria are contained in Item 5 of the application. Note that Items 2 and 8 (advance payment) of the application require original signatures.

You must retain a copy of the completed grant application and manual, and make them a part of your grant file since they contain the requirements and the forms you must use to manage your grant and submit reports to the Department. The deadline to apply is January 31, 2003, 5:00 PM, Eastern Standard Time. Applications will be processed in the order that they are received.

We have determined that your grant award will not exceed \$148,536.12. Please use this amount when developing your application's budget.

Thank you for your cooperation and support to improve and expand access to quality EMS. Please contact me at (850) 245-4440 extension 2737 if you have any questions.

A handwritten signature in cursive script that reads "Edward L. Wilson, Jr." with a stylized flourish at the end.

Edward L. Wilson, Jr.
Program Administrator

Enclosure: County Grant Program Manual, January 1998
cc: Angel Nater

Emergency Medical Services (EMS) County Grant Application
State of Florida
Department of Health
Bureau of Emergency Medical Services

Grant No. C. 9757

1. Board of County Commissioners (grantee) Identification:

Name of County: Seminole

Business Address: 1101 East First Street

Sanford, FL 32771

Phone # (407) 665 - 7209 SunCom # (407) 355 - 7209

2. Certification: I, the undersigned official of the previously named county, certify that to the best of my knowledge and belief all information and data contained in this EMS County Award Application and its attachments are true and correct.

My signature acknowledges and ensures that I have read, understood, and will comply fully with the Florida EMS County Grant Manual.

Printed Name: Daryl G. McLain Title: Chairman, BCC

Signature: _____ Date Signed: _____
(Authorized County Official)

3. Authorized Contact Person: Person designated authority and responsibility to provide the department with reports and documentation on all activities, services, and expenditures which involve this grant.

Name: Angel J. Nater Title: Medical Quality Assurance & Education Program Manager

Business Address: 150 Bush Boulevard

Sanford FL 32773
(City) (State) (Zip)

Phone # (407) 665 - 5127 SunCom # (407) 355 - 5127

4. County's Federal Tax Identification Number: VF 596000856

5. Resolution: Attach a resolution from the Board of County Commissioners certifying the monies from the EMS County Grant will improve and expand the county's prehospital EMS system and that the grant monies will not be used to supplant existing county EMS budget allocations.

6. Work Plan:

Work Activities:

Time Frames:

Complete upgrade of CAD System with purchase and installations of Auto Vehicle Locators (AVLs) and Mobile Data Terminals (MDTs).

1st Quarter, FY 2003

Bring on a Senior Coordinator position to meet State mandated aggregate data requirements.

1st Quarter, FY 2003

Replace old LCD Projectors (VGA) in classrooms with new XGA LCD Projectors.

2nd Quarter, FY 2003

Purchase 2nd Human Patient Simulator and accessories to create a simulation lab for training, evaluation of new EMTs and Paramedics and establish best practices for the EMS System.

2nd Quarter, FY 2003

Purchase specialized EMS equipment and training upgrade and enhance the SCEMS System's ability to respond to potential WMD or Biological/Chemical Terrorism events.

7. Proposed Expenditure Plan: Prepare a line item budget.

Recipient of Line Item	Line Item	Unit Price	Quantity	Total Costs	Revised Budget	Expenditures Year-To-Date
10-12	Salaries & Wages-Program Enhancement		1	\$ 37,292.00	\$ 37,292.00	
10-14	Overtime-Program Enhancement		1	\$ 1,500.00	\$ 1,500.00	
10-21	Social Security-Program Enhancement		1	\$ 2,968.00	\$ 2,968.00	
10-22	Retirement-Program Enhancement		1	\$ 3,444.00	\$ 3,444.00	
10-23	Health & Life Ins.-Program Enhancement		1	\$ 4,630.00	\$ 4,630.00	
10-24	Workers Comp		1	\$ 113.00	\$ 113.00	
30-31	EAP Professional Services		1	\$ 18.00	\$ 18.00	
30-40	Travel/Per Diem		1	\$ 2,500.00	\$ 2,500.00	
30-47	Printing and Binding		1	\$ 2,000.00	\$ 2,000.00	
30-51	Office Supplies		1	\$ 1,250.00	\$ 1,250.00	
30-52	Operating Supplies		1	\$ 67,805.00	\$ 67,805.00	
30-54	Books/Pubs/Subs/Membs/Regs		1	\$ 20,450.00	\$ 20,450.00	
60-64	Mobile Data Terminals, Vehicle (Replace)		1			
	Ultra High Frequency Radios,					
	Training Supplies, Program & Specialized					
	EMS Equipment					
60-64	Workstation Furniture-Program Enhancement		1	\$ 4,566.00	4,566.00	
	TOTALS		XXXX	\$ 148,536.00	\$ 148,536.00	\$ 0.00

----- **First Report**

Earned Interest

----- **Second Report**

Earned Interest

----- **Final Report**

**Total Earned Interest
for Grant Period**

From

From _____ to _____

* I certify the report is true and correct for period activities and services.

Signature of County Authority Submitted Report _____ Date _____

Signature of State EMS Grant Officer _____ Date _____

8. APPLICATION (Requires Signature)

REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT)
EMERGENCY MEDICAL SERVICES (EMS)
COUNTY GRANT PROGRAM

In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

Payment To: Seminole County BCC
Name of Board of County Commissioners (Payee)
1101 East First Street
Address
Sanford, FL 32771
(City) (State) (Zip)

Federal Tax ID Number or County: V F 5 9 6 0 0 0 8 5 6 _____

Authorizing County Official

SIGNATURE: _____ Date: _____

Printed Name: Daryl G. McLain Title: Chairman, BCC

SIGN AND RETURN WITH YOUR GRANT APPLICATION TO

**Department of Health
Bureau of Emergency Medical Services
EMS County Grants
4052 Bald Cypress Way, Bin C-18
Tallahassee, Florida 32399-1738**

**For Use Only by Department of Health
Bureau of Emergency Medical Services**

Amount: \$ _____ Grant Number: _____

Approved By: _____ Date: _____
Signature, State EMS Grant Officer

Fiscal Year: _____

Amount: \$ _____

Organization Code E.O. O.C.A. Object Code
64-25-60-00-000 NU N2000 730060

Federal Tax I.D. VF _____

Beginning Date: _____ Ending Date: _____

**NOTICE OF FUND AVAILABILITY FOR THE FISCAL YEAR 2002-2003
FLORIDA EMERGENCY MEDICAL SERVICES (EMS) COUNTY GRANTS**

AGENCY: Department of Health (DOH)

GRANT TITLE: Florida EMS County Grants

PURPOSE AND EFFECT: To provide grants for prehospital EMS in Florida

AUTHORITY: Chapter 401, Part II, Florida Statutes (F.S.)

ELIGIBILITY: Boards of County Commissioners (grantees) may apply to receive their EMS County grants by submitting their completed Emergency Medical Services County Grant Application and County Resolution to the Department at the address below.

TO OBTAIN AN APPLICATION: An application is being mailed to the chairperson of each county commission. If you do not receive the application, please call Ed Wilson, (850) 245-4440, Ext. 2737 or write to the EMS County Grant Program, ATTN: Ed Wilson, 4052 Bald Cypress Way, BIN #C18, Tallahassee, Florida 32399-1738.

DEADLINE: Applications will be accepted beginning with the date of this notice. Completed applications and county resolutions must be received by the Department of Health, Bureau of Emergency Medical Services no later than 5:00 p.m. (EST), January 31, 2003.

P. O. #BOO829

Resolution

**The Following Resolution Was Adopted At The
Regular Meeting Of The Board Of County
Commissioners Of Seminole County, Florida
On The _____ Day Of December, A.D., 2002**

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

- 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 _____ 2002.

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