

**Charlotte County Board Of County Commissioners  
Agenda Item Summary**

## Item Number: M- 1

### 1 DEPARTMENT MAKING REQUEST

Public Safety

### 2 MEETING DATE

6/24/2014 9:00:00 AM

### 3 REQUESTED MOTION/ACTION

- a) Approve and authorize the Board Chairman to sign an application for an Emergency Medical Services County Grant from the Florida Department of Health for EMS training, equipment and supplies in the amount of \$19,143; and
- b) Approve a Resolution certifying that the EMS county grant funds received shall be used to improve and expand the County's pre-hospital EMS system and will not be used to supplant existing County EMS budget allocations.

### 4 AGENDA

Consent

### 5 IS THIS ITEM BUDGETED ( IF APPLICABLE ) - No

#### **Budget Action**

A budget amendment will be returned to the Board once the letter of award is received. No match is required.

#### **Financial Impact Summary Statement**

Funding for this expenditure comes from Emergency Medical Services general revenues to be reimbursed by the grant. The expenditures of this grant are 100% funded and there is no County match.

**Detailed Analysis Attached** - No

**Budget Officer-**

### 6 BACKGROUND ( Why is this Action Necessary, and What Action will be accomplished )

The State of Florida Department of Health provides grant funding to improve and expand Charlotte County's pre-hospital EMS system. Specifically, the grant gives the County funds for new and cutting edge training equipment and supplies that might not otherwise be purchased. The grant will provide for enhanced levels of EMS service to the public.

#### **ATTACHMENTS:**

Name:	Description:	Type:
<input type="checkbox"/> <a href="#">2014 Res - EMS Grant.doc</a>	Resolution	Resolution Letter
<input type="checkbox"/> <a href="#">Fla Dept of Health - EMS grant application.pdf</a>	EMS Grant Packet	Backup Material
<input type="checkbox"/> <a href="#">Grants-Checklist-EMS County Grant2014-Form.docx</a>	Grant Checklist	Backup Material

R E S O L U T I O N  
N U M B E R 2 0 1 4 -

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A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF CHARLOTTE COUNTY, FLORIDA, CERTIFYING TO THE FLORIDA DEPARTMENT OF HEALTH THAT ALL MONIES RECEIVED FROM THE EMERGENCY MEDICAL SERVICES COUNTY GRANT WILL BE USED TO IMPROVE AND EXPAND THE COUNTY'S PRE-HOSPITAL EMS SYSTEM AND NOT SUPPLANT EXISTING COUNTY EMS BUDGET ALLOCATIONS.

RECITALS

WHEREAS, the State of Florida Department of Health, Bureau of Emergency Medical Services (EMS), is authorized by Chapter 401, Florida Statutes, to dispense grant funds; and

WHEREAS, forty-five percent (45%) of these EMS grant funds are made available to the boards of county commissioners of all 67 counties in the State of Florida for the purpose of improving and expanding prehospital EMS systems in each county; and

WHEREAS, Charlotte County EMS wishes to make an application for an Emergency Medical Services County Grant to the State of Florida Department of Health, Bureau of Emergency Medical Services; and

WHEREAS, the State of Florida Department of Health requires that counties who wish to apply for the Emergency Medical Services County Grant certify by Resolution that the monies awarded will be applied to the County's pre-hospital Emergency Medical Services ("EMS") System and will not supplant existing EMS budget allocations.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Charlotte County, Florida:

1. That all monies received from the Emergency Medical Services Grant will be used to improve and expand Charlotte County's pre-hospital EMS System, and such grant monies will not be used to supplant existing Charlotte County EMS budget allocations.

PASSED AND DULY ADOPTED this \_\_\_\_ day of \_\_\_\_\_, 2014.

BOARD OF COUNTY COMMISSIONERS  
OF CHARLOTTE COUNTY, FLORIDA

By: \_\_\_\_\_  
Kenneth W. Doherty, Chairman

ATTEST:  
Barbara T. Scott, Clerk of Circuit  
Court and Ex-officio Clerk to the  
Board of County Commissioners

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

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

By: \_\_\_\_\_  
Janette S. Knowlton, County Attorney  
LR 14-2887



FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES

**EMS COUNTY GRANT PROGRAM  
APPLICATION PACKET**

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## DESCRIPTION OF PROGRAM

### OVERVIEW:

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

### ELIGIBILITY:

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

## COUNTY GRANT PROCESS

### APPLICATION FORM:

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, December 2008". The BCCs will return the county grant application and resolution ( item 5 on the application) to the department.

### NOTICE OF GRANT AWARD:

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

**APPLICATION SUBMISSION:**

The BCCs must submit:

1. A completed application (DH Form 1684, December 2008) with original signatures of the authorized county official.
2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. No copies are required.

Mail the application to:

County Grant  
Emergency Medical Services  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

# EMS COUNTY GRANT APPLICATION

## FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program

Complete all items

**ID. Code (The State EMS Program will assign the ID Code – leave this blank) C2008**

**1. County Name: Charlotte County**

Business Address: 18500 Murdock Circle  
Port Charlotte, Florida 33948

Telephone: 941-743-1300

Federal Tax ID Number (Nine Digit Number). VF **596000541**

**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: **Ken Doherty**

Position Title: **Chairman, Charlotte County Board of County Commissioners**

**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: **William Van Helden**

Position Title: **Deputy Chief**

Address: **26571 Airport Road  
Punta Gorda, Florida 33982**

Telephone: **941-833-5600**

Fax Number: **941-833-5630**

E-mail Address:

**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.

**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)

Charlotte County Fire & EMS \$19,143.00

FY 13/14 EMS County Grant Award.



**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
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**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
Gathering of Eagles Conference	\$2,000
<b>Total Expenses =</b>	<b>\$2,000</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
Training Manikin for Mobile USE	\$10,500
Haz Mat Medications	\$5,000
Visual Intubation Devices	\$3,643
<b>Total Veh. &amp; Equipment =</b>	<b>\$ 19,143.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$ 19,143.00</u></b>

FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), *Florida Statutes*, 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: Charlotte County Board of County Commissioners

Mailing Address: 18500 Murdock Circle

Port Charlotte, Florida 33948

Federal Identification number: 596000541

Authorized County Official: \_\_\_\_\_

Signature

Date

Ken Doherty, Chairman Charlotte BCC

Type or Print Name and Title

*Sign and return this page with your application to:*

*Florida Department of Health  
Emergency Medical Services Program, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by State Emergency Medical Services Program

Grant Amount For State To Pay: \$ \_\_\_\_\_

Grant ID: Code: C20

Approved By : \_\_\_\_\_

Signature of State EMS Grant Officer

Date

State Fiscal Year: 2013 - 2014

Organization Code

E.O.

OCA

Object Code

Category

64-61-70-30-000

05

SF005

75000

059998

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

Grant Beginning Date: \_\_\_\_\_

Grant Ending Date: \_\_\_\_\_

## Department of Health EMS GRANT PROGRAM CHANGE REQUEST

Name of Grantee: \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
<b>TOTAL</b>	\$	\$

**Justification For Change:**

\_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_  
Date

*For department use only.*

Approved Yes  No  Change No: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Department's Authorized Representative

## Department of Health

# EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

Time Period Covered: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Earned Interest: Amount \$ \_\_\_\_\_; as of \_\_\_\_\_  
 Day Month Year

Final Report (Check one):  Yes  No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
<b>TOTAL BUDGETED EXPENDITURES</b>	\$

Actual Expenditure to Date by Major Line Item(s)	\$
<b>TOTAL EXPENDITURES</b>	\$

<b>BALANCE (Budgeted Less Actual Expenditures)</b>	\$
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*Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.*

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

\_\_\_\_\_  
 Signature of Authorized Official

\_\_\_\_\_  
 Date

## **GENERAL CONDITIONS AND REQUIREMENTS**

The EMS County grant general conditions and requirements are an integral part of the county grant agreement between the agency/organization (grantee) and the state of Florida, Department of Health (grantor or department). In the event of a conflict, the following requirements shall always be controlling:

### **FINANCIAL**

#### **FUND ACCOUNTING:**

All state EMS grant funds shall be deposited by the grantee in an account maintained by the grantee, and assigned an unique accounting code designator for all grant deposits and disbursements or expenditures thereof. All state EMS grant funds in the account maintained by the grantee shall be accounted for separately from all other grantee funds.

#### **USE OF COUNTY GRANT FUNDS:**

All state EMS grant funds shall be used between the beginning and ending dates of the grant solely for activities as outlined in the Notice of Grant Award letter, its attachments if any, and the application including its budget with its revisions, if any, on file in the state EMS office.

The grantee is not restricted to staying within the line item amounts within the approved grant budget. However, the grantee must adhere to the approved total grant budget. Any expenditures beyond this budget are the full responsibility of the grantee.

### **ROLLOVERS**

Any unencumbered EMS county grant program funds as of September 30, of each year , including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application.

## **DISALLOWED EXPENDITURES**

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS county grant expenditure shall be returned to the EMS county grant account maintained by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the county.

## **VEHICLES AND EQUIPMENT**

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

## **TRANSFER OF PROPERTY**

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

## **REQUESTS FOR CHANGE**

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, December 2008. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Changes in the project activities.
2. Redistribution of the funds between entities or equipment approved.
3. Establishing a new line item in the budget.
4. Changing a salary rate more than 10%.

## **SUPLANTING FUNDS**

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

## **DEPOSIT OF FUNDS**

County grant funds provided to an applicant shall be deposited in a separate account. All interest earned shall be documented on the required reports.

## **REPORTS**

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

## **GRANT SIGNATURE**

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received.

## **RECORDS**

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

## **FINAL REPORTS**

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

## **COMMUNICATIONS EQUIPMENT**

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

## **EXPENDITURES**

No expenditures may be incurred prior to the grant starting date or after the grant ending date. Rollover funds may be used to meet expenditures prior to receipt of current year funds.

## **CREDIT STATEMENT**

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the words, "State of Florida, Department of Health, Bureau of Emergency Medical Services" shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.

## **FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS**

This is applicable, if the provider or grantee, hereinafter referred to as provider, is any local government entity, nonprofit organization, or for-profit organization. An audit, performed in accordance with section 215.97, F.S. by the Auditor General shall satisfy the requirement of this attachment.

## **STATE FUNDED**

This part is applicable if the provider is a nonprofit organization that expends a total of \$100,000 or more in funds from the department during its fiscal year, which was not paid from a rate contract based on a set state or area-wide fixed rate for service, and of which less that



\$300,000 is federally funded. The determination of when a provider has "expended" funds is based on when the activity related to the award occurs.

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period. Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. The financial statements shall disclose whether or not the matching requirement was met for each applicable grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved. If the grantee receives funds from a grants and aids appropriation, the provider shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

## **SUBMISSION OF AUDIT REPORTS**

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

A. Send one copy to:

Florida Department of Health  
Contract Administrative Monitoring Unit  
4052 Bald Cypress Way, BIN B01  
Tallahassee, Florida 32399-1729

B. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:

Send two copies to:

Auditor General's Office  
Local Government Audits/342  
Claude Pepper Building, Room 401  
111 West Madison Street  
Tallahassee, Florida 32399-1450

C. Do not send this report to the state Bureau of EMS.

## **RECORDS RETENTION**

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

# Charlotte County Grants Checklist

Department: \_\_\_\_\_ Fire& EMS \_\_\_\_\_

Staff Completing Form: \_\_ Marianne Taylor \_\_\_\_\_

BCC Meeting Date: \_\_ June 24 \_\_\_\_\_

Grant Name: \_\_ EMS County Grant \_\_\_\_\_

## Instructions:

- For Departments to attach to Novus Agenda items pertaining to grant applications.
- Fill out one form for each grant.
- Contact your Fiscal Services Representative with any questions.

**1. How much funding will the Department/County receive from the grant?**

\$19,143.00

**2. How many years have we been receiving this grant?**

10+

**3. Is there a County match required? If yes, what type of match and amount?**

No.

**4. What will the grant be used for?**

Training and medical equipment.

**5. Is it for additional or new services/equipment/facilities?**

New equipment.

**6. Does it pay for something that the County already does?**

No.

**7. Does it pay for any positions? If yes, what happens to the position(s) if the grant goes away?**

No.

**8. Is the County obligated to pay for anything after the grant goes away?**

Yes. Disposable one-time use parts for equipment.