

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

## Item Number: M- 1

### 1 DEPARTMENT MAKING REQUEST

Public Safety

### 2 MEETING DATE

11/25/2014 9:00:00 AM

### 3 REQUESTED MOTION/ACTION

- a) Approve and authorize the 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 \$38,938; 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 ) - Yes

#### **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 the expenditures will come from monies advanced by the grant. The expenditures for 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.

This grant covers two years of funding (2013-2014 and 2014-2015) and will provide for enhanced levels of EMS service to the public.

#### **ATTACHMENTS:**

Name:	Description:	Type:
<input type="checkbox"/> <a href="#">Grants-Checklist-EMS County Grant 2014-2015.docx</a>	Grants Checklist	Backup Material
<input type="checkbox"/> <a href="#">EMS County Grant Application 2015.pdf</a>	EMS County Grant Application and Deliverables	Backup Material
<input type="checkbox"/> <a href="#">Resolution - EMS County Grant.doc</a>	Resolution	Exhibit

# Charlotte County Grants Checklist

Department: Fire& EMS  
Staff Completing Form: Marianne Taylor  
BCC Meeting Date: November 25  
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?

\$38,938

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.

# **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) \_\_\_\_\_

<b>1. County Name:</b> <b>Charlotte County</b>
Business Address: 18500 Murdock Circle Port Charlotte, Florida 33948
Telephone: 941-743-1300
Federal Tax ID Number (Nine Digit Number). VF <b>596000541</b>

<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. <b>Signature:</b> _____ <b>Date:</b> _____
Printed Name: <b>Ken Doherty</b>
Position Title: Chairman, Charlotte County Board of County Commissioners

<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: Bill Van Helden
Position Title: Deputy Chief of EMS
Address: 26571 Airport Road Punta Gorda, Florida 33982
Telephone: 941-833-5600      Fax Number: 941-833-5630
E-mail Address: <b>bill.vanhelden@charlottefl.com</b>

<b>4. Resolution:</b> 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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<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)
Charlotte County Fire & EMS    \$38,938
FY 14/15 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
<p><b>Gathering of Eagles Conference</b></p> Tuition \$645 Air Fare \$860 Hotel \$746 Per Diem 368 Shuttle \$50 Parking \$60 Total \$2,729	<b>\$2,729</b>
<p><b>Visual Intubation Devices</b></p> \$1,440 for 12 boxes (\$120 each) of blades	<b>\$1,440</b>
<b>Total Expenses =</b>	<b>\$4,169</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
<p><b>Training Manikin for Mobile USE</b></p> Manikin \$9,032 Warranty \$1,354 Battery Leg \$327 Physio Control Cable \$102 IO Leg \$174 Bleeding Arm \$110 Total \$11,099	<b>\$11,099</b>
<p><b>Enhanced SAED's with ECG Display</b></p> \$5,700 for 3 (\$1,900 each) SAED with ECG display	<b>\$5,700</b>
<p><b>Visual Intubation Devices</b></p> \$17,970 for 6 (\$2,995 each) laryngoscope devices	<b>\$17,970</b>
<b>Total Veh. &amp; Equipment =</b>	<b>\$34,769</b>
<b><u>Grand Total =</u></b>	<b><u>\$38,938</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

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: C30

Approved By : \_\_\_\_\_  
Signature of State EMS Grant Officer Date

State Fiscal Year: 2014 - 2015

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	750000	059998

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

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

<b>OLO/Department:</b>	640000 / Dept. of Health	<b>Agency Contact:</b>	Alan Van lewen
<b>FLAIR Contract #:</b>		<b>Telephone #:</b>	(850) 245-4440 Ext. 2734
<b>Agency Contract #:</b>	C3008 Charlotte County		
<b>PO #:</b>			

**Deliverables - None for or to the state. *This is a grant for the benefit of the grantee.***

<b>Deliverables as stated in the Contract</b>	<b>Minimum Performance Levels</b>	<b>Deliverable Price</b>	<b>Type of Services</b>	<b>Method of Payment</b>
Gathering of Eagles Conference.	Please see below row.	Tuition \$645 Air Fare \$860 Hotel \$746 Per Diem 368 Shuttle \$50 Parking \$60 Total \$2,729	Emergency Medical Services (EMS)	Advance
We will send two lead EMS staff to the conference, which provides information to participants on advances in EMS patient care, research and management issues as well as trending challenges and new patient care, strategies and techniques. This will enable improvements in the quality of county EMS services.				
One advanced training manikin (Smart Stat Basic with IPAD) for mobile and in house training scenarios. This will include associated electronics and accessories.	This will enable advanced training both in house and in the field to support advanced procedures.	Manikin \$9,032 Warranty \$1,354 Battery Leg \$327 PhysioControl Cable \$102 IO Leg \$174 Bleeding Arm \$110 Total \$11,099	Emergency Medical Services (EMS)	Advance
3 Enhanced SAED's with ECG display.	This will allow staff who are paramedics and do not carry a LifePak, 15 to have a device that provides a ECG display for treatment.	\$1,900 each Total \$5,700		
6 Advanced Intubation Visualization Devices	This will allow our Field Training Officers to visualize with their paramedics in training field intubations.	\$17,970 for 6 (\$2,995 each) laryngoscope devices \$1,440 -12 boxes (\$120 each) blades Total \$19,410	Emergency Medical Services (EMS)	Advance
<b>Total All</b>		<b>Total \$38,938</b>		

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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 pre-hospital 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: \_\_\_\_\_  
Chairman - Signature

By: \_\_\_\_\_  
Chairman - Print Name

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 14-3137