

# Memorandum



**Date:** September 17, 2013

**To:** Honorable Chairwoman Rebeca Sosa  
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez  
Mayor 

**Subject:** Resolution Authorizing Miami-Dade Fire Rescue to Apply for, Receive and Expend \$164,979 in Grant Funds from the Florida Department of Health for Fiscal Year 2013-2014 for Improved and Expanded Pre-Hospital Emergency Medical Services

Agenda Item No. 3(B)(1)

## RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the attached resolution authorizing the County Mayor or County Mayor's designee to apply for, receive and expend approximately \$164,979 in funds from the Florida Department of Health Emergency Medical Services Grant during the State's Fiscal Year 2013-14, which commences June 1, 2013 through June 30, 2014. The deadline for the State application is November 15, 2013 and requires prior Board approval or an approved resolution by the Board. If approved, the new funds will be distributed based on the number of emergency medical services incidents these agencies responded to in calendar year 2012. The anticipated revenue allocation for each fire-rescue department in Miami-Dade County is as follows:

|  |                  |
|--|------------------|
| Miami-Dade County Fire Rescue Department       | \$101,369        |
| City of Miami Fire-Rescue Department           | 37,970           |
| City of Hialeah Fire-Rescue Department         | 14,839           |
| City of Miami Beach Fire-Rescue Department     | 8,002            |
| City of Coral Gables Fire-Rescue Department    | 2,322            |
| Village of Key Biscayne Fire-Rescue Department | 478              |
| Total payment expected from the State          | <u>\$164,979</u> |

## SCOPE

The grant will provide county wide services.

## FISCAL IMPACT/FUNDING SOURCE

This grant will provide total funding during the State's Fiscal Year 2013-14, which commences June 1, 2013 through June 30, 2014, of \$164,979. Miami-Dade Fire Rescue is expected to receive a revenue allocation of \$101,369. The grant does not require any matching local or in-kind funds. Grant funds will not be used to supplant current fire-rescue expenditures.

## TRACK RECORD/MONITOR

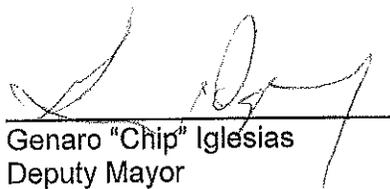
The grant award will be monitored by Lisset Valledor, Grants Manager, Miami-Dade Fire Rescue Department.

## BACKGROUND

Each year, the Florida Department of Health, Office of Emergency Medical Services distributes grant funds as authorized by Florida Statutes Chapter 401. These funds are made available to eligible county governments to improve and expand their pre-hospital emergency medical services. The funds are derived by the State from surcharges on various traffic violations.

Since 1987, Miami-Dade Fire Rescue has been responsible for the application and distribution of the State Emergency Medical Services County Grant for Miami-Dade County. The grant stipulates that municipalities are to apply for and receive funds through their respective county government or county fire department. Members of the five municipal fire rescue departments, as well as Miami-Dade Fire Rescue, conduct an annual needs assessment to formulate the Miami-Dade County application. The Director of each respective fire rescue department reviews and approves the grant work and expenditure plans prior to inclusion in the final grant application package.

In order to receive their respective allocation of the approved grant revenues received from the State, each of the five municipal fire rescue departments submit an approved agreement to Miami-Dade Fire Rescue. Distribution of grant funds to each participating department is based on the percentage of combined total emergency medical services incidents that the respective department responded to during calendar year 2012.



Genaro "Chip" Iglesias  
Deputy Mayor



**MEMORANDUM**  
(Revised)

**TO:** Honorable Chairwoman Rebeca Sosa  
and Members, Board of County Commissioners

**DATE:** September 17, 2013

**FROM:**   
R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 3(B)(1)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Ordinance creating a new board requires detailed County Mayor's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_ ) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 3(B)(1)  
9-17-13

RESOLUTION NO. \_\_\_\_\_

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND \$164,979 IN GRANT FUNDS FROM THE EMERGENCY MEDICAL SERVICES GRANT AWARD FUNDS FOR IMPROVED AND EXPANDED PRE-HOSPITAL EMERGENCY MEDICAL SERVICES IN FISCAL YEAR 2013-14; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE AND AMEND SUCH CONTRACTS AND AGREEMENTS AS REQUIRED; TO APPLY FOR, RECEIVE AND EXPEND ADDITIONAL FUNDS SHOULD THEY BECOME AVAILABLE UNDER THIS PROGRAM; AND TO FILE AND EXECUTE ANY NECESSARY AMENDMENTS TO ANY APPLICATION AND AGREEMENT; AND TO EXERCISE THE CANCELLATION PROVISION CONTAINED THEREIN

**WHEREAS**, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board authorizes the County Mayor or County Mayor's designee action to apply for, receive, and expend \$164,979 in grant funds from the emergency Medical Services Grant award funds for improved and expanded pre-hospital emergency medical services in Fiscal Year 2013-14, and authorizes the County Mayor or County Mayor's designee to receive and expend grant funds, execute such contracts, agreements, memoranda of understanding, and amendments as required by grant guidelines or to further the purposes described in the funding requests following approval by the County Attorney's Office; to expend any and all monies received for the purposes described in the funding request; to apply for, receive and expend future additional funds should they become

available through the grant program; to file and execute any necessary amendments to the application for and on behalf of Miami-Dade County, Florida; and to exercise and execute any amendments, modifications, renewal and extension provisions, cancellation and termination clauses of any applications, contracts, agreements, and memoranda of understanding on behalf of Miami-Dade County, Florida. A stipulation of the grant is that funds received will not be used to supplant current fire-rescue expenditures.

The foregoing resolution was offered by Commissioner  
who moved its adoption. The motion was seconded by Commissioner  
and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman  
Lynda Bell, Vice Chair

Bruno A. Barreiro  
Jose "Pepe" Diaz  
Sally A. Heyman  
Jean Monestime  
Sen. Javier D. Souto  
Juan C. Zapata

Esteban L. Bovo, Jr.  
Audrey M. Edmonson  
Barbara J. Jordan  
Dennis C. Moss  
Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 17th day of September, 2013. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

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

Approved by County Attorney as  
to form and legal sufficiency.



Daniel Frastai

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

|  |
|--|
| <b>1. County Name: MIAMI-DADE COUNTY</b>             |
| Business Address: 111 NW 1 Street, Floor 29          |
| Miami, Fl. 33128                                     |
| Telephone (305) 375-5071                             |
| Federal Tax ID Number (Nine Digit Number). 596000573 |

|  |             |
|--|-------------|
| <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. |             |
| Signature: _____   | Date: _____ |
| Printed Name: Genaro "Chip" Iglesias   |             |
| Position Title: Deputy Mayor   |             |

|  |                           |
|--|---------------------------|
| <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: Scott Mendelsberg  |                           |
| Position Title: Miami-Dade Fire Rescue Department Assistant Director   |                           |
| Address: 9300 NW 41 Street   |                           |
| Doral, Florida 33178   |                           |
| Telephone: (786) 331-5121  | Fax Number (786) 331-5123 |
| 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.

|  |
|--|
| <b>5. Budget:</b> Complete a budget page(s) for each organization to which you shall provide funds.<br>List the organization(s) below. (Use additional pages if necessary)   |
| Miami-Dade Fire Rescue Department<br>City of Miami Fire-Rescue Department<br>City of Miami Beach Fire-Rescue Department<br>City of Hialeah Fire-Rescue Department<br>City of Coral Gables Fire-Rescue Department<br>Village of Key Biscayne Fire-Rescue Department |



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: Miami-Dade County Board of County Commissioners  
Mailing Address: 111 NW 1 Street, 26 floor, Finance Department  
Miami, Fl. 33128

Federal Identification number #596-00-0573

Authorized Official: \_\_\_\_\_  
Signature Date

Genaro "Chip" Iglesias  
Chief of Staff/Deputy Mayor  
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> | <u>Category</u> |
|--------------------------|-------------|------------|--------------------|-----------------|
| 64-42-10-00-000          | 05          | SF005      | 750000             | 059998          |

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

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

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

July 16, 2013

Chairperson  
Miami-Dade County Board of  
County Commissioners  
111 Northwest 1st Street, Suite 220  
Miami, Florida 33128

Dear Chairperson:

We are pleased to announce that you may now request the annual emergency medical services (EMS) county grant funds for the improvement and expansion of your county's pre-hospital EMS. The amount for your county this year is \$164,979.00.

The stipulation for improvement and expansion is mandated by section 401.113 (1), *Florida Statutes* that requires counties to use the funds solely to improve and expand pre-hospital EMS. Therefore, costs are not allowed for replacement, ongoing expenses, and recurring dues or payments of any kind. Your total grant budget must equal the amount cited above; although, you may request changes during the grant period.

We are again using the 2008 edition grant booklet and forms. You can access the PDF form online at <http://www.fl-ems.com/Forms/Forms.html> or contact state grant staff for the forms in Microsoft Word.

To obtain the funds, the county must appropriately complete and send to the state one signed original and one copy of the two-page application, DH Form 1684; Request for Grant Fund Distribution page, DH Form 1767P; and a resolution described in Item #4 of the application form. Send to: Attn. Alan Van Lewen, DOH EMS Program County Grants, 4052 Bald Cypress Way, Mail Bin A22, Tallahassee, FL 32399-1722. The deadline for us to receive completed applications is November 15, 2013.

Thank you for your previous cooperation and support to improve and expand quality EMS. Please contact me, if you have any questions.

Sincerely,

Alan Van Lewen  
Health Services and Facilities Consultant  
EMS Program Grants Unit

cc: Mr. Scott Mendelsberg

**Florida Department of Health**  
Bureau of Emergency Medical Oversight, EMS Program  
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722  
PHONE: (850) 245-4440, Ext. 2734 • FAX (850) 245-4378

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh