Memorandum

MIAMI-DADE COUNTY

Date:	September 3, 2014
To:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners
From:	Carlos A. Gimenez Mayor
Subject:	Resolution Retroactively Authorizing Miami-Dade Fire Rescue to Apply for, Receive and Expend $174,038 in Grant Funds from the Florida Department of Health for Fiscal Year 2014-15 Improved and Expanded Pre-Hospital Emergency Medical Services

Agenda Item No. 3(B)(13)

RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the attached resolution retroactively authorizing the County Mayor or County Mayor's designee to apply for, receive and expend approximately $174,038 in funds from the Florida Department of Health Emergency Medical Services Matching Grant Program. This item requires retroactive approval since Miami-Dade Fire Rescue received notification of the two grant awards on June 13, 2014 and the grant performance periods commence on the award date.

SCOPE

The grants will provide county wide services.

FISCAL IMPACT/FUNDING SOURCE

These grants will provide $174,038 in grant funding during the State's Fiscal Year 2014-15, which begins June 1, 2014 through June 30, 2015. A local cash match of $58,013 is required and is available in the Miami-Dade Fire Rescue District's Budget.

TRACK RECORD/MONITOR

The grant awards will be monitored by Lisset Elliott, Grants Manager, with the 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 401.113b. These funds are made available through competitive grants awarded to eligible Emergency Medical Service providers, first responders and other Emergency Medical Services related organizations. All EMS organizations, both rural and urban-based are eligible for EMS matching grant funds. The Department of Health will pay 75 percent of approved grant projects for urban-based EMS organizations, and the remaining 25 percent cash match funds are provided by the applicant.

These grants differ from the Florida Department of Health Emergency Medical Services Grant, which is intended to improve and expand pre-hospital emergency medical services and distributed based on the number of emergency medical services incidents agencies responded to in a calendar year. The later does not require matching funds. Eligible emergency medical services projects under the matching grants may include, but are not be limited to, increasing existing levels of emergency medical services, evaluation, community education, injury-prevention programs, training in cardiopulmonary resuscitation and other lifesaving and first aid techniques.

Miami-Dade Fire Rescue was awarded two grants, M3040 for $165,038 and M3041 for $9,000, respectively, totaling $174,034 through the Florida Department of Health Emergency Medical Services Matching Grant Program. Monies will be used to procure power-loader stretchers that will enhance patient comfort and safety, as well as for cardio-pulmonary resuscitation training kits.

Genaro "Chip" Iglesias
Deputy Mayor

MEMORANDUM
(Revised)

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

DATE: September 3, 2014

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

SUBJECT: Agenda Item No. 3(B)(13)

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)(13)
9-3-14

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND $174,038 IN GRANT FUNDS FROM THE EMERGENCY MEDICAL SERVICES MATCHING GRANT AWARDS FOR IMPROVED AND EXPANDED PRE-HOSPITAL EMERGENCY MEDICAL SERVICES; 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 retroactively authorizes the County Mayor or County Mayor's designee action to apply for, receive, and expend Emergency Medical Services Matching Grant funds in the amount of $174,038, awarded by the Florida Department of Health, for improved and expanded pre-hospital emergency medical services, and authorizes the County Mayor or County Mayor's designee to receive and expend grant funds, execute such contacts, agreements, memoranda of understanding and amendments as required by grant guidelines or to further the purposes described in the funding request following approval by the County Attorney's Office; to expend any and all monies received for the purposes described in the funding request; apply for, receive and expend future additional funds should they become available through the grant program; to file an 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	Esteban L. Bovo, Jr.
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of September, 2014. 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.

DF

Daniel Frastai

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

Florida HEALTH

Rick Scott
Governor

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

Vision: To be the Healthiest State in the Nation

June 13, 2014

Mr. Genaro "Chip" Iglesias
Chief of Staff and Deputy Mayor
Miami-Dade County
111 Northwest First Street
Miami, Florida 33178

Dear Mr. Iglesias:

I am pleased to award Miami-Dade Fire Rescue an emergency medical services (EMS) matching grant in the amount of $165,038.00. The grant ID code is M3040. In accordance with section 401.113(b), *Florida Statutes*, the grant budget is 75 percent state funds and 25 percent matching funds. Your required local cash match for this grant is $55,013.00. The purpose of this grant is to improve and expand EMS by assisting your organization in the purchase of 15 Stryker Power Load stretchers.

This grant program is number 64.003 in the *Florida Catalog of State Financial Assistance*. The state money is paid from the Department of Health's EMS Trust Fund and there are no federal funds involved.

Your signed grant application affirms you have read, understand, and will comply with the terms and conditions in the "Florida EMS Matching Grant Program Application Packet, June 2008."

The grant begins the date of this letter and ends June 30, 2015. Reports are due the third week of November 2014, March 2015, and July 2015 (the final report). Please include with your final report a refund check for any unspent state funds and interest earned, if any. Enclosed is a copy of the expenditure report summary form and reporting requirements.

Thank you for your participation in this state EMS grant program. If you need assistance, please feel free to contact Mr. Alan Van Lewen, Health Services and Facilities Consultant in the EMS Program, at (850) 245-4440, extension 2734.

Sincerely,

William H. Anderson, DHA, FACHE
Director

RECEIVED
JUN 23 2014
FIRE RESCUE DEPARTMENT
CHIEF FINANCIAL OFFICER
SCOTT W. MENDELSBERG

WHA/avl
Enclosures

cc: Mr. Scott Mendelsberg, Assistant Director

Florida Department of Health
Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722
PHONE: 850/245-4440 • FAX 850/921-8162

www.FloridaHealth.gov
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

Department of Health
EMS GRANT PROGRAM EXPENDITURE REPORT

Organization Name: _____ 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 by Major Line Item(s)	$
TOTAL BUDGETED EXPENDITURES	$ 0.00

Approved Expenditure to Date by Major Line Item(s)	$
TOTAL EXPENDITURES	$ 0.00

BALANCE (Budgeted Less Actual Expenditures)	$ 0.00

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 Grantee Official Date

_____
Printed Name

DH 1684A, December 2008 64J-1.015, F.A.C.

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.

FINAL REPORTS

A final report shall be submitted to the department by its due date. 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 or other payment documentation relating to the purchase of any equipment, services, expenses, 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.

If any refund is due to the state, the paper check will need to be sent to us with the report.

Also, please briefly summarize a description of the impact of the project.

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

Florida HEALTH

Rick Scott
Governor

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

Vision: To be the Healthiest State in the Nation

June 13, 2014

Mr. Genaro "Chip" Igleslas
Chief of Staff and Deputy Mayor
Miami-Dade County
111 Northwest First Street
Miami, Florida 33178

Dear Mr. Igleslas:

I am pleased to award Miami-Dade Fire Rescue an emergency medical services (EMS) matching grant in the amount of $9,000.00. The grant ID code is M3041. In accordance with section 401.113(b), *Florida Statutes*, the grant budget is 75 percent state funds and 25 percent matching funds. Your required local cash match for this grant is $3,000.00. The purpose of this grant is to improve and expand EMS by assisting your organization in the purchase of six Physiocontrol TrueCPR devices.

This grant program is number 64.003 in the *Florida Catalog of State Financial Assistance*. The state money is paid from the Department of Health's EMS Trust Fund and there are no federal funds involved.

Your signed grant application affirms you have read, understand, and will comply with the terms and conditions in the "Florida EMS Matching Grant Program Application Packet, June 2008."

The grant begins the date of this letter and ends June 30, 2015. Reports are due the third week of November 2014, March 2015, and July 2015 (the final report). Please include with your final report a refund check for any unspent state funds and interest earned, if any. Enclosed is a copy of the expenditure report summary form and reporting requirements.

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Sincerely,

William H. Anderson, DHA, FACHE
Director

RECEIVED
JUN 23 2014
ASSISTANT CHIEF
FOR OPERATIONS

WHA/avl
Enclosures

cc: Mr. Scott Mendelsberg, Assistant Director

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www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

Department of Health
EMS GRANT PROGRAM EXPENDITURE REPORT

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Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount $ _____ as of: Day_____ Month_____ Year_____

Final Report (Check one): ☐Yes ☐No

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Approved Budget by Major Line Item(s)	$
TOTAL BUDGETED EXPENDITURES	$ 0.00

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TOTAL EXPENDITURES	$ 0.00

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