

# MEMORANDUM

Agenda Item No. 8(E)(1)

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

**DATE:** December 15, 2020

**FROM:** Geri Bonzon-Keenan  
Successor County Attorney

**SUBJECT:** Resolution authorizing the County Mayor to apply for, receive, and expend approximately \$97,877.00 in Emergency Medical Services Grant funds from the Florida Department of Health, Bureau of Emergency Medical Services; authorizing the County Mayor to execute documents necessary for receipt of such funds and to exercise all provisions set forth therein; and authorizing the County Mayor to apply for, receive, and expend additional future funds should they become available under this grant program for this purpose

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The accompanying resolution was prepared by the Fire Rescue Department and placed on the agenda at the request of Prime Sponsor Commissioner Joe A. Martinez.




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Geri Bonzon-Keenan  
Successor County Attorney

GBK/smm

**Date:** December 15, 2020

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

**From:** Daniella Levine Cava  
Mayor 

**Subject:** Resolution Authorizing the County Mayor to Apply For, Receive, and Expend \$97,877.00 in Emergency Medical Services Grant Funds from the Florida Department of Health, Bureau of Emergency Medical Services

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## **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 \$97,877.00 in Emergency Medical Services Grant funds from the Florida Department of Health, Bureau of Emergency Medical Services (EMS). It is also recommended that the Board authorize the County Mayor or County Mayor's designee to execute documents necessary for receipt of such funds and to exercise all provisions set forth therein. It is further recommended that the Board authorize the County Mayor or County Mayor's designee to apply for, receive, and expend additional future funds should they become available under this grant program for this purpose.

## **SCOPE**

The grant will fund services countywide.

## **FISCAL IMPACT/FUNDING SOURCE**

Miami-Dade County expects to receive approximately \$97,877.00 in grant funding from EMS. Said funding will be distributed between Miami-Dade Fire Rescue Department (MDFR) and the municipal fire departments identified below. The grant does not require matching local or in-kind funds.

## **TRACK RECORD/MONITOR**

The grant award will be monitored by Lisset Elliott, Grants Manager for MDFR.

## **BACKGROUND**

Each year, pursuant to chapter 401, Florida Statutes, EMS awards grant funds to eligible county governments to assist local agencies and emergency medical services organizations in providing emergency medical services. Among other things, grants may be awarded to improve and expand pre-hospital emergency medical services for advanced and basic life support services.

Since 1987, MDFR has applied for and distributed State Emergency Medical Services County Grant funds awarded by EMS. The grant stipulates that municipalities must apply for and receive funds through their respective county government or county fire department. Members of the five municipal fire rescue departments identified below, as well as MDFR conduct an annual needs assessment to formulate the Miami-Dade County grant application, incorporated herein and attached hereto as Attachment A. The director of each respective fire rescue department reviews and approves the grant work and expenditure plans included in the final grant application package.

In order to receive their allocation of the 2020 EMS grant, each of the municipal fire rescue departments must submit an executed letter of understanding, incorporated herein and attached hereto as Attachment B, to MDFR. The grant funds distributed to participating municipal fire rescue department is based on a percentage of the combined total emergency medical services incidents that the respective department responded to during the preceding calendar year.

The funds will be distributed, as provided below, for emergency medical services incidents that the agencies responded to in calendar year 2019, funding awards were rounded to the nearest dollar:

Miami-Dade County Fire Rescue Department.....	\$ 61,759.00
City of Miami Fire Rescue Department.....	\$ 23,091.00
City of Miami Beach Fire Rescue Department.....	\$ 3,852.00
City of Hialeah Fire Rescue Department.....	\$ 7,535.00
City of Coral Gables Fire Rescue Department.....	\$ 1,386.00
Village of Key Biscayne Fire Rescue Department.....	<u>\$ 254.00</u>

Total payment expected from the Florida Department of Health: ... **\$97,877.00**

The EMS application deadline for the 2020 EMS grant is December 16, 2020 and a resolution from the Board must be submitted with same.

Attachments

- (A) Grant Application
- (B) Letter of Understanding/Agreement



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JD Patterson, Jr.  
Chief Public Safety Officer

**Instructions: County Government Application Form 2020-2021**

The amount of your new grant is in the “Total” column of the county amount table accessible at the state EMS website link.

The first application form page has five numbered items. The first three are self-explanatory.

However, note that **item 2** on the first application page is where the county's authorized person must provide his/her **signature and date**.

Item 4 describes the content of the “resolution.” Please provide this in your county's customary format and approval process. The resolution must be current; or if a previous resolution has continuing authority, include a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

Item 5 of the first page of the application form asks for the name of the organization(s) to which you decide to allocate funds from your new county grant. The second page of the application form is the budget page. One of these budget pages is needed for each organization listed in item 5.

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service. However, all costs in your budget combined must total to the exact amount of total new funds for your grant. You can request budget changes and add unexpended previous funds after the new grant begins.

Your budget totals in the application should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field” on the resulting menu.

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to field.

**Request for Grant Fund Distribution Form**

**Request for Grant Fund Distribution Form:** this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. Your address on this form **must** be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the top half of the Distribution Form, the corresponding address and its 9-digit federal tax ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or at the website: [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com).



FLORIDA DEPARTMENT OF HEALTH  
 Emergency Medical Services Section  
 EMS County Grant Application

ID Code (The State EMS Program will assign the ID Code – leave this blank) \_\_\_\_\_

<b>1. County Name:</b> Miami-Dade County
Business Address: 111 NW 1 Street, Floor 29
Miami, FL. 33128
Telephone: (305) 375-5182
Federal Tax ID Number (Nine Digit Number): VF 596000573

**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: \_\_\_\_\_

Position Title: \_\_\_\_\_

**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: **Scott Mendelsberg**

Position Title: **Assistant Director**

Address: **9300 NW 41 Street**  
**Doral, FL 33178**

Telephone: **786-331-5121** Fax Number: **786-331-5123**

Email Address: **swim@miamidade.gov**

**4. Resolution:** Attach a 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. We cannot process for funds without this resolution.

**5. Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

**Miami-Dade Fire Rescue Department**

City of Miami Fire Rescue Department
City of Miami Beach Fire Rescue Department
City of Hialeah Fire Rescue Department
City of Coral Gables Fire Rescue Department
Village of Key Biscayne Fire Rescue Department

**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
Total Expenses =	\$ 0.00

**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
Total Vehicles & Equipment =	\$ 0.00
<b>Grand Total =</b>	<b>\$ 97,877.00</b>

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

**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:

The county name, address, and corresponding federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

Name of County: Miami-Dade County Board of County Commissioners

Mailing Address: 111 NW 1 Street, 26<sup>th</sup> Floor, Finance Department

Miami, FL 33128

Federal 9-digit Identification number: 59-6000573 3-digit seq. code \_\_\_\_\_

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

\_\_\_\_\_  
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health  
Emergency Medical Services Unit, 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 Section**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2020-2021

Organization Code    E.O.    OCA    Object Code    Category  
64-61-70-30-000    05    SF005    751000    059998

Federal Tax ID:    VF    \_\_\_\_\_    Sequence Code: \_\_\_\_\_

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

<b>2020-2021 Payments to County Governments Required by 401.113 (2) (a), Florida Statutes</b>			
<b>County</b>	<b>Total Award</b>	<b>New Funds</b>	<b>Previously Not Paid</b>
Alachua	\$31,811.00	\$31,811.00	
Baker	\$3,802.00	\$3,802.00	
Bay	\$17,595.00	\$17,595.00	
Bradford	\$17,459.00	\$17,459.00	
Brevard	\$38,463.00	\$38,463.00	
Broward	\$94,010.00	\$94,010.00	
Calhoun (b)	\$10,048.00	\$8,581.00	\$1,467.00
Charlotte	\$18,146.00	\$18,146.00	
Citrus	\$12,399.00	\$12,399.00	
Clay	\$25,393.00	\$25,393.00	
Collier	\$63,731.00	\$63,731.00	
Columbia	\$9,755.00	\$9,755.00	
Desoto (a)	\$10,352.00	\$5,380.00	\$4,972.00
Dixie (c)	\$5,153.00	\$1,354.00	\$3,799.00
Duval	\$79,491.00	\$79,491.00	
Escambia	\$29,561.00	\$29,561.00	
Flagler	\$8,738.00	\$8,738.00	
Franklin	\$813.00	\$813.00	
Gadsden	\$4,921.00	\$4,921.00	
Gilchrist	\$1,975.00	\$1,975.00	
Glades	\$9,208.00	\$9,208.00	
Gulf	\$3,429.00	\$3,429.00	
Hamilton (a)	\$7,022.00	\$2,986.00	\$4,036.00
Hardee	\$7,856.00	\$7,856.00	
Hendry	\$9,484.00	\$9,484.00	
Hernando	\$16,831.00	\$16,831.00	
Highlands	\$16,968.00	\$16,968.00	
Hillsborough	\$91,833.00	\$91,833.00	
Holmes	\$2,546.00	\$2,546.00	
Indian River	\$18,951.00	\$18,951.00	
Jackson	\$6,855.00	\$6,855.00	
Jefferson	\$5,432.00	\$5,432.00	
Lafayette (d)	\$7,741.00	\$5,290.00	\$2,451.00
Lake	\$38,376.00	\$38,376.00	
Lee	\$84,207.00	\$84,207.00	
Leon	\$26,821.00	\$26,821.00	
Levy	\$5,970.00	\$5,970.00	
Liberty (a)	\$2,850.00	\$1,515.00	\$1,335.00
Madison	\$7,504.00	\$7,504.00	

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- (a) County did not apply for previous award.  
(b) County did not apply for previous two awards.  
(c) County did not apply for previous three awards  
(d) County did not apply for previous four awards.

Note that these payments return to each county 45 percent of the county's annual deposits into the state EMS Trust Fund for traffic surcharges specified by 401.113 (1), Florida Statutes.



<b>2020-2021 Payments to County Governments Required by 401.113 (2) (a), Florida Statutes</b>			
<b>County</b>	<b>Total Award</b>	<b>New Funds</b>	<b>Previously Not Paid</b>
Manatee	\$32,843.00	\$32,843.00	
Marion	\$26,655.00	\$26,655.00	
Martin	\$22,479.00	\$22,479.00	
Miami Dade	\$97,877.00	\$97,877.00	
Monroe	\$26,289.00	\$26,289.00	
Nassau	\$8,750.00	\$8,750.00	
Okaloosa	\$21,190.00	\$21,190.00	
Okeechobee (b)	\$12,089.00	\$3,997.00	\$8,092.00
Orange	\$168,948.00	\$168,948.00	
Osceola	\$55,824.00	\$55,824.00	
Palm Beach	\$147,932.00	\$147,932.00	
Pasco	\$34,607.00	\$34,607.00	
Pinellas	\$122,074.00	\$122,074.00	
Polk	\$84,148.00	\$84,148.00	
Putnam	\$4,533.00	\$4,533.00	
St. Johns	\$18,691.00	\$18,691.00	
St. Lucie	\$44,107.00	\$44,107.00	
Santa Rosa	\$20,554.00	\$20,554.00	
Sarasota	\$36,790.00	\$36,790.00	
Seminole	\$66,745.00	\$66,745.00	
Sumter	\$17,834.00	\$17,834.00	
Suwannee (a)	\$10,125.00	\$5,026.00	\$5,099.00
Taylor	\$2,475.00	\$2,475.00	
Union (a)	\$1,252.00	\$536.00	\$716.00
Volusia	\$55,292.00	\$55,292.00	
Wakulla	\$2,781.00	\$2,781.00	
Walton	\$6,064.00	\$6,064.00	
Washington (b)	\$5,473.00	\$1,472.00	\$4,001.00
<b>Totals</b>	<b>\$2,007,921.00</b>	<b>\$1,971,953.00</b>	<b>\$35,968.00</b>

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- (a) County did not apply for previous award.
  - (b) County did not apply for previous two awards.
  - (c) County did not apply for previous three awards
  - (d) County did not apply for previous four awards.

Note that these payments return to each county 45 percent of the county's annual deposits into the state EMS Trust Fund for traffic surcharges specified by 401.113 (1), Florida Statutes.

**FY 2020-21 EMS COUNTY GRANT C9013  
LETTER OF UNDERSTANDING/AGREEMENT  
PER PAYMENT FROM THE STATE**

The Florida Department of Health is authorized by chapter 401, Part II, Florida Statutes to provide grants to boards of county commissioners for the purpose of improving and expanding pre-hospital emergency medical services. County grants are awarded only to boards of county commissioners but may subsequently be distributed to municipalities and other agencies or organizations involved in the provision of EMS pre-hospital care.

The enclosed grant application, incorporating projects submitted by your organization, has been approved by the Miami-Dade County Board of County Commissioners and the State of Florida Department of Health, Bureau of Emergency Medical Services (EMS). Disbursements will be made to the participating organizations in accordance with the approved grant work plan, upon receipt of new grant funds from the Florida Department of Health, Bureau of EMS and submission of this approved document to Miami-Dade County Fire Rescue Department, Grants Management Bureau, Office 248-A, located at 9300 N.W. 41 Street, Doral, Florida 33178-2414.

Your signature below acknowledges and ensures that you have read, understood and will comply fully with your agency's grant application work plan and/or approved change requests as well as the terms and conditions outlined in the December 2008 EMS County Grant Program Application Packet. You also agree to assume all compliance and reporting responsibilities for your grant projects and to provide timely Expenditure and Activity Reports to Miami-Dade County Fire Rescue Grants Management Bureau for submission to the State of Florida as required under the approved grant.

Name and address of EMS Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Contact Person – Person designated authority and responsibility to provide Miami-Dade County Fire Rescue with reports and documentation on all expenditures and activities that involve this grant:

Name \_\_\_\_\_ Title \_\_\_\_\_

Alternate \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signatory Official

Signature \_\_\_\_\_ Telephone \_\_\_\_\_


Attachments



**MEMORANDUM**  
(Revised)

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

**DATE:** December 15, 2020

**FROM:**   
Gen. Bonzon-Keenan  
Successor County Attorney

**SUBJECT:** Agenda Item No. 8(E)(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
- Statement of social equity 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 present \_\_\_\_, 2/3 membership \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) \_\_\_\_, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) \_\_\_\_, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) \_\_\_\_ ) 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. 8(E)(1)  
12-15-20

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

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND APPROXIMATELY \$97,877.00 IN EMERGENCY MEDICAL SERVICES GRANT FUNDS FROM THE FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE DOCUMENTS NECESSARY FOR RECEIPT OF SUCH FUNDS AND TO EXERCISE ALL PROVISIONS SET FORTH THEREIN; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND ADDITIONAL FUTURE FUNDS SHOULD THEY BECOME AVAILABLE UNDER THIS GRANT PROGRAM FOR THIS PURPOSE

**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:

**Section 1.** Approves the foregoing recital, which is incorporated herein by reference.

**Section 2.** Authorizes the County Mayor or County Mayor's designee to apply for, receive, and expend approximately \$97,877.00 in Emergency Medical Services Grant funds from the Florida Department of Health, Bureau of Medical Services to improve and expand pre-hospital emergency medical services.

**Section 3.** Authorizes the County Mayor or County Mayor's designee to execute documents necessary for receipt of such funds and to exercise all provisions set forth therein.

**Section 4.** Authorizes the County Mayor or County Mayor's designee to apply for, receive, and expend additional future funds should they become available under this grant program for this purpose.

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, Acting Chairwoman
Jose "Pepe" Diaz	Sen. René García
Oliver G. Gilbert, III	Keon Hardemon
Sally A. Heyman	Danielle Cohen Higgins
Eileen Higgins	Joe A. Martinez
Kionne L. McGhee	Jean Monestime
Raquel A. Regalado	Sen. Javier D. Souto

The Chairperson thereupon declared this resolution duly passed and adopted this 15<sup>th</sup> day of December, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the 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.



Shanika A. Graves