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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

Date: September 17, 2013

Agenda Item No. 3(B)(1)

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

From: Carlos A. Gimenez
Mayor

Resolution No. R-723-13

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

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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 $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 approaval 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	**$164,979**

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. R-723-13

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 **Audrey Edmonson**, who moved its adoption. The motion was seconded by Commissioner **Xavier L. Suarez** and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman	**aye**		
Lynda Bell, Vice Chair	**absent**		
Bruno A. Barreiro	**absent**	Esteban L. Bovo, Jr.	**aye**
Jose "Pepe" Diaz	**absent**	Audrey M. Edmonson	**aye**
Sally A. Heyman	**aye**	Barbara J. Jordan	**aye**
Jean Monestime	**aye**	Dennis C. Moss	**absent**
Sen. Javier D. Souto	**absent**	Xavier L. Suarez	**aye**
Juan C. Zapata	**absent**		

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: Christopher Agrippa
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. DF

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) ____

1. County Name: MIAMI-DADE COUNTY
Business Address: 111 NW 1 Street, Floor 29
Miami, Fl. 33128

Telephone (305) 375-5071
Federal Tax ID Number (Nine Digit Number). 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: Genaro "Chip" Iglesias
Position Title: Deputy Mayor

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: 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.

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)

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	
TOTAL FICA	
Grand total Salaries and FICA	

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	$

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	$
Grand Total	$164,979.00

DH 1684, December 2008

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:_____-_____

Organization Code	E.O.	OCA	Object Code	Category
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.

Florida HEALTH

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

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