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

Memorandum

MIAMI-DADE COUNTY

Date: November 17, 2015

Agenda Item No. 3(B)(3)

To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: Resolution Authorizing the County Mayor to Apply For and Receive $131,167.00 in Grant Funds from the State of Florida Department of Health Emergency Medical Services to Improve and Expand Pre-Hospital Emergency Medical Services for the State of Florida Fiscal Year 2015-16, to Expend $80,823.00 of These Funds, to Distribute the Balance to Municipal Fire Departments as Outlined in this Memorandum, and to Apply for, Receive and Expend Additional Grant Funds Under this Program

Resolution No. R-1030-15

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 and receive $131,167.00 in grant funds from the Florida Department of Health Emergency Medical Services Grant during the State of Florida Fiscal Year (FY) 2015-16, from June 1, 2015 through June 30, 2016;
- Expend $80,823.00 of those funds;
- Distribute the balance of those funds to municipal fire departments, as outlined in this memorandum; and
- Apply for, receive and expend additional funds, should they become available under this program.

The State of Florida application deadline is December 16, 2015 and requires a resolution from the Board. If approved, the new funds will be distributed to the following municipal fire departments for emergency medical service incidents that these agencies responded to in the calendar year 2014, as follows:

Miami-Dade County Fire Rescue Department	$ 80,823.00
City of Miami Fire Rescue Department	32,901.00
City of Miami Beach Fire Rescue Department	6,304.00
City of Hialeah Fire Rescue Department	8,836.00
City of Coral Gables Fire Rescue Department	1,948.00
Village of Key Biscayne Fire Rescue Department	355.00
Total payment expected from the State	**$131,167.00**

SCOPE

The grant will provide countywide services.

FISCAL IMPACT/FUNDING SOURCE

This grant is anticipated to provide funding of $131,167.00 for the State of Florida FY 2015-16. Miami-Dade Fire Rescue is expected to receive a revenue allocation of $80,823.00. The grant does not require any matching local or in-kind funds.

TRACK RECORD/MONITOR

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

BACKGROUND

Each year the Florida Department of Health's 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 of Florida from surcharges on various traffic violations.

Since 1987, Miami-Dade Fire Rescue has been responsible for the application and distribution process of the State Emergency Medical Services County Grant. 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 (5) 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 included in the final grant application package.

In order to receive their allocation from new grant revenues received from the State of Florida, each of the five (5) municipal fire rescue departments submits an approved agreement to Miami-Dade Fire Rescue. The distribution of grant funds to each participating fire rescue department is based on the percentage of combined total emergency medical services incidents the respective fire rescue department responded to during calendar year 2014.

Russell Benford
Deputy Mayor

MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: November 17, 2015

FROM: Abigail Price-Williams
County Attorney

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

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 ____, 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)(3)
11-17-15

RESOLUTION NO. R-1030-15

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND $131,167.00 IN GRANT FUNDS FROM THE EMERGENCY MEDICAL SERVICES GRANT AWARD FUNDS FOR IMPROVED AND EXPANDED PRE-HOSPITAL EMERGENCY MEDICAL SERVICES PROGRAM IN FISCAL YEAR 2015-16; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE SUCH CONTRACTS; TO APPLY FOR, RECEIVE AND EXPEND ADDITIONAL FUNDS SHOULD THEY BECOME AVAILABLE UNDER THIS PROGRAM; AND TO EXERCISE THE CANCELLATION PROVISIONS 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 $131,167.00 in grant funds from the Emergency Medical Services Grant award funds for improved and expanded pre-hospital emergency medical services in Fiscal Year 2015-2016, and authorizes the County Mayor or County Mayor's designee to receive and expend grant funds and, execute such contracts; 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; and to exercise and execute any cancellation provisions contained therein. 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 **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Dennis C. Moss** and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman **aye**
Esteban L. Bovo, Jr., Vice Chairman **absent**

Bruno A. Barreiro	**aye**	Daniella Levine Cava	**aye**
Jose "Pepe" Diaz	**absent**	Audrey M. Edmonson	**aye**
Sally A. Heyman	**absent**	Barbara J. Jordan	**aye**
Dennis C. Moss	**aye**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**absent**
Juan C. Zapata	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 17th day of November, 2015. 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: Christopher Agrippa
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. D.F.

Daniel Frastai

July 24, 2015

Chairperson
Miami-Dade County BOCC
111 NW 1st Street, Suite 220
Miami, FL 33128

Dear Chairperson:

We are pleased to announce that you may now request your annual emergency medical services (EMS) county grant funds. The amount for your county this year is $131,167.00. Section 401.113 (I); Florida Statutes, requires the funds must be used solely to improve and expand pre-hospital EMS.

Your grant budget total that you submit must equal the amount cited above. After your new grant begins, you may request the transfer of unexpended funds, if any, from your previous grant to the new grant.

To obtain the new funds, the county must submit an original and one copy of: the two-page application form, the Request for Grant Fund Distribution page and a current resolution described by Item #4 of page one of the application form. Completed applications must be mailed to:

Attn: Alan Van Lewen DOH EMS, County Grants,
4052 Bald Cypress Way, Mail Bin A-22
Tallahassee, FL 32399-1722.

I have enclosed a copy of an instruction page and the forms. The deadline for completed applications is December 16, 2015. Please contact me if you have any questions.

Sincerely,

Alan Van Lewen

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

Enclosures

Status of State Emergency Medical Services Grants for EMS Organizations

County Grants. County governments can now request their 2015-2016 grant funds. These are not competitive and each county is guaranteed to obtain its funds upon the provision of the needed information. The deadline is December 16, 2015.

Please see the state EMS grant website at the following internet address.

http://www.floridahealth.gov/provider-and-partner-resources/ems-grants/index.html

Scroll down past the matching grant information to the County Grant section. There you can click on a link to access a table which shows the amount for your county. A second link will get you instructions and the forms you need.

Please contact us if you need any information or assistance.

Matching Grants. The matching grant information is located above the county grant material at the same web site. There is now no opportunity to apply for the matching grants. However, at the matching grant site there is an estimated time frame for when this opportunity will occur this year.

Also, for your information there is a link to a table that lists the matching grant awards for the past three years by type of project.

Questions/Comments. You may send any questions or comments. Questions and answers of possible general use will be placed in a subsequent EMS grant status report. For individualized questions you will receive a direct response.

You may use fax (850) 488-9408, mail Alan Van Lewen, 4052 Bald Cypress Way, Mail Bin A-22, Tallahassee, Florida 32399-1722, telephone (850) 245-4444 Extension 2734, or email. Alan.Vanlewen@flhealth.gov

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Application Form July 2015-2016

Effective July 24 County Governments may submit their Fiscal Year 2015-2016 application for county grant funds. The deadline for state EMS to receive the required pages of your completed county grant application form is by December 16, 2015.

You can see the amount of your new grant at the state EMS website in the "Total" column of the county amount table.

The first application form page has five items, the first three of which are self-explanatory.

However, note that Item 2 is where the county's authorized person must provide his/her signature.

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** and not a copy of a previous resolution. We need this current resolution or we will not be able to process the application for funds.

Item 5 of the first page of the application form asks for the name of the organizations that will receive funds from your new county grant. The second page of the application form is the budget page and 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.

All costs must add to the exact amount of new funds for your grant. You can transfer unexpended funds from your previous grant after the new grant begins.

No general statements can be used in the budget because we are now required to have specificity up-front and need it to obtain your grant funds. However, you can still make change requests during the new grant, so you do not lock yourself into the initial items.

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 on the resulting menu "Update Field."

Request for Grant Fund Distribution Form

This page is included with your application form. Complete only the top part of this form and the state will complete the bottom part, as indicated on the form.

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) C40

1. County Name:	**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:	**Russell Benford**
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: **Assistant Director**	
Address: **9300 NW 41 Street**	
Doral, Fl. 33178	
Telephone: (786) 331-5121	Fax Number: (786) 331-5123
E-mail Address: **swim@miamidade.gov**	

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. We cannot process for funds without a current resolution.

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 =	$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	**$ 0.00**

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**
	$131,167.00
Total Veh. & Equipment =	**$ 0.00**
Grand Total =	**$ 0.00**

DH 1684, December 2008

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

Mailing Address: **111 NW 1 Street, 26 Floor, Finance Department**

Miami, Fl. 33128

Federal Identification number: **#59-6000573**

Authorized County Official: _____
Signature **Date**

Russell Benford, Deputy Mayor
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: C40_____

Approved By : _____ _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2015 - 2016

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

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

Grant Beginning Date: _____ Grant Ending Date: _____

FY 2015-16 EMS COUNTY GRANT# PENDING
NEW GRANT REVENUE EXPECTED FROM THE STATE

9/11/2015
L. Elliott

PER EMS CALLS FOR CALENDAR YEAR 2014

	GRANTEE/SUB-GRANTEES:	TOTAL EMS CALLS FOR CALENDAR YEAR 2014 (UNITS)	TOTAL EMS CALLS FOR CALENDAR YEAR 2014 (%)	NEW REVENUE EXPECTED VIA PAYMENT FOR FY 2015-16 ($)	NEW REVENUE DISTRIBUTION PER PAYMENT FOR FY 2015-16 ($)	NET ROUNDING ADJUSTMENT ($)	NEW REVENUE DISTRIBUTION PER PAYMENT FOR FY 2015-16 (ROUNDED)
1	MIAMI-DADE COUNTY FIRE RESCUE DEPT.	206,758	61.62%	$131,167	$80,822.98	$0.00	80,823
	(CALLS per Lidice Cutie on behalf of EMS Div Chief Taylor Rowan, 9-2-2015)						
2	CITY OF MIAMI FIRE RESCUE DEPT.	84,166	25.08%	$131,167	$32,901.01	$0.00	32,901
	(CALLS per Terrence W. Davis, Assistant Fire Chief, 9-9-2015)						
3	CITY OF MIAMI BEACH FIRE RESCUE DEPT.	16,126	4.81%	$131,167	$6,303.75	$0.00	6,304
	(CALLS per Chief Betancourt, 9-2-2015)						
4	CITY OF HIALEAH FIRE RESCUE DEPT.	22,605	6.74%	$131,167	$8,836.43	$0.00	8,836
	(CALLS per Patrick Flynn, Assistant Chief, on 9-8-2015)						
5	CITY OF CORAL GABLES FIRE RESCUE DEPT.	4,983	1.49%	$131,167	$1,947.89	$0.00	1,948
	(CALLS per Marc Stolzengerg , Fire Chief, on 9-9-2015)						
6	VILLAGE OF KEY BISCAYNE FIRE RESCUE DEPT.	908	0.27%	$131,167	$354.94	$0.00	355
	(CALLS per Marcos Osario, Deputy Chief, on 9-10-2015)						
	TOTALS	335,546	100.00%	$131,167	$131,167.00	$0.00	131,167

NOTES :

A) EMS CALLS DEFINITION APPROVED BY EACH FIRE-RESCUE CHIEF:
ALL SITUATIONS FOUND TO BE EMS RELATED BY THE RESPONDING UNIT THAT ARRIVED ON THE CALL (NOT INCLUDING CANCELLED CALLS) AND AN EMS PATIENT PATIENT REPORT HAS BEEN GENERATED

B) CALENDAR YEAR (C.Y.) DEFINITION APPROVED BY EACH FIRE-RESCUE CHIEF:
FROM JANUARY 1 TO DECEMBER 31

C) TOTAL NEW REVENUE EXPECTED FOR FY 2015-16 IS $131,167.00, AS PER 7-24-15 LETTER FROM STATE.

FY 2015-16 EMS COUNTY GRANT C4013
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 or 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 2015 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