OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

Date: November 1, 2016

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

From: Carlos A. Gimenez
Mayor

Agenda Item No. 3(B)(3)

Resolution No. R-956-16

Subject: Resolution Authorizing the County Mayor to Apply For, Receive, and Expend $118,249.00 in Grant Funds from the State of Florida Department of Health, Emergency Medical Services Bureau to Improve and Expand Pre-Hospital Emergency Medical Services for the State of Florida during Fiscal Year 2016-17

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 $118,249.00 in funds from the Florida Department of Health Emergency Medical Services Grant during the State of Florida Fiscal Year (FY) 2016-17; approximately $68,204.00 of those funds shall be distributed to the Miami-Dade Fire Rescue and the balance of those funds would be distributed to municipal fire departments, as outlined in this memorandum; and to apply for, receive, and expend additional funds should they become available under this program in the same fiscal year.

SCOPE

The grant will provide countywide services.

FISCAL IMPACT/FUNDING SOURCE

This grant is anticipated to provide funding of $118,249.00 from the State of Florida FY 2016-17. Miami-Dade Fire Rescue is expected to receive a revenue allocation of $68,204.00. The grant does not require any matching local or in-kind funds.

DELEGATION OF AUTHORITY

The County Mayor or County Mayor's designee is delegated the authority to enforce any of the terms therein.

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 Chapter 401 Florida Statutes. 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 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 department responded to during calendar year 2015.

The State application deadline is December 16, 2016 and requires a resolution from the Board. The new funds will be distributed to the following municipal fire departments for emergency medical services incidents that these agencies responded to in calendar year 2015, as follows:

Miami-Dade County Fire Rescue Department.....	$ 68,204.00
City of Miami Fire Rescue Department.....	$ 33,377.00
City of Miami Beach Fire Rescue Department.....	$ 5,485.00
City of Hialeah Fire Rescue Department.....	$ 9,076.00
City of Coral Gables Fire Rescue Department.....	$ 1,794.00
Village of Key Biscayne Fire Rescue Department.....	$ 313.00

Total payment expected from the State of Florida:...**$118,249.00.**

Attachments

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

Russell Benford
Deputy Mayor

MEMORANDUM

(Revised)

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

DATE: November 1, 2016

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)
11-1-16

RESOLUTION NO. R-956-16

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND APPROXIMATELY $118,249.00 IN GRANT FUNDS FROM THE FLORIDA DEPARTMENT OF HEALTH TO IMPROVE AND EXPAND PRE-HOSPITAL EMERGENCY MEDICAL SERVICES; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE THE ENCLOSED LETTER OF UNDERSTANDING/ AGREEMENT; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND ADDITIONAL FUNDS SHOULD THEY BECOME AVAILABLE UNDER THIS GRANT PROGRAM AND TO ENFORCE ANY OF THE TERMS 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 to: (1) apply for, receive, and expend approximately $118,249.00 in grant funds from the Florida Department of Health's Emergency Medical Services Grant award funds to improve and expand pre-hospital emergency medical services; (2) execute the Letter of Understanding/ Agreement in substantially the same form attached hereto as Attachment B; (3) apply for, receive and expend future additional funds should they become available through the grant program in the same fiscal year; and (4) to enforce any of the terms contained in the Letter of Understanding/Agreement.

The foregoing resolution was offered by Commissioner **Esteban L. Bovo, Jr.**, who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** and upon being put to a vote, the vote was as follows:

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

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

The Chairperson thereupon declared the resolution duly passed and adopted this 1st day of November, 2016. 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. GKS

Gerald K. Sanchez

Attachment A

County Government Application Form July 2016-2017

Effective August 26, 2016, county governments may submit their Fiscal Year 2016-2017 application for county grant funds. The deadline for submission is December 16, 2016. The new grant amount can be found in the "Total" column included in the link for the "county amount" table.

The first three items on page one of the application are self-explanatory. Please note that Item 2 requires the signature of the individual who is authorized to sign contracts, grants, or other legal documents for the county.

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. If a previous one is still in-effect, a message from a lead county official stating such for 2016-2017 must be included.

Item 5 requests the names of the organizations that will receive funds from the new county grant. A budget page is needed for each organization listed in Item 5. The budget page must list 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 grant funds available. Changes may be requested after the new grant begins.

To add budget totals in the application, 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

The Request for Grant Fund Distribution form is the last page of the application. The county is required to complete only the top portion of the form. In addition, the address on this form must be the same one that is on file in the state MyFloridaMarketplace (MFMP) system.

If needed, MFMP customer service may be contacted at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com.

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) C50

1. County Name:
Business Address:

Telephone:
Federal Tax ID Number (Nine Digit Number). VF

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:
Position Title:
Address:

Telephone: Fax Number:
E-mail Address:

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 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)

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**
Total Veh. & Equipment =	**$ 0.00**
Grand Total =	**$ 0.00**

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

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 agency name and mailing address **must** be in the state MyFloridaMarketPlace (MFMP) system.

Name of Agency: _____

Mailing Address: _____

_____

Federal Identification number: _____

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 Section, 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: C50_____

Approved By _____ _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

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 2016-17 EMS COUNTY GRANT APPLICATION **09-13-2016**
TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015.

213,454

Reporting Entity Miami Dade Fire Rescue, EMS Division
Mailing Address 9300 N.W. 41 Street
Phone Number 786-331-4402
Fax Number 786-331-4401

Reported by: Chief Rowan Taylor — 09-12-2016
Please Print or Type Name and Title — *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

FY 2016-17 EMS COUNTY GRANT APPLICATION 09-13-2016
TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015. 104,459

Reporting Entity _____
Mailing Address _____
Phone Number _____
Fax Number _____

Reported by: Terrence W. Davis - Assistant Fire Chief 09-14-2016
Please Print or Type Name and Title *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

FY 2016-17 EMS COUNTY GRANT APPLICATION

09-13-2016

TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015.

28,404

Reporting Entity
Mailing Address
Phone Number
Fax Number

Reported by: Assistant Fire Chief Patrick Flynn — 09-14-2016

Please Print or Type Name and Title — *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

FY 2016-17 EMS COUNTY GRANT APPLICATION

09-13-2016

TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015.

17,165

Reporting Entity City of Miami Beach Fire-Rescue Department
Mailing Address 2300 Pinetree Drive Miami Beach, FL 33140
Phone Number 305-673-7130
Fax Number 305-673-7257

Reported by: Francois Betancourt, Division Chief — 09-15-2016

Please Print or Type Name and Title — *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

FY 2016-17 EMS COUNTY GRANT APPLICATION 09-13-2016
TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015.

5,615

Reporting Entity Coral Gables Fire Rescue Department
Mailing Address 2815 Salzedo Street, Coral Gables, FL 33134
Phone Number (305) 460-5571
Fax Number (305) 460-5596

Reported by: Marc Stolzenberg, Fire Chief — 09-15-2016
Please Print or Type Name and Title — *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

FY 2016-17 EMS COUNTY GRANT APPLICATION **09-13-2016**
TOTAL EMS CALLS FOR CALENDAR YEAR 2015
STATE EMS GRANT# PENDING

PLEASE REVIEW THE DEFINITIONS BELOW AND SUBMIT YOUR TOTAL EMS CALLS FOR *Calendar year 2015* TO PROCESS THE NEW GRANT APPLICATION FOR THE STATE.

EMS Calls Represent all situations found to be EMS related by the responding unit that arrived on the call (do not include cancelled calls) and an EMS Patient Report has been generated.

Calendar Year Covers data from January 1, 2015 to December 31, 2015.

979

Reporting Entity _____
Mailing Address _____
Phone Number _____
Fax Number _____

Reported by: Marcos Orosio Deputy Chief 9/12/16
Please Print or Type Name and Title *Date*

Signature

RETURN THE COMPLETED / APPROVED FORM VIA E-MAIL ADDRESS OR FAX NUMBER BELOW:

Thank you for your cooperation.

Lisset Elliott
Grant Resources Manager
Miami-Dade Fire Rescue Department
Office: 786-331-4472
Cellular: 786-218-5976
e-mail: lisset.elliott@miamidade.gov
"Delivering Excellence Every Day"

SOURCE: "State FY 11-12 EMS CNTY GRT- EMS CALLS SUPPORT DATA.xls" File.

Attachment B

FY 2016-17 EMS COUNTY GRANT C50XX
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 2016 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

FY 2016-17 EMS COUNTY GRANT# PENDING
NEW GRANT REVENUE EXPECTED FROM THE STATE

9/21/2016
L. Elliott

PER EMS CALLS FOR CALENDAR YEAR 2015

	GRANTEE/SUB-GRANTEES:	TOTAL EMS CALLS FOR CALENDAR YEAR 2015 (UNITS)	TOTAL EMS CALLS FOR CALENDAR YEAR 2015 (%)	NEW REVENUE EXPECTED VIA PAYMENT FOR FY 2016-17 ($)	NEW REVENUE DISTRIBUTION PER PAYMENT FOR FY 2016-17 ($)	NET ROUNDING ADJUSTMENT ($)	NEW REVENUE DISTRIBUTION PER PAYMENT FOR FY 2016-17 (ROUNDED)
1	MIAMI-DADE COUNTY FIRE RESCUE DEPT.	213,454	57.68%	$118,249	$68,204.16	$0.00	68,204
	(CALLS per Lidice Cutie on behalf of EMS Div Chief Taylor Rowan, 9-12-2016)						
2	CITY OF MIAMI FIRE RESCUE DEPT.	104,459	28.23%	$118,249	$33,377.39	$0.00	33,377
	(CALLS per Terrence W. Davis, Assistant Fire Chief, 9-15-2016)						
3	CITY OF MIAMI BEACH FIRE RESCUE DEPT.	17,165	4.64%	$118,249	$5,484.67	$0.00	5,485
	(CALLS per Chief Betancourt, 9-19-2016)						
4	CITY OF HIALEAH FIRE RESCUE DEPT.	28,404	7.68%	$118,249	$9,075.82	$0.00	9,076
	(CALLS per Patrick Flynn, Assistant Chief, on 9-14-2016)						
5	CITY OF CORAL GABLES FIRE RESCUE DEPT.	5,615	1.52%	$118,249	$1,794.14	$0.00	1,794
	(CALLS per Marc Stolzengerg , Fire Chief, on 9-15-2016)						
6	VILLAGE OF KEY BISCAYNE FIRE RESCUE DEPT.	979	0.26%	$118,249	$312.82	$0.00	313
	(CALLS per Marcos Osario, Deputy Chief, on 9-21-2016)						
	TOTALS	370,076	100.00%	$118,249	$118,249.00	$0.00	118,249

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 2016-17 IS $118,249.00, AS PER 8-29-16 E-MAIL FROM STATE

17