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

MEMORANDUM

Agenda Item No. 8(E)(1)

TO: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

DATE: December 12, 2023

FROM: Geri Bonzon-Keenan
County Attorney

SUBJECT: Resolution authorizing the County Mayor to apply for, receive, and expend approximately \$127,966.97 in grant funds from the Florida Department of Health to improve and expand pre-hospital emergency medical services; authorizing the County Mayor to amend the grant application for receipt of additional funds or apply for, receive, and expend additional funds should they become available under this grant program; and authorizing the County Mayor to execute the Letter of Understanding/Agreement and any other documents required for receipt of said or additional grant funds

Resolution No. R-1069-23

The accompanying resolution was prepared by the Fire Rescue Department and placed on the agenda at the request of Prime Sponsor Commissioner Juan Carlos Bermudez.



Geri Bonzon-Keenan
County Attorney

GBK/uw

MDC001

Memorandum



Date: December 12, 2023

To: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

From: Daniella Levine Cava
Mayor 

Subject: Resolution Authorizing the County Mayor to Apply For, Receive, and Expend \$127,966.97 in Grant Funds from the State of Florida Department of Health, Emergency Medical Services Bureau to Improve and Expand Pre-Hospital Emergency Medical Services During Fiscal Year 2023-2024

SUMMARY

This item seeks approval of a resolution required by the Florida Department of Health for receipt of \$127,966.97 in Emergency Medical Services Program grant funds for FY 2023-2024. The resolution seeks authorization for the County Mayor, through Miami-Dade Fire Rescue (MDFR), to apply for, receive, and expend said grant funds, which include distributing allocated funds to municipal fire departments, as outlined below. These funds are made available to eligible county governments, as authorized by Chapter 401 Florida Statutes, to improve and expand their pre-hospital emergency medical services as it relates to advanced and basic life support services. The funds are derived by the State from surcharges on various traffic violations.

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 \$127,966.97 in grant funds from the Florida Department of Health through its Emergency Medical Services Program during the State of Florida's Fiscal Year (FY) 2023-2024; approximately \$78,273.83 of those funds shall be distributed to MDFR and the remaining balance will be distributed to municipal fire departments, as outlined herein. It is also recommended that the Board authorize the County Mayor or the County Mayor's designee to amend the grant application for receipt of additional funds or to apply for, receive, and expend additional funds should they become available under this program during FY 2023-24 (Attachment A). Furthermore, it is recommended that the Board authorize the County Mayor or the County Mayor's designee to execute FY 2023-24 EMS County Grant Letter of Understanding/Agreement, per Payment from the State (Letter of Agreement), which is attached to the resolution as Attachment B, and any other documents necessary for receipt of said or additional grant funding.

SCOPE

The grant will support the provision of services countywide.

FISCAL IMPACT/FUNDING SOURCE

This grant is anticipated to provide funding in the amount of \$127,966.97 from the Florida Department of Health during its FY 2023-2024. MDFR is expected to receive a revenue allocation of \$78,273.83. The remaining balance will be distributed to municipal fire departments, as outlined below. The grant does not require any matching local or in-kind funds.

DELEGATION OF AUTHORITY

The County Mayor or County Mayor's designee is authorized to apply for, receive, and expend grant funds from the Florida Department of Health during the FY 2023-24, and execute the Letter of Agreement and other documents necessary for receipt of \$127,966.97 or additional grant funding, which may be required by grant guidelines or to further the purpose described in the funding request. Also, the County Mayor or County Mayor's designee is authorized to execute any necessary amendments to the grant application.

TRACK RECORD/MONITOR

The grant award will be monitored by Katrina Hollis-Baker, Grants Bureau Manager for MDFR.

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 as it relates to advanced and basic life support services. The State derives the funds from surcharges on various traffic violations within each county.

Since 1987, MDRF has been responsible for the application and distribution process of the State Emergency Medical Services County Grant Program. 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 MDRF, 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.

To receive their allocation from new grant revenues received from the State of Florida, each of the five municipal fire rescue departments submits an approved agreement to MDRF. 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 2022.

The State application deadline is January 31, 2024 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 2022, rounded to the nearest dollar, as follows:

Miami-Dade County Fire Rescue Department.....	\$ 78,273.83
City of Miami Fire Rescue Department.....	\$ 29,046.86
City of Miami Beach Fire Rescue Department.....	\$ 6,361.49
City of Hialeah Fire Rescue Department.....	\$ 10,864.69
City of Coral Gables Fire Rescue Department.....	\$ 3,043.43
Village of Key Biscayne Fire Rescue Department.....	\$ 376.67

Total payment expected from the State of Florida:\$127,966.97

Attachments

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


JD Patterson
Interim Chief of Public Safety



MEMORANDUM

(Revised)

TO: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

DATE: December 12, 2023

FROM: 
Gen Bonzon-Keenan
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)
12-12-23

RESOLUTION NO. R-1069-23

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND APPROXIMATELY \$127,966.97 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 AMEND THE GRANT APPLICATION FOR RECEIPT OF ADDITIONAL FUNDS OR APPLY FOR, RECEIVE, AND EXPEND ADDITIONAL FUNDS SHOULD THEY BECOME AVAILABLE UNDER THIS GRANT PROGRAM; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE THE LETTER OF UNDERSTANDING/AGREEMENT AND ANY OTHER DOCUMENTS REQUIRED FOR RECEIPT OF SAID OR ADDITIONAL GRANT FUNDS

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. Incorporates and approves the foregoing recital as fully set forth herein.

Section 2. Authorizes the County Mayor or County Mayor's designee to: (1) apply for, receive, and expend approximately \$127,966.97 in grant funds from the Florida Department of Health's Emergency Medical Services Program to improve and expand pre-hospital emergency medical services, in substantially the form attached hereto as Attachment A; (2) amend the grant application for receipt of additional funds or apply for, receive, and expend future additional funds should they become available through the grant program during FY 2023-24; and (3) execute the FY 2023-24 EMS County Grant Letter of Understanding/Agreement Per Payment From the State, in substantially the form attached hereto as Attachment B, and any other documents necessary for receipt of said or additional grant funding.

The foregoing resolution was offered by Commissioner **Anthony Rodriguez** ,
 who moved its adoption. The motion was seconded by Commissioner **Raquel A. Regalado**
 and upon being put to a vote, the vote was as follows:

Oliver G. Gilbert, III, Chairman	aye		
Anthony Rodríguez, Vice Chairman	aye		
Marleine Bastien	absent	Juan Carlos Bermudez	aye
Kevin Marino Cabrera	aye	Sen. René García	aye
Roberto J. Gonzalez	aye	Keon Hardemon	absent
Danielle Cohen Higgins	aye	Eileen Higgins	aye
Kionne L. McGhee	aye	Raquel A. Regalado	aye
Micky Steinberg	aye		

The Chairperson thereupon declared this resolution duly passed and adopted this 12th day of December, 2023. 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

JUAN FERNANDEZ-BARQUIN, CLERK



By: **Basia Pruna**
 Deputy Clerk

Approved by County Attorney as
 to form and legal sufficiency.

Shanika A. Graves

Instructions: County Government Application Form 2023-2024

The first application page has five numbered items.

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

Item 4 describes the content of the current "resolution" that is required. However, if a previous resolution has continuing authority, include a signed message about this and provide a copy of the previous resolution.

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, and one of these budget pages is needed for each organization listed in Item 5.

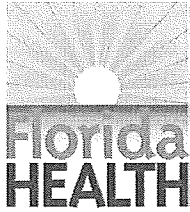
The county alone has the authority to use all the grant funds itself or to provide some of the funds to other organizations within the county. However, the county remains responsible to the state for all the funds.

The budget costs must total to the exact amount of new funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, after the new grant begins.

The Request for Grant Fund Distribution Form is the last page herein and you must complete only the top part of the form. State EMS will complete the bottom part, as stated on the form.

You should copy all forms on your computer to use them. If you place them in restricted editing mode, you can use your keyboard Tab key to go from field to field.

Note: This instruction form is for information purposes only and is not part of form DH 1684.



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) _____

1. County Name: Miami-Dade County
Business Address: 111 NW 1 ST, Floor 29
Miami, FL, 33128
Telephone: (305)375-5182
Federal Tax ID Number (Nine Digit Number): VF596000573

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: JD Patterson	
Position Title: Interim Chief of Public Safety	

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: Katrina Hollis-Baker	
Position Title: Grants Bureau Manager	
Address: 9300 NW 41 Street	
Doral, FL, 33178	
Telephone: 786-331-4478	Fax Number:
E-mail Address: Katrina.Hollis-Baker@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 <u>cannot process</u> for funds without this resolution.
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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

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

List the item and, if applicable, the quantity	Amount
Total Expenses =	\$ 0.00

List the item and, if applicable, the quantity	Amount
Total Vehicles & Equipment =	\$ 0.00
<u>Grand Total =</u>	<u>\$ 0.00</u>

**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 used herein **must** be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state can provide these.

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

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

Miami, FL 33128

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

Authorized County Official: _____
Signature _____ Date _____

JD Patterson, Interim Chief of Public Safety
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: 2023 - 2024

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

Federal Tax ID: VF _____ Seq. Code: _____

Grant Beginning Date: _____ Grant Ending Date: _____

**2023 - 2024 Payments to County Governments Required
by Section 401.113 (2)(a), Florida Statutes**

County	New Funds
Alachua	\$39,734.92
Baker	\$4,668.24
Bay	\$20,645.32
Bradford	\$20,357.34
Brevard	\$45,041.36
Broward	\$92,781.44
Calhoun	\$2,556.10
Charlotte	\$29,198.18
Citrus	\$15,885.82
Clay	\$21,754.11
Collier	\$78,658.02
Columbia	\$15,641.91
Desoto	\$5,771.04
Dixie	\$2,048.50
Duval	\$82,316.27
Escambia	\$28,097.03
Flagler	\$9,788.44
Franklin	\$1,130.34
Gadsden	\$6,984.86
Gilchrist	\$2,411.24
Glades	\$7,388.89
Gulf	\$2,718.53
Hamilton	\$5,942.28
Hardee	\$10,052.07
Hendry	\$8,072.82
Hernando	\$20,643.45
Highlands	\$10,857.66
Hillsborough	\$97,576.60
Holmes	\$1,606.94
IndianRiver	\$18,251.69
Jackson	\$6,194.84
Jefferson	\$7,039.89
Lafayette	\$804.42
Lake	\$33,179.90
Lee	\$66,473.70
Leon	\$24,425.81
Levy	\$8,465.79
Liberty	\$1,714.34
Madison	\$5,851.85
Manatee	\$41,137.91
Marion	\$25,611.15

Martin	\$23,728.21
Miami Dade	\$127,966.97
Monroe	\$36,639.33
Nassau	\$6,482.13
Okaloosa	\$24,597.23
Okeechobee	\$4,138.55
Orange	\$237,962.72
Osceola	\$59,253.35
Palm Beach	\$183,816.99
Pasco	\$34,979.14
Pinellas	\$140,321.03
Polk	\$96,280.26
Putnam	\$5,210.37
St. Johns	\$24,331.23
St. Lucie	\$40,317.82
Santa Rosa	\$23,939.42
Sarasota	\$48,326.05
Seminole	\$63,897.50
Sumter	\$17,476.43
Suwannee	\$6,904.61
Taylor	\$1,856.20
Union	\$785.23
Volusia	\$55,486.25
Wakulla	\$3,552.63
Walton	\$8,007.68
Washington	\$2,431.04
Totals	\$ 2,208,169.38

FY 2023-24 EMS COUNTY GRANT C####
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 prehospital 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