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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 Anthony Rodriguez and Members, Board of County Commissioners

DATE: July 16, 2025

FROM: Geri Bonzon-Keenan County Attorney

SUBJECT: Resolution retroactively approving and authorizing the County Mayor's application, receipt and expenditure of grant funds in the amount of $42,463.40 awarded by the Florida Department of Health through the Emergency Medical Services Matching Grant Program to Miami-Dade County, through the Miami-Dade Fire Rescue Department, for expansion and enhancement of Emergency Medical Services; authorizing the County Mayor to apply for, receive, and expend additional funding if such funding becomes available through this grant program, and subject to available funding, utilize up to $14,154.47 to satisfy cash match funding requirements for the purpose described herein; and authorizing the County Mayor to execute all necessary documents and agreements and exercise the provisions contained in any necessary contracts

Resolution No. R-739-25

The accompanying resolution was prepared by the Fire Rescue Department and placed on the agenda at the request of Prime Sponsor Commissioner Roberto J. Gonzalez.

Geri Bonzon-Keenan
County Attorney

GBK/uw

Memorandum

Date: July 16, 2025

To: Honorable Chairman Anthony Rodriguez
and Members, Board of County Commissioners

From: Daniella Levine Cava
Mayor

Subject: Resolution Retroactively Approving and Authorizing Miami-Dade County, through Miami-Dade Fire Rescue Department, to apply for, receive and expend $42,463.40 in grant funds from the Florida Department of Health for the Emergency Medical Services Matching Grant

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Summary
This item seeks retroactive approval and authorization to apply for, receive and expend $42,463.40 in matching grant funding awarded by the Florida Department of Health (FDH) to Miami-Dade County through Miami-Dade Fire Rescue Department (MDFR) to expand and enhance emergency medical services. The $42,463.40 in grant funding is for the purchase of training manikins. These funds are made available pursuant to the 2025-2026 Appropriations Act Laws of Florida, Grant and Aids-Emergency Medical Services Matching Grants from Emergency Medical Services Trust Fund and section 401.11, Florida Statues. Matching grants are contingent upon the recipient entity providing a cash sum equal to 25% of the total grant amount awarded by FDH.

Recommendation
It is recommended that the Board of County Commissioners (Board) retroactively approve the attached resolution authorizing the County Mayor's or County Mayor's designee application, receipt and expenditure of $42,463.40 in grant funds from the FDH Emergency Medical Services Matching Grant Program for the purchase of training manikins. It is further recommended that the County Mayor or County Mayor's designee be authorized to apply for, receive and expend additional funding if such funding becomes available through said grant program and, subject to available funding, utilize up to $14,154.47 to satisfy any cash match funding requirements. Additionally, it is recommended that the County Mayor or County Mayor's designee be authorized to retroactively execute all necessary documents and agreements, including documents and agreements that may require up to $14,154.47 to satisfy any cash match funding requirements, subject to available funding.

Scope
The services provided with these grant funds will be countywide.

Delegation of Authority
The County Mayor or County Mayor's designee has delegated authority to apply for, receive and expend additional funding if such funding becomes available from the FDH for Emergency Medical Services Matching Grant Program and, subject to available funding, utilize up to $14,154.47 to satisfy any cash match funding requirements. The County Mayor or County Mayor's designee also has delegated authority to execute all necessary documents and agreements with FDH as well as to exercise the provisions contained in said agreements and documents, provided that any amendments to such agreements and documents are for the purposes described herein and have been approved by the County Attorney's Office for form and legal sufficiency.

Fiscal Impact/Funding Source
The County, through MDFR, was awarded $42,463.40 in grant funding through the FDH EMS Matching Grant Program for the purchase of training manikins. These funds are contingent upon the recipient providing a matching cash sum of $14,154.47. The $14,154.47 cash match is available in the Miami-Dade Fire Rescue District Budget.

Track Record/ Monitor
The grant award will be monitored by MDFR EMS Division Chief and the MDFR Grants Bureau.

Background
Each year the FDH Office of Emergency Medical Services distributes grant funds as authorized by section 401.111, Florida Statutes. These funds are made available through competitive grants awarded to eligible Emergency Medical Service providers, first responders and other Emergency Medical Services-related organizations for the improvement and expansion of emergency medical services.

All Emergency Medical Services organizations in the State, both rural and urban-based, are eligible for Emergency Medical Services matching grant funds. The FDH will award 75 percent of approved grant projects for urban-based Emergency Medical Services organizations, and the remaining 25 percent is satisfied through cash match funds provided by the applicant.

The funding awarded to MDFR described in this memorandum and accompanying resolution will be used to procure EMS training manikins that will enhance emergency medical response.

Attachments:
A. MDFR FY2024-2025 EMS Matching Grant Application
B. EMS – Matching Grants Awarded

James Reyes
Chief of Public Safety

EMS MATCHING GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program

Complete all items unless instructed differently within the application

Type of Grant Requested: ☐ **Rural** ☒ **Matching**

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) _____

1. Organization Name: Miami-Dade Fire Rescue

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: James Reyes

Position Title: Chief of Public Safety

Address: Miami-Dade County
111 NW 1st ST

City: Miami	County: Miami-Dade
State: Florida	Zip Code: 33178
Telephone: 786-331-4478	Fax Number:
E-Mail Address: Katrina.Hollis-Baker@miamidade.gov	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: Maria L. Reyes

Position Title: Assistant Director

Address: 9300 NW 41st Street

City: Doral	County: Miami-Dade
State: Florida	Zip Code: 33178
Telephone: 786-331-4478	Fax Number:
E-Mail Address: Katrina.Hollis-Baker@miamidade.gov	

4. Legal Status of Applicant Organization (Check only one response):
   (1) ☐ Private Not for Profit [Attach documentation-501(c)(3)]
   (2) ☐ Private for Profit
   (3) ☐ City/Municipality/Town/Village
   (4) ☒ County
   (5) ☐ State
   (6) ☐ Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number): VF 5 9 6 3 0 0 0 5 7 3

6. EMS License Number: ALS1312 Type: ☐Transport ☐Non-transport ☒Both

7. Number of permitted vehicles by type: 0 BLS; 128 ALS Transport; 155 ALS non-transport.

8. Type of Service (check one): ☒ Rescue; ☒ Fire; ☐ Third Service (County or City Government, non-fire); ☐ Air ambulance; ☐ Fixed wing; ☐ Rotowing; ☒ Both; ☐Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____ Date: 1/18/2015

Print/Type: Name of Director Dr. Gerard Job

FL Med. Lic. No. ME88070

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to item Number 14. Otherwise, proceed to item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need).
B) Present situation (Describe how the situation is being handled now).
C) The proposed solution (Present your proposed solution).
D) Consequences if not funded (Explain what will happen if this project is not funded).
E) The geographic area to be addressed (Provide a narrative description of the geographic area).
F) The proposed time frames (Provide a list of the time frame(s) for completing this project).
G) Data Sources (Provide a complete description of data source(s) you cite).
H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

DH 1767 [2013]

10) Justification Summary:

A) Problem Description

a. Within an area of nearly 2,000 square miles, Miami-Dade County is the largest metropolitan area in Florida, with a population exceeding 2.7 million residents and attracting more than 27 million visitors annually. The county's population is steadily increasing and is projected to reach approximately 3 million residents by 2025. As the population grows, the demand for emergency medical services (EMS) rises correspondingly, requiring Miami-Dade Fire Rescue (MDFR) EMS personnel to be comprehensively trained to handle a broad range of situations.

MDFR is a career fire department that provides fire protection, emergency medical services, patient transport, and a variety of specialized fire and rescue services to county residents. In addition to emergency response, MDFR plays an active role in public health by enabling paramedics and emergency medical technicians (EMTs) to take on expanded roles that include delivering primary healthcare and preventive services, particularly to underserved communities.

As part of its ongoing commitment to public safety, MDFR is launching an initiative aimed at enhancing the skills of EMS personnel and improving emergency care services for county residents. The department currently receives an average of over 296,851 calls annually, a number that is expected to rise in accordance with the growing population. Approximately 30% of the calls received are for non-life-threatening situations. Through existing programs such as the Community Paramedic Program and the BTU Program, MDFR is already actively working to improve the effectiveness of its EMS response and provide better care to individuals in need of emergency medical assistance.

B) The Present Situation

a. As the population of Miami-Dade County continues to grow, so does the demand for emergency medical services, requiring MDFR's first responders be equipped with the most up-to-date life-saving training and knowledge.

Manikins are a critical component of realistic training scenarios, enabling EMS personnel to practice essential skills such as cardiopulmonary resuscitation (CPR), airway management, needle insertion, and emergency childbirth procedures. The effective use of manikins is crucial in preparing EMS personnel for the diverse and complex situations they may encounter while providing emergency medical services to the community.

C) The Proposed Solution

a. MDFR has identified the acquisition of advanced EMS training manikins as a key solution to address the needs of the county's growing population and to increase existing levels of emergency medical services provided by MDFR. Despite population influx in South Florida, MDFR remains committed to ensuring the safety and well-being of everyone in the community, particularly in cases of medical emergencies. To meet this responsibility, MDFR is requesting EMS matching grant funds for the purchase of essential training equipment, including:

- Two advanced adult manikins
- Twelve adult airway management trainer manikins
- Six infant airway trainer manikins, Four obstetrical manikins with overlays
- Six pneumothorax simulator training torso manikins
- Six critical airway management trainer manikins
- Six ALS pediatric trainer manikins
- Six IV poles.

The acquisition of this equipment aims to enable MDFR's EMS personnel to increase and expand EMS capabilities and to conduct comprehensive training and practice on a variety of manikins, ensuring they are well-prepared for any scenario they may encounter in the field.

D) Consequences if not funded

a. This equipment is essential to ensuring the continued efficiency of EMS services for the county's growing population. In the absence of grant funding, the department won't

have the updated equipment to facilitate trainings needed to enhance EMS capabilities. The department has not identified available funds to support this expense.

E) Addressed Geographical Area

a. Within an area of approximately 2,000 square miles, Miami-Dade County is the largest metropolitan area in Florida, with more than 2.7 million residents and more than 19.3 million annual overnight visitors. Miami-Dade Fire Rescue is a career fire department providing fire protection, emergency medical services, transport, and other special operation services throughout the County. Currently, MDFR has 2,308 active career firefighters and 71 fire stations that serve the unincorporated areas of the county, as well as 29 municipal cities. MDFR delivers comprehensive EMS service and ALS intervention and transport 24 hours a day, 365 days a year. MDFR also provides fire rescue services at the Port of Miami, which is the largest cruise port in the world, and the 10th largest container port in the United States. MDFR also serves three South Florida airports, including Kendall-Tamiami Executive airport, Opa-Locka Airport, and Miami International Airport, which is the 10th busiest airport in the United States.

F) Proposed Time Frames

a. Immediately upon receiving funding, MDFR will begin the procurement process for the manikins. Vendor selection will begin within 60 days of the completion of the procurement process. Once received, MDFR will immediately begin using the manikins for training and will reconcile with the State 30 days after the vendor has been paid.

G) Data Sources

a. The information cited is derived from MDFR's Planning Division, MDFR's Logistics Division, MDFR's EMS Division, and NFIRS.

H) Attesting Statement

a. I attest to the fact that this proposal is not a duplication of any grant project funded through this program.

Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
C) Justify and explain how you derived the numbers in (A) and (B), above.
D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
E) How does this integrate into your agency's five-year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS, and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
D) Explain the derivation of all figures.
E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
B) What will the situation be in the 12 months after the project services are on-line?
C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
D) Explain the derivation of all numbers.
E) How does this integrate into your agency's five-year plan?

11) Outcomes for Projects that provide or effect direct services to Emergency Victims

A) In the last 12 months, MDFR received 232,464 EMS response calls. Of those calls within that timeframe, 86,069 calls were for EMS - BLS response and 146,395 calls were for EMS - ALS response

B) In the 12 months after this project has been completed, MDFR expects to have more than 266,000 EMS response calls per year, with more than 83,000 calls for EMS - BLS response and approximately143,000 calls for EMS - ALS response. MDFR also expects to greatly increase the readiness of EMS responders to respond to emergency requests, regardless of the situation, throughout the community.

C) The numbers included in question 11A are based on statistics provided by MDFR's Planning Division and MDFR's EMS division. The projected numbers provided in question 11B are an estimation based on current call volume numbers and an estimated increase in population within Miami-Dade County within the next 12 months.

D) MDFR also expects that this project may enable EMS personnel to confidently and effectively provide emergency medical attention to individuals living throughout the community. The use of manikins will provide the department with realistic opportunities to practice emergency medical techniques.

E) This project integrates into MDFR's five-year plan as it protects people by providing proactive, responsive, professional and humanitarian emergency rescue services that are essential to public health, safety and well-being.

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one-sided, double spaced pages for this item.

A) Justify the need for this project as it relates to EMS.
B) Identify (1) location and (2) population to which this research pertains.
C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
E) State your hypothesis.
F) Provide the method and design for this project.
G) Attach any questionnaires or involved documents that will be used.
H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:
A) Serve the requirements of the population upon which it will impact.
B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.
D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
E) Enable your organization to improve or expand the provision of:
1) EMS services on a county, multi county, or area wide basis.
2) Single EMS provider or coordinated methods of delivering services.
3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

15) Outcomes for Projects that provide or effect direct services to Emergency Victims

A) Serve the Requirements of Impacted Populations

a. As established through the information provided within this application, purchasing these new manikins will equip the EMS personnel with updated capabilities and the training, knowledge, and practice to enhance the quality of care for Miami-Dade County residents. The equipment may advance EMS response by improving emergency medical treatment.

B) Conformance to State Standards

a. The acquisition of manikins will conform to minimum standards set forth in State regulations relating to emergency medical response and may ensure consistency, reliability, and effectiveness of emergency medical services.

C) Minimum Equipment and Supplies Standard

a. The acquisition of manikins will conform to minimum standards set forth in State regulations relating to emergency care of the critically ill and injured.

D) Communications Standards Conformance

a. N/A

E) Explanation of Improvements/Expansion of Services

a. Miami-Dade County is the largest metropolitan area in the state of Florida. The proposed equipment with enhanced capabilities may not only improve the services for patients needing cardiopulmonary resuscitation (CPR), airway management, needle insertion, emergency childbirth procedures, and other emergency needs, but it may also improve overall medical treatment on a countywide basis.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Notice of Award	App Due Date	Month 2
Procurement Process	2 Months After	Month 5
Delivery of Equipment	5 Months After	Month 11
Reconciliation with the State	11 Months After	Month 12

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

17) During this funding cycle, it was determined that the department would pay for training and other EMS equipment with EMS County Grant funding. The EMS training manikins requested in this application align with MDFR's goal to protect people throughout the community by providing proactive, responsive, professional and humanitarian emergency rescue services that are essential to public health, safety and well-being. MDFR is requesting EMS Matching Grant funds to assist the department in purchasing manikins for the EMS division to increase training capabilities throughout the department and to improve skills of frontline EMS personnel.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	**Costs**	**Justification:** Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	**$ 0.00**	Right click on 0.00 then left click on "Update Field" to calculate Total

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).	**Costs:** List the price and source(s) of the price identified.	**Justification:** Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	**$ 0.00**	Right click on 0.00 then left click on "Update Field" to calculate Total

DH 1767 [2013]

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, and the normal expected life of which is 1 year or more.	**Costs:** List the price of the item and the source(s) used to identify the price.	**Justification:** State why each of the items and quantities listed is a necessary component of this project.
(2) SIMBODIES® Advanced Adult Manikin, 30-40yr, Male/ Female	$77,379.98	
(12) Airway Management Trainer, Adult	$33,599.88	
(6) Airway Management Trainer, Infant	$5,519.94	
(4) Obstetrical Manikin with Overlays	$4,243.96	
(6) Tension Pneumothorax Simulator, Training Torso	$5,021.94	
(6) Critical Airway Management Trainer	$12,053.94	
(6) ALS Pediatric Trainer Manikin	$8,021.94	
(6) IV Pole with Wheels, Standard, Chrome, 2 Hooks, 4 Legs	$761.94	
TOTAL:	$146,603.52	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program)		
☒ Matching: 75 Percent	$109,952.64	Right click on 0.00 then left click on "Update Field" to calculate Total
☐ Rural: 90 Percent	$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program)		
☒ Matching: 25 Percent	$36,650.88	Right click on 0.00 then left click on "Update Field" to calculate Total
☐ Rural: 10 Percent	$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	$146,603.52	Right click on 0.00 then left click on "Update Field" to calculate Total

DH 1767 [2013]

19. Certification:
My signature below certifies the following.
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept any attached grant terms and conditions and acknowledge this by signing below. James Reyes Chief of Public Safety — 01/31/2025 Signature of Authorized Grant Signer (Individual Identified in Item 2) — MM / DD / YY

DH 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

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)(b), Florida Statutes, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:
A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1st application page.

Name of Agency: **Miami-Dade, County of**

Address in State
Financial System: **111 NW 1st Street, 26th Floor, Finance Department**

Miami, FL 33128

Federal 9-digit Identification Number: **596000573** 3-digit Seq. Code: _____

Authorized Official: _____ 01/31/2025
Signature **Date**

James Reyes, 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 Contract Manager Date

State Fiscal Year: 2024 – 2025

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	03	SF003	751000	059999

Federal Tax ID: VF _ _ _ _ _ _ _ _ _ Seq. Code: _ _ _

Grant Beginning Date: _____ Grant Ending Date: _____

DH 1767P, December 2008 (rev. June 8, 2018), incorporated by reference in F.A.C. 64J-1.015

ATTACHMENT B

State EMS Matching Grant Awards 2025

Organization	Partial or Fully Funded	State Award	Grantee Match	Project Total	Summary of Approved Project
Baker County Fire Rescue	Partial	$ 60,638.26	$ 6,737.59	$ 67,375.85	Ventilators
Bay County Fire Rescue	Partial	$ 35,175.00	$ 11,725.00	$ 46,900.00	Electronic Substance Storage System
Bradford County Fire Rescue	Partial	$ 135,000.00	$ 15,000.00	$ 150,000.00	Monitors
Calhoun-Liberty Hospital	Partial	$ 33,582.23	$ 3,731.36	$ 37,313.59	AEDs, Rescue UTV with EMS Skid Unit
City of Fort Lauderdale	Fully	$ 14,850.00	$ 4,950.00	$ 19,800.00	Trauma Supplies
Dixie County	Partial	$ 45,000.00	$ 5,000.00	$ 50,000.00	Monitors
Duette Fire and Rescue District	Partial	$ 25,747.05	$ 8,582.35	$ 34,329.40	Defibrillators, LUCAS Device
Fort Lauderdale Fire Rescue	Partial	$ 13,047.20	$ 4,349.07	$ 17,396.27	Blood Program
Gadsden County	Partial	$ 72,218.62	$ 8,024.29	$ 80,242.91	Ventilators
Gilchrist County Fire Rescue	Partial	$ 184,500.00	$ 20,500.00	$ 205,000.00	Ambulance Remount
Hamilton County	Partial	$ 41,400.00	$ 4,600.00	$ 46,000.00	Ventilators, IV pumps
Hamilton County	Partial	$ 225,000.00	$ 25,000.00	$ 250,000.00	Ambulance Remount
Hernando County	Partial	$ 29,754.00	$ 9,918.00	$ 39,672.00	Stretchers, stretcher batteries
Holley Navarre	Partial	$ 27,750.00	$ 9,250.00	$ 37,000.00	Monitors and LUCAS device
Indian Harbour Beach Volunteer Fire Department	Partial	$ 16,093.50	$ 5,364.50	$ 21,458.00	EMR Training
Jefferson County Fire Rescue	Partial	$ 90,000.00	$ 10,000.00	$ 100,000.00	Monitors
Jupiter Fire Rescue	Partial	$ 11,250.00	$ 3,750.00	$ 15,000.00	Manikins
Key Largo Volunteer Fire Department	Partial	$ 23,076.16	$ 2,564.02	$ 25,640.18	Manikins, Training Kits
Leon County EMS	Partial	$ 12,000.00	$ 4,000.00	$ 16,000.00	Training: CPR
Levy County	Partial	$ 18,000.00	$ 2,000.00	$ 20,000.00	Video laryngoscopes and accessories
Madison County Fire Rescue	Fully	$ 180,000.00	$ 20,000.00	$ 200,000.00	Ambulance remount
Madison County Fire Rescue	Partial	$ 13,500.00	$ 1,500.00	$ 15,000.00	Power Chairs
Miami-Dade Fire Rescue	Partial	$ 42,463.40	$ 14,154.47	$ 56,617.87	Manikins

State EMS Matching Grant Awards 2025

Organization	Partial or Fully Funded	State Award	Grantee Match	Project Total	Summary of Approved Project
Midway Fire District	Partial	$ 4,619.41	$ 1,539.80	$ 6,159.21	Laryngoscopes
Okeechobee County Fire Rescue	Partial	$ 45,000.00	$ 5,000.00	$ 50,000.00	Monitors
Pace Fire Rescue District	Partial	$ 46,500.00	$ 15,500.00	$ 62,000.00	Monitors, Ultrasound, Video Laryngoscopes
Pembroke Pines	Fully	$ 2,399.97	$ 799.99	$ 3,199.96	Manikins (infant and adult)
Pembroke Pines	Partial	$ 59,970.75	$ 19,990.25	$ 79,961.00	Monitors
Pembroke Pines	Partial	$ 22,484.96	$ 7,494.99	$ 29,979.94	Manikins
Positive Mobility Inc.	Partial	$ 29,700.00	$ 3,300.00	$ 33,000.00	Ventilators
St. Lucie County Fire District	Partial	$ 4,950.00	$ 1,650.00	$ 6,600.00	Cyanokits
Sunrise Fire Rescue	Partial	$ 7,164.79	$ 2,388.26	$ 9,553.05	Software upgrades, cables, sensors
Suwannee River AHEC	Fully	$ 35,137.50	$ 11,712.50	$ 46,850.00	Training: GEMS
Temple Terrace Police Department	Fully	$ 20,268.91	$ 6,756.30	$ 27,025.21	AEDs
Union County EMS	Fully	$ 225,000.00	$ 25,000.00	$ 250,000.00	Ambulance
Union County EMS	Partial	$ 29,452.64	$ 3,272.52	$ 32,725.16	Ventilators
Washington County EMS	Partial	$ 9,000.00	$ 1,000.00	$ 10,000.00	Video laryngoscopes and accessories
Totals:		***$1,891,694.35***	***$ 306,105.25***	***$2,197,799.60***	
Quantity of Applications:		***37***			

MEMORANDUM
(Revised)

TO: Honorable Chairman Anthony Rodriguez
and Members, Board of County Commissioners

DATE: July 16, 2025

FROM: Geri 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 ____, majority plus one ____, 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) ____, 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)
7-16-25

RESOLUTION NO. R-739-25

RESOLUTION RETROACTIVELY APPROVING AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE'S APPLICATION, RECEIPT AND EXPENDITURE OF GRANT FUNDS IN THE AMOUNT OF $42,463.40 AWARDED BY THE FLORIDA DEPARTMENT OF HEALTH THROUGH THE EMERGENCY MEDICAL SERVICES MATCHING GRANT PROGRAM TO MIAMI-DADE COUNTY, THROUGH THE MIAMI-DADE FIRE RESCUE DEPARTMENT, FOR EXPANSION AND ENHANCEMENT OF EMERGENCY MEDICAL SERVICES; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE, AND EXPEND ADDITIONAL FUNDING IF SUCH FUNDING BECOMES AVAILABLE THROUGH THIS GRANT PROGRAM, AND SUBJECT TO AVAILABLE FUNDING, UTILIZE UP TO $14,154.47 TO SATISFY CASH MATCH FUNDING REQUIREMENTS FOR THE PURPOSE DESCRIBED HEREIN; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE ALL NECESSARY DOCUMENTS AND AGREEMENTS AND EXERCISE THE PROVISIONS CONTAINED IN ANY NECESSARY CONTRACTS

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 if fully set forth herein.

Section 2. Retroactively authorizes the County Mayor or County Mayor's designee's application, receipt, and expenditure of grant funds in the amount of $42,463.40 awarded from the Florida Department of Health (FDOH) through the Emergency Medical Servies (EMS) Matching

Grant Program to Miami-Dade County, through the Miami-Dade Fire Rescue Department (MDFR), for the expansion and enhancement of emergency medical services, including to procure EMS training manikins that will enhance patient service and safety.

Section 3. Authorizes the County Mayor or County Mayor's designee to apply for, receive, and expend additional funding if such funding becomes available by FDOH through EMS, and subject to available funding, utilize up to $14,154.47 to satisfy cash match funding requirements for the purposes described in section 2.

Section 4. Authorizes the County Mayor or County Mayor's designee to execute all necessary agreements and documents to effectuate the purposes described in section 2, as well as exercise the provisions contained in EMS Matching Grant Contracts following review and approval of such agreements and documents for form and legal sufficiency by the County Attorney's Office.

The foregoing resolution was offered by Commissioner **Marleine Bastien**, who moved its adoption. The motion was seconded by Commissioner **Danielle Cohen Higgins** and upon being put to a vote, the vote was as follows:

Anthony Rodriguez, Chairman **aye**
Kionne L. McGhee, Vice Chairman **aye**

Marleine Bastien	**aye**	Juan Carlos Bermudez	**aye**
Sen. René García	**aye**	Oliver G. Gilbert, III	**aye**
Roberto J. Gonzalez	**aye**	Keon Hardemon	**absent**
Danielle Cohen Higgins	**aye**	Eileen Higgins	**aye**
Natalie Milian Orbis	**aye**	Raquel A. Regalado	**aye**
Micky Steinberg	**aye**		

The Chairperson thereupon declared this resolution duly passed and adopted this 16th day of July, 2025. 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.

Javier Zapata