

Item # 22

At the request of the
Office of the County Attorney
the exhibits have been re-ordered and are
now being packaged and presented in a
different manner.
No new material is being transmitted.

ADDITIONAL MATERIAL Regular Meeting NOVEMBER 13, 2018

**SUBMITTED AT THE REQUEST OF
OFFICE OF THE MEDICAL
EXAMINER**

County Government Application Form 2018-2019

The amount of your new grant is in the “Total” column of the county amount table at the state EMS website link.

The first application form page has five numbered items. The first three are self-explanatory.

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

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 or if a previous one has continuing authority, please include with it a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

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 combined must total to the exact amount of new funds for your grant. You can request budget changes after the new grant begins.

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 “Update Field.”

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to field.

Request for Grant Fund Distribution Form

Request for Grant Fund Distribution Form: this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. The address on this form **must** be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and its corresponding 9-digit federal ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776 Monday to Friday, 8 a.m. to 6 p.m., or by email at: 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) C70

1. County Name: Broward County
Business Address: 115 South Andrews Avenue
Fort Lauderdale, FL 33301
Telephone: 954-357-5234
Federal Tax ID Number (Nine Digit Number): VF 59-6000531

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: Bertha W. Henry
Position Title: County Administrator

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: Alison Zerbe
Position Title: Manager, Trauma and EMS Section, Office of Medical Examiner and Trauma Services
Address: 5301 SW 31st Avenue
Fort Lauderdale, FL 33312
Telephone: 954-357-5234 Fax Number: NA
E-mail Address: azerbe@broward.org

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 this resolution.

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) Fire Chiefs' Association of Broward County
City of Hollywood

BUDGET PAGE- Fire Chiefs' Association of Broward County

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
23rd Annual First (1st) There First (1st) Care EMS Conference providing training and education of 500+ EMS and nursing personnel.	\$50,000.00
Total Expenses =	\$50,000.00

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 Vehicles & Equipment =	\$ 0.00
Grand Total =	\$50,000.00

BUDGET PAGE- City of Hollywood

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
Stop the Bleed training and education throughout Broward County. Providing bystanders (immediate responders) with base information on the simple steps they can take in an emergency to stop life threatening bleeding.	\$1,016.00
One year subscription for acuity online scheduler	\$400.00
Total Expenses =	\$1,416.00

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
50 Stop the Bleed Training Cubes (Cost per unit: \$150.00)	\$7,500.00
50 Training Tourniquets (Cost per unit: \$30.00)	\$1,500.00
583 Stop the Bleed Kits (Cost per unit: \$50.00)	\$29,150.00
550 Bleeding Control Wall Mounts (Cost per unit: \$55.00)	\$30,250.00
Municipal EMS agencies will work with their communities to distribute bleeding control kits in public spaces near AED devices throughout Broward County.	
Total Vehicles & Equipment =	\$68,400.00
Grand Total =	\$119,816.00

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 agency name, address, and federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person in your organization who does business with the state to provide these.

Name of Agency: Broward County

Mailing Address: 115 South Andrews Avenue

Fort Lauderdale, FL 33301

Federal 9-digit Identification number: 59-6000531 3-digit seq. code

Authorized County Official: Signature Date

Bertha W. Henry, County Administrator
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: C70

Approved By: Signature of State EMS Unit Supervisor Date

Approved By: Signature of Contract Manager Date

State Fiscal Year: 2018 - 2019

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

Federal Tax ID: VF Seq. Code:

Grant Beginning Date: Grant Ending Date:

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Name of Agency: Broward County

Mailing Address: 115 South Andrews Avenue

Fort Lauderdale, FL 33301

Federal 9-digit Identification number: 59-6000531 3-digit seq. code

Authorized County Official: Signature Date

Bertha W. Henry, County Administrator 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: C70

Approved By: Signature of State EMS Unit Supervisor Date

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State Fiscal Year: 2018 - 2019

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

Federal Tax ID: VF Seq. Code:

Grant Beginning Date: Grant Ending Date:



Office of Broward County Medical Examiner and Trauma Services

5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • FAX 954-327-6580

October 24, 2018

TO: Mayor and Members
Board of County Commissioners

FROM: Ralph A. Marrinson, Chair
Broward County Regional EMS Council

Zeff Ross, Chair
EMS Grants Committee
Broward County Regional EMS Council

SUBJECT: EMS Grants Committee's Project Recommendations for EMS Trust Fund Monies FY2019

BACKGROUND

Following the award notice of the FY2019 EMS County Grant Funds to Broward County from the State of Florida Department of Health (DOH), Bureau of Emergency Medical Services, and prior to submission of the FY2019 EMS County Grant Application, a competitive selection process was conducted by the Broward County Regional EMS Council's Grant Committee ("Grants Committee") to rank each application.

For the FY2019 EMS County Grant program, available grant funds are \$119,816.00. The Grants Committee reviewed two (2) EMS County Grant projects ("Projects"), but based upon grant funds available, the Grants Committee is recommending full funding of one (1) and partial funding of one (1) project. The projects recommended for funding on Attachment 1 met the criteria of improving and expanding pre-hospital emergency medical services in Broward County.

In accordance with the Broward County Regional EMS Council's objectives set forth in Broward County code of Ordinances, Chapter 15, Health, Article V., Broward County Regional Emergency Medical Services Council, the Broward County Regional EMS Council met on October 23, 2018, and accepted the Grants Committee's recommendations.

SUMMARY

The Broward County Regional EMS Council, through the Office of Medical Examiner and Trauma Services, recommends approval of the following actions: (1) recommendation for full funding of one (1) project and partial funding of one (1) project; and (2) adoption of the Resolution included with the agenda item providing for County EMS Grant Fund monies be used to improve and expand pre-hospital emergency medical services in Broward County.

Attachment

c: Bertha Henry, County Administrator
Craig Mallak, MD, Director/Chief Medical Examiner, OMETS
Adam Katzman, Assistant County Attorney
Alison Zerbe, Manager, OMETS

FY 2019 EMS Grant Funding Requests					
<u>Project No.</u>	<u>Project Name</u>	<u>Total Score</u>	<u>Funding Requested</u>	<u>Recommended Funding</u>	
19-01	23 Annual 1 st There First Care Convention	78.0	\$50,000.00	\$50,000.00	
19-01	Stop the Bleed	75.0	\$119,000.00	\$69,816.00	
	FY2019 Grant Funds Available		\$119,816.00		
	Total Funding Requested		\$169,000.00		
	Total Funded			\$119,816.00	
	Total Unfunded		(\$49,184.00)		



Office of Broward County Medical Examiner and Trauma Services

5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • FAX 954-327-6580

October 24, 2018

TO: Mayor and Members
Board of County Commissioners

FROM: Ralph A. Marrinson, Chair
Broward County Regional EMS Council

Zeff Ross, Chair
EMS Grants Committee
Broward County Regional EMS Council

SUBJECT: EMS Grants Committee's Recommendations from FY 2016 and FY 2017 Unexpended Funds

BACKGROUND

This is to acknowledge that the Florida Department of Health, Emergency Medical Services Section-Grants, authorized the rollover of unexpended funds from Grant FY 2017 for the amount of \$5,443.55 and Grant FY 2016 for the amount of \$3,121.70 for a total of \$8,564.93 (Attachment 1 and 2).

In accordance with the Broward County Regional EMS Council's objectives set forth in Broward County code of Ordinances, Chapter 15, Health, Article V., Broward County Regional Emergency Medical Services Council, the Broward County Regional EMS Council met on October 23, 2018, and accepted the Grants Committee's recommendations for the use of the unexpended funds (Attachment 3).

SUMMARY

The Broward County Regional EMS Council, through the Office of Medical Examiner and Trauma Services, recommends approval of the following action: (1) recommends the funding of Stop the Bleed Grant Project for \$6,962.29, and (2) recommends the funding of BSO Rescue FXN \$5,000 Health and Wellness Grant Project for a \$1,602.64, for a total of \$8,564.93 from the FY 2016 and FY 2017 unexpended funds.

Attachments

- c: Bertha Henry, County Administrator
Craig Mallak, MD, Director/Chief Medical Examiner, OMETS
Adam Katzman, Assistant County Attorney
Alison Zerbe, Manager, OMETS



Florida Department of Health
Emergency Medical Services Program, Grants Section
Change/Amendment Request for Grant
401.113(2) (a) and (b), Florida Statutes

Organization Name: Broward County	Grant ID Code: C6006
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BUDGET LINE ITEMS	CHANGE FROM	CHANGE TO
Unexpended balance from ID Code C4006	\$0.00	\$3,121.70
Unexpended balance from ID Code C5006	\$0.00	\$5,443.55
Beginning budget of ID Code C6006	\$141,083.00	\$141,083.00
TOTAL BUDGET =	\$141,083.00	\$149,648.25

Justification For Change: This change request when approved provides state authorization to transfer the unencumbered and unexpended funds of \$3,121.70 from the county's previous and now ended grant ID Code C4006 and \$5,443.55 from ID Code C5006 to the current active county grant ID Code C6006, which would make the total budget \$149,648.25. This retention by the county and transfer of funds is authorized by the state EMS grant guidelines, which are incorporated by reference in Florida Administrative Code 64J-1.015. The applicable paragraph follows.

"Any unencumbered EMS county grant program funds as of the ending date of the grant, including interest, remaining in the assigned grantee account at the end of a grant period shall be reported to the department. The grantee will retain these funds in the EMS County Grant account and include them in a budget revision request after receipt of approval of their next county grant application."

After approval by the state, the transferred funds will have state spending authority under state EMS county grant C6006. The funds, which are already in county accounts, should then be made available by the county for expenditure for current line items in the approved budget of C6006, but use of these and any funds for other budget line items or significant changes in allocations must be requested by the county and approved by the state in subsequent change requests.

Ms. Allison Zerbe in two letters both dated July 23, 2018
Grantee Authorized Signature

Jul. 23, 2018
MMM DD YYYY

Below Is For State EMS Use Only

Approved: Yes No

Change No.: 1A

This supersedes previous July 2018 Change #1, which is now invalid.

Alan Van Leuwen

State EMS Authorized Signature

Sep. 10, 2018

MMM DD YYYY

This form is equivalent to DH Form 1684C, Rev. December 2008

PAGE: 1 VENDOR PAYMENT HISTORY RECORDS FOR FEID / SSN: 596000531

PAYMENT DATE	PAYMENT NUMBER	PAYEE NAME	PAYMENT TYPE	AGENCY DOC.NBR.	INVOICE NUMBER	INVOICE AMOUNT
2018/01/03	0361869	BROWARD COUNTY BOCC	REGULAR EFT	V005484	C6006	141,083.00

FOR ADDITIONAL INFORMATION PLEASE CONTACT: DEPARTMENT OF HEALTH AT (850) 245-4494

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Unexpended Grant Funds			
<u>Grant Year</u>	<u>Grant Amounts</u>	<u>Recommended Project Names</u>	<u>Recommended Amounts</u>
2017	\$5,443.55	Stop the Bleed	\$6,962.29
2016	\$3,121.38	BSO Rescue FXN \$5,000 Health and Wellness	\$1,602.64
Total Funds	\$8,564.93		\$8,564.93

FY2019 EMS Project Summaries

23rd Annual First There First Care EMS Conference:

Funding Requested- \$50,000.00

Funding Recommended- \$50,000.00

The First There First Care EMS Conference provides innovative EMS education to over 500 EMS and Nursing professionals working in pre-hospital and Emergency Department settings. It allows the opportunity for networking, trend and treatment tracking, and provides the EMS and Nursing professionals continuing education credits to ensure that Broward County residents are receiving the best care possible.

Stop the Bleed:

Funding Requested- \$119,000.00

Funding Recommended- \$69,816.00

Stop the Bleed is intended to educate, equip, empower, and encourage bystanders to help in a bleeding emergency. Similar to the public awareness campaigns encouraging bystander CPR and AED training, Stop the Bleed will equip public areas with the tools needed to provide lifesaving steps to stop or slow uncontrolled bleeding in the event of a mass casualty event or other emergency regarding active bleeding.

Unexpended Funds rollover EMS Project Summaries

Stop the Bleed:

Funding Recommended- \$6,962.29

This project received partial funding in the past. As a result, a portion of the unexpended funds approved for rollover were recommended to be allocated to this project.

Stop the Bleed is intended to educate, equip, empower, and encourage bystanders to help in a bleeding emergency. Similar to the public awareness campaigns encouraging bystander CPR and AED training, Stop the Bleed will equip public areas with the tools needed to provide lifesaving steps to stop or slow uncontrolled bleeding in the event of a mass casualty event or other emergency regarding active bleeding.

RescueFXN

Funding Recommended- \$1,602.64

This project was granted \$5,000 in funding in 2017 but did not complete the project and submit for reimbursement in time to receive the funds. They requested reimbursement in 2018 for only a portion of the \$5,000. It has been recommended to allocate a portion of the unexpended funds approved for rollover to reimburse the requested reimbursement.

RescueFXN is intended to research the musculoskeletal risk and functional status of Broward County firefighters. Physical assessments would be performed on participants and findings from these assessments would be used to further develop a program to reduce the incidence of preventable musculoskeletal injuries in Emergency Medical Services within the County.

RESOLUTION NO. 2018-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BROWARD COUNTY, FLORIDA, AUTHORIZING SUBMITTAL OF AN EMERGENCY MEDICAL SERVICES (“EMS”) GRANT APPLICATION IN THE AMOUNT OF ONE HUNDRED NINETEEN THOUSAND EIGHT HUNDRED SIXTEEN DOLLARS (\$119,816) TO THE STATE OF FLORIDA, DEPARTMENT OF HEALTH, FOR THE PURPOSE OF IMPROVING AND EXPANDING PREHOSPITAL EMERGENCY MEDICAL SERVICES IN BROWARD COUNTY; AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE THE APPLICATION, PROVIDE CERTIFICATION RELATING TO THE USE OF EMS COUNTY GRANT FUNDS, AND APPROVE BROWARD COUNTY’S EMS GRANT PROGRAM FUNDING DISTRIBUTION; AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE AGREEMENTS AND AMENDMENTS TO AGREEMENTS AS PROVIDED FOR IN THE RESOLUTION; AUTHORIZING THE COUNTY ADMINISTRATOR TO TAKE THE NECESSARY ADMINISTRATIVE AND BUDGETARY ACTIONS FOR IMPLEMENTATION OF SAME; AND PROVIDING FOR SEVERABILITY AND AN EFFECTIVE DATE.

WHEREAS, the Broward County Board of County Commissioners (“Board”) desires to submit to the State of Florida, Department of Health (“DOH”), Bureau of Emergency Medical Services, Broward County’s Emergency Medical Services Grant Application (“Application”) for grant funds in the amount of One Hundred Nineteen Thousand Eight Hundred Sixteen Dollars (\$119,816) for Fiscal Year 2019;

WHEREAS, the Board certifies that the grant funds will be used to improve and expand pre-hospital emergency medical services (“EMS”) in Broward County, and will not be used to supplant existing County budget allocations for EMS; and

WHEREAS, the Board desires to approve the EMS County Grant program funding distribution, subject to approval of the Application by DOH, NOW, THEREFORE,

1 BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF
2 BROWARD COUNTY, FLORIDA:

3
4 Section 1. The Board authorizes the County Administrator to execute and
5 submit the Application, a copy of which is attached hereto as "Exhibit 1," to DOH for grant
6 funds in the amount of One Hundred Nineteen Thousand Eight Hundred Sixteen Dollars
7 (\$119,816).

8 Section 2. The County certifies that the grant funds will improve and expand the
9 County's prehospital emergency medical services and will not be used to supplant
10 existing County budget allocations for EMS.

11 Section 3. The County approves the DOH Emergency Medical Services Grant
12 Program's Request for Grant Fund Distribution attached hereto as "Exhibit 2."

13 Section 4. Upon approval of the Application by DOH, the County Administrator
14 is authorized to execute agreements relating to the projects described in "Exhibit 3," a
15 copy of which is attached, in a form approved by the Office of the County Attorney, which
16 shall include the County's standard form agreement with the applicable provisions and
17 insurance provisions approved by the County's Risk Management Division. The County
18 Administrator is authorized to execute amendments to the agreements, in forms approved
19 by the Office of the County Attorney, revising project leaders, extending the term, or
20 increasing the funding amount for the partially funded grant described in "Exhibit 4," by
21 utilizing unexpended grant funds allocated for FY 2019 projects.

22 Section 5. The County Administrator is authorized to take all necessary
23 administrative and budgetary actions for implementation of same, and no County match
24 is required.

