

### 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

Project No.	Project Name	Total Score	Funding Requested	Recommended Funding
19-01	23 Annual 1st 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
			00 818 0118	
	FY2019 Grant Funds Available		9118,010.00	
	Total Funding Requested		\$169,000.00	
	Total Funded			\$119,816.00
	Total Unfunded		(\$49,184.00)	



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**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

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 w invalid.			
A Can Van Lewen	Sep. 10, 2018			
State EMS Authorized Signature	MMM DD YYYY			
This form is equivalent to DH Form 1684C, Rev. December 2008				

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	PAGE:	1 VENDOR PAYMENT HI	STORY RECORDS F	OR FEID / SS	N: 59600053	
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

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