

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20020765

1. REQUESTED MOTION:

ACTION REQUESTED: Accept EMS Matching Grant Award of \$30,000.00 from the Bureau of Emergency Medical Services for the purchase of an air-conditioned bio medical transport trailer. Also approve a budget amendment resolution in the amount of \$30,000.00 for Fiscal Year 2002

WHY ACTION IS NECESSARY: To give budgetary authority to receive the grants.

WHAT ACTION ACCOMPLISHES: Completes application and agreement process which entitles Lee County to State EMS Matching Grant funds. The original grant application was signed by Board Chairman on November 20, 2001.

2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #

C7D

3. MEETING DATE:

07-09-2002

4. AGENDA:

- CONSENT ADMINISTRATIVE APPEALS
- PUBLIC WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER
- B. DEPARTMENT Independent
- C. DIVISION Public Safety

BY: John Wilson, Director *JW*

7. BACKGROUND: Emergency Medical Service submitted an EMS Matching Grant Application to the Bureau of EMS on November 21, 2001. The department was notified on April 30, 2002, the grant was approved for funding. The grant funds are to be used to purchase a 36 foot air conditioned trailer to transport equipment, supplies and medications earmarked for biological situations that may occur in Area 6. Lee County Public Safety is the designated lead county for Area 6 and is responsible of insuring the trailer and equipment are taken to counties in Area 6 (Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee and Sarasota) that may be in need. The grant funds will be available in the following account: 12068800100. 506430 ^{P.M.} Vehicle & Rolling Stock

8. MANAGEMENT RECOMMENDATIONS: Management recommends approval.

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>JW</i>	N/A	N/A	N/A	<i>Street</i>	OA	OM	Risk	GC	<i>PA</i>
					<i>6/24/02</i>	<i>6/24/02</i>	<i>6/26</i>	<i>6-24-02</i>	

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 6/21/02
Time: 4:00pm
Forwarded To: Budget
6/21/02 S. Wilson

RECEIVED BY
COUNTY ADMIN. *PM*
6/24 9:15
COUNTY ADMIN.
FORWARDED TO:
6/26 2002

RESOLUTION

Amending the Fund 00100 General Fund Budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2001-2002.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend Fund 00100 General Fund budget for \$30,000 of the unanticipated revenue from various revenue sources and an appropriation of a like amount into expenditures and;

WHEREAS, the Fund 00100 General Fund budget shall be amended to include the following amounts which were previously not included.

ESTIMATED REVENUES

Prior Total:		\$286,464,662
Additions		
12068800100.334290.9007	Bio Hazard Trailer Grant	\$30,000
Amended Total Estimated Revenues		\$286,494,662

APPROPRIATIONS

Prior Total:		\$286,464,662
Additions		
12068800100.506430	Vehicles & Rolling Stock	\$30,000
Amended Total Appropriations		\$286,494,662

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the Fund 00100 General Fund budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this ____ day of _____, 2002.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA
LEDGER TYPE BA

FLORIDA DEPARTMENT OF HEALTH

EMS MATCHING GRANT APPLICATION

M 2124 (BEMS ID. Code)

Total Grant Amount _____

1. **BCC or EMS Organization** : Lee County Board of Commissioners
Authorized Official : Douglas St.Cerny
Title : Board Chairman
Mailing Address : P.O. Box 398
 :
City : Ft. Myers
State : Florida
Zip : 33902-0398 County: Lee
Telephone : (941) 335-2225 (SC): _____

Email Address : _____

2. **Contact Person** : David Kainrad
Title : EMS Administrative Manager
Mailing Address : 14752 Ben Pratt/Six Mile Cypress Parkway
 :
City : Ft. Myers
State : Florida
Zip : 33912
Telephone : (941) 335-1614 (SC): _____
Email Address : davek@leegov.com

3. **Legal Status of EMS Organization** (Check only one response).
 (1) Private Not For-Profit (attach copy of IRS's 501(c)(3) letter or other legal documentation of this status)
 (2) Private For-Profit (4) City/Municipality
 (3) County (5) State

4. **Federal Tax ID Number:** VF 5 9 6 0 0 0 7 0 2

5. **Medical Director**
I hereby affirm my authority and responsibility for the use of all medical equipment and continuing education in this activity.


Medical Director

JOSEPH D LEMMONS 055632 Date: 11-20-01
 Printed Name and FL Medical License No.

10: BUDGET

CATEGORIES	APPLICANT MATCH	STATE FUNDS	TOTAL
Expenditures Not Applicable.	\$	\$	\$
TOTAL EXPENDITURES	\$ -0-	\$ -0-	\$ -0-
Equipment (1) 36 foot air-conditioned trailer.	\$10,000.00	\$30,000.00	\$40,000.00
TOTAL EQUIPMENT COSTS	\$10,000.00	\$30,000.00	\$40,000.00
GRAND TOTAL	\$10,000.00	\$30,000.00	\$40,000.00
	25 Percent	75 Percent	TOTAL

PROJECT DESCRIPTION AND JUSTIFICATION

A 12 POINT FONT MUST BE USED OR LEGIBLE HAND PRINTING

6. State Plan: Brief synopsis and relationship to state plan goal, if applicable.

The grant submitted falls can be addressed in two goals within the State Plan.

The matching grant application submitted complies with Governor Bush's Executive Order 01-300, issued on October 11, 2001. The executive order addresses the enhanced activities necessary for domestic security and includes the need for additional equipment and supplies.

The grant submitted is for a piece of equipment which is needed to store and transport a comprehensive inventory of necessary equipment, supplies and medications that would be needed by an EMS system in Area 6 in the event of a biological / terrorist attack.

7. Project Description/Justification: This is the NEED STATEMENT. Describe and justify the project. Include: (1) all available numerical data, time frames for the data, data source; (2) number of people directly impacted by the grant(s); (3) whether the project will serve single municipality, county, multicounty, or regional area; and, (4) whether the project will coordinate with other EMS organizations.

NEED STATEMENT: (use only the space provided)

In May of 1999, the State of Florida held a Statewide Terrorism Summit. The Summit was the first stepping-stone in developing a three year strategic plan for terrorism planning. As a result of the Summit a local domestic preparedness equipment program was devised for each of the seven areas in the State. Lee County has been designated as the lead county in Area 6 which includes eight other counties (Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands and Sarasota). As the designated lead county for Area 6, Lee County Public Safety will be responsible to transport all biological equipment, supplies and drugs provided under the Department of Justice Grant (equipment / supply list attached) to any other Area 6 designated counties which may require the specialty items as a direct result of a biological attack.

According to Lee County Emergency Dispatch records, Lee County Public Safety agencies have responded to 486 bio-hazard / biological type incidents since January 2001. Of those calls, approximately 127 (26%) have been for Anthrax threats in which 16 individuals had been decontaminated in the field and were transported by Lee County EMS to Cape Coral Hospital for evaluation.

A problem exists where there is not a means to store and transport all the biological equipment needed on terrorist (domestic or international) incidents. Lee County EMS is need of an air conditioned trailer to store all biological response equipment, supplies and medications which can be transported to all in terrorist type incidents in not only Lee County but in the other Area 6 counties when called for.

8. Outcome measurable: Degree to which need will be met or changed. (use only the space provided)

The approval for the purchase of an air conditioned trailer will enable Lee County EMS to respond to any biological incident which may or may not involve a terrorist threat or attack with the approved cache of equipment, supplies and medications provided to Area 6.

The nine counties of Area 6 were awarded the funding for the attached EMS list of biological / terrorist equipment, supplies and medications. However, a means of storing and transporting the items noted was not planned for. An air-conditioned biological response trailer is required in order to keep the medications in a cooled environment and while maintaining the "shelf life" of other equipment and supplies.

The trailer will be parked and maintained at Lee County EMS located in Ft. Myers at the Public Safety complex. EMS has several vehicles which would be capable of towing trailer when called for and respond to any biological incidents in Area 6 in a timely manner.

9. Work activities and time frames: Indicate procedure for delivery of project. (use only the space provided)

- | | |
|--|------------|
| ➤ Upon receipt of grant funds, specifications of an air conditioned trailer will be developed and put out for bid. | March 2002 |
| ➤ Accept quotes and award bid to qualified vendor. | April 2002 |
| ➤ Take receipt of trailer. | June 2002 |
| ➤ Stock trailer with approved bio-hazard equipment, supplies and medications. | June 2002 |
| ➤ Schedule site visits to Area 6 counties who would benefit from the use of the biological response trailer. | July 2002 |

FLORIDA DEPARTMENT OF HEALTH
EMS MATCHING GRANT PROGRAM

REQUEST for ADVANCE PAYMENT

(Governmental Agency and Not-for-Profit Entity Only)

In accordance with the provisions of Section 401.113(2)(b), Florida Statutes, the undersigned hereby requests an EMS matching grant distribution (advance payment) for the improvement, expansion and continuation of prehospital EMS.

Remit Payment To:

Name of EMS Organization : Lee County Board of County Commissioners
Address : P.O. Box 398

City : Fort Myers State FL ZIP 33902-0398

Authorized Official

[Signature] 11-20-01
Signature Date

Type Name and Title

Sign and return this page with your application to:

Florida Department of Health
BEMS Matching Grant Program
2002 - D Old St. Augustine Road
Tallahassee, Florida 32301-4881

Do not write below this line. For use by BEMS personnel only

EM 126

Matching Grant Amount For State To Pay: \$30000 Grant ID. Code: M 2176

Approved By : [Signature] 5/13/02
Signature & Title of BEMS Grant Officer Date

State Fiscal Year: 2001 - 2002

Organization Code E.O. Object Code CCA
64-25-60-00-000 BU 730060 N2000

Federal Tax ID: VF 59 6 0007 0 2 11

ASSURANCES

Item 12

PAYMENT FOR GRANT PROJECT: The grantee certifies, understands and accepts that due to state cash flow and activity priorities, the grantee may not receive payment from the state for this activity until several months after announcement of awards. The work activity time frames will be adjusted based on the date payment is received, except the ending date of the grant will remain as specified in the Notice of Grant Award letter.

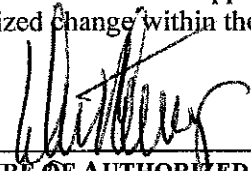
STATEMENT OF CASH COMMITMENT: The grantee certifies that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for this activity. No costs count towards satisfying a matching requirement of a department grant if also used to satisfy a matching requirement of another state or federal grant. Cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the department's final approved activity during the grant period.

ACCEPTANCE OF TERMS AND CONDITIONS: The grantee accepts the grant terms and conditions in the "Florida EMS Matching Grant Program Application Manual", and acknowledges this when funds are drawn or otherwise obtained from the grant payment system.

DISCLAIMER: The grantee certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the grant, return of all funds and interest to the Department and any other remedy provided by law.

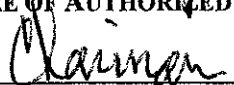
NOTIFICATION OF AWARDS: The grantee understands and accepts that the notice of award will be advertised in the FAW, and that 21 days after this advertisement the grantee waives any right to challenge or protest pursuant to chapter 120, F.S.

MAINTENANCE OF IMPROVEMENT AND EXPANSION: The grantee agrees that any improvement, expansion or other effect brought about in whole or part by grant funds, will be maintained for five years after the activity ends, unless specified otherwise in the approved application or unless the department agrees in writing to allow a change. Any unauthorized change within the five years will necessitate the return of grant funds, plus interest.



SIGNATURE OF AUTHORIZED OFFICIAL (Individual Identified in Item 1)

11-20-01
DATE



TITLE

Emergency Medical Services

The emergency medical services (EMS) agency selected within each area are existing systems that, in some cases, pool personnel from county, municipal, and private sectors. The strategy for providing WMD response capability will be designated to the identified jurisdiction that is responsible for coordinating area assets to meet the state goal.

Tables 3 and 4 document a comprehensive list of necessary equipment for designated Emergency Medical Service disciplines in each of Florida's seven areas. It should be noted that all area response agencies already have some of the equipment and are only eligible to receive funding for equipment to augment current inventories.

Emergency Medical Services				
Selected Jurisdiction: Each Jurisdiction				
Equipment List				
Quantity	Type/Model	Description	Cost per Unit	Total Cost
PPE				
100	Hooded Chem Clothing	Level C	17.15	1715
200	Gloves	Nitrile	1	200
100	Positive Pressure Respirator	Full face PPR with batteries	800	80000
20	Personal Cooling Vest	Battery Operated	830	16600
200	Boots	Chemical Resistant	45	9000
100	Gear Bags		70	7000
1400	Saranex Coverall	for post decon victims	5	7000
CB DETECTION				
37	M-8 Detection Kits		275	10175
37	M-9 Detection Paper	Roll 30'	605	22376
1	I-Stat 1	I-Stat Blood Analysis Kit	6000	6000
EMS Medications and Equipment				
714	Atropine *	2mg/ml, 25 ml vials	3	2142
360	2 Pam Chloride *		20	7200
3	Multilator	Adult and Pediatric Oxygen Ventilators	1200	3600
10	Cyanide Antidote Kits *	E.I. Lilly	245	2450
142	NBC Compatible Body Bags		100	14200
1	Command Support Unit	Commo/Decon/SCBA Support	5000	5000
10	Extrication litters	rollable	45	450
20	Radios	UHF/multichannel	1000	20000
Total Cost Per Selected Area Jurisdiction				\$ 215,108
*Force Protection				
Notes: Recommend the above inventories be shared with all response units in each area. Florida has a total of 260 EMS teams. It should be noted that all area response agencies already have some of the equipment and are only eligible to receive funding for equipment to augment current inventories.				

Table 3: EMS Area-Equipment List

Emergency Medical Services Jurisdictional Assignments							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Primary	District One EMS Council	Tallahassee Memorial Hospital	Duval	Hillsborough	Orange County EMS	Lee	Palm Beach
Secondary	Okaloosa		Alachua	Tampa FD	Seminole County	Sarasota	Broward
Tertiary	Escambia		Clay		Volusia City	Collier	Dade
Remainder	Bay						Monroe
Justifications: Area 1 recommends contracting with the District One EMS council, who can then divide the resources among different EMS agencies within the region.							
Notes: - Assess the need for a "stat" pack located in each region with a licensed EMS air ambulance operator. - Each area must ensure that EMS aircraft communications are compatible with ground units and aircraft to aircraft.							

Table 4: EMS Area-Designated System and Prioritization Matrix



8' WIDE TANDEM AXLE SPECIFICATIONS

	CM826TA3	CM828TA3	CM830TA3	CM832TA3
OVERALL LENGTH	30' 3"	32' 3"	34' 3"	36' 3"
WIDTH	8' 6"	8' 6"	8' 6"	8' 6"
HEIGHT	8' 6"	8' 6"	8' 6"	8' 6"
INTERIOR LENGTH	26' 6"	28' 6"	30' 6"	32' 6"
WIDTH / BWW	7' 6" / 81"	7' 6" / 81"	7' 6" / 81"	7' 6" / 81"
HEIGHT	6' 6"	6' 6"	6' 6"	6' 6"
REAR DOORS	DOUBLE	DOUBLE	DOUBLE	DOUBLE
WIDTH	7'	7'	7'	7'
HEIGHT	5' 10"	5' 10"	5' 10"	5' 10"
HITCH WEIGHT	375 LBS	400 LBS	425 LBS	450 LBS
HEIGHT	23"	23"	23"	23"
BALL SIZE	2 5/16"	2 5/16"	2 5/16"	2 5/16"
PLATFORM HEIGHT	23"	23"	23"	23"
G. V. W. R.	9,950 LBS	9,950 LBS	9,950 LBS	9,950 LBS
CURB WEIGHT	3,900 LBS	4,050 LBS	4,200 LBS	4,350 LBS
PAYLOAD CAPACITY	6,500 LBS	6,350 LBS	6,200 LBS	6,050 LBS
AXLES (TANDEM)	5,200 LBS	5,200 LBS	5,200 LBS	5,200 LBS
BRAKES	ELECTRIC	ELECTRIC	ELECTRIC	ELECTRIC
TIRES	ST225 75R15	ST225 75R15	ST225 75R15	ST225 75R15
WHEELS	6 BOLT	6 BOLT	6 BOLT	6 BOLT
FRAME	8" I BEAM	8" I BEAM	8" I BEAM	8" I BEAM
FLOOR (16" O / C)	3/4" PLYWOOD	3/4" PLYWOOD	3/4" PLYWOOD	3/4" PLYWOOD
SIDE WALLS (16" O / C)	3/8" PLYWOOD	3/8" PLYWOOD	3/8" PLYWOOD	3/8" PLYWOOD

STANDARD FEATURES

(SPECIFICATIONS SUBJECT TO CHANGE)

- * TORFLEX WIDE-TRACK AXLES
- * ALL-WHEEL ELECTRIC BRAKES
- * 12 VOLT BREAKAWAY SWITCH WITH BATTERY
- * E - Z LUBE HUBS WITH GREASE CAPS
- * DUNLOP / ELECTRA RADIAL TIRES
- * WHITE DIRECTIONAL WHEELS
- * CHROME CENTER CAPS
- * WELDED SAFETY CHAINS
- * DOUBLE REAR DOORS
- * SEMI-STYLE CAMLOCK DOOR LATCHES
- * FIBERGLASS RADIUS FRONT CAP
- * ICC LIGHTING
- * 030 SMOOTH EXTERIOR ALUMINUM
(AVAILABLE IN 11 COLORS)

- * EXPOSED STEEL PAINTED EPOXY BLACK
- * PAINTED UNDERCARRIAGE
- * SAFETY SPRING CHAINS ON ALL DOORS
- * DOOR HOLD-BACKS ON ALL DOORS
- * 4" FIBERGLASS FENDERS
- * 2-PIECE GALVANIZED ROOF
- * MILL FINISHED ALUMINUM TOP WRAP
- * 3/8 PLYWOOD WALL LINER
- * LAUAN TRIM ON INTERIOR WALLS
- * COLORED ALUMINUM WRAP ON REAR
- * FULL COLOR DECALS
- * ABS MOLDED LICENSE PLATE HOLDER WITH BUILT-IN LIGHT

* Plus Air-condition Unit

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-03 129 525

THIS IS NOT A PAYMENT DEV

FLAIR ACCOUNT CODE 64-202192002-64400200-00-05999900	OLO 640000	SITE 80	DOCUMENT NUMBER D2000647187	OBJECT 7500	DATE 05/20/02	PAYMENT 195931
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PAYMENT AMOUNT
\$ 30,000.00

DO NOT CASH

AGENCY DOCUMENT NO
V030692

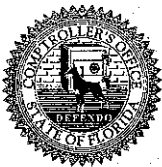
LEECNTYBOCC
PO BOX 398
FT MYERS FL 33902

PLEASE DIRECT QUESTIONS TO: (850) 245-4502, HQ, ACCOUNTING - CINDY COOLEY

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
EMS GRANT	\$ 30,000.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT



FLAIR ACCOUNT CODE: 64-202192002-64400200-00-05999900
 SWDN: D2000647187
 ADN: V030692
 OBJECT: 7500
 DATE: 05/20/02
 WARRANT NO: 63-69 1959314 630
 OLO: 640000 SITE: 80
 CONTACT: (850) 245-4502 FOR PAYMENT QUESTIONS

VOID AFTER 12 MONTHS
4-03 129 525

STATE OF FLORIDA
OFFICE OF COMPTROLLER

AMOUNT

\$***30,000.00

PAY
THIRTY-THOUSAND & 00/100 DOLLARS

EXPENSE WARRANT

TO THE ORDER OF:

VENDOR ID NUMBER

TO: TREASURER OF FLORIDA
TALLAHASSEE

LEECNTYBOCC
PO BOX 398
FT MYERS FL 33902

Paul J. Milligan
COMPTROLLER OF FLORIDA

⑈ 24195931407⑈ ⑈ 083000694⑈ ⑈ 1 21⑈