

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

Blue Sheet No. 20030713

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Accept EMS Matching Grant in the amount of \$60,000.00 from the Bureau of Emergency Medical Service for the purchase of Night Vision Goggles for the EMS helicopter crew. Also approve a budget ammendment resolution in the amount of \$60,000.00 for FY'04.

**WHY ACTION IS NECESSARY:** To give budgetary authority to accept grant.

**WHAT ACTION ACCOMPLISHES:** Completes application and agreement process that entitles Lee County to the EMS Matching Grant funds. Board Chairman Judah signed the original grant application on January 22, 2003.

**2. DEPARTMENTAL CATEGORY:**

COMMISSION DISTRICT #:

*C 7A*

**3. MEETING DATE:**

*07-01-2003*

**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 D. Wilson, Director

*Chanson 06/12/03 for John W. 7507*

**7. BACKGROUND:**

Emergency Medical Service submitted an EMS Matching Grant application to the Bureau of EMS on January 22, 2003. The department (EMS) received notice on May 23, 2003, the grant application had been approved for funding. The \$60,000.00 grant will enable EMS to purchase Night Vision Goggles that will enhance the safety of the helicopter crew during nighttime operation. The grant funds represent 75% of the project cost. Lee County's 25% matching contribution will be \$20,000.00. Total project cost is \$80,000.00 No recurring cost of equipment is expected for 3 years.

Grant proceeds will be available in account string: 12072000100.334290.9008  
Lee County match will be available in account string: 140720001000

**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
					OA	OM	Risk	GC	
<i>Chanson 06/12/03</i>				<i>Judah</i>	<i>6/16/03</i>	<i>6/17/03</i>	<i>6/16/03</i>	<i>6/16/03</i>	<i>6/18/03</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

**Rec. by CoAtty**  
Date: *6/13/03*  
Time: *2:18*  
Forwarded To: *Budget*  
*File 10.3.18.0000*

**RECEIVED BY COUNTY ADMIN.** *PM*  
*6-16 1:30 PM*  
COUNTY ADMIN. FORWARDED TO: *HS*  
*6-19-03*  
*3:45 PM*

# RESOLUTION #

Amending the Fund 00100 General Fund budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2002-2003.

**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 \$60,000 of revenues from Bureau of Emergency Medical Service Grant and an appropriation of a like amount into expense accounts 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:		\$323,813,176
Additions		
12072000100.334290.9008	Night Vision Goggles Grant	\$60,000
Amended Total Estimated Revenues		\$323,873,176

## APPROPRIATIONS

Prior Total:		\$323,813,176
Additions		
12072000100.506410	Furniture & Equipment	\$60,000
Amended Total Appropriations		\$323,873,176

**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 \_\_\_\_\_, 2003.

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 YB  
LEDGER TYPE BA

FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE

GRANT AT A GLANCE

GRANT AWARD INFORMATION

- 1. County Grant ID (project #): 0720
- 2. Title of Grant: Night Vision Goggles
- 3. Amount of Award: \$60,000.00
- 4. Amount of Match Required: \$20,000.00
- 5. Type of Match: Cash  
(cash, in-kind etc)
- 6. SOURCE OF GRANT FUNDS & CATALOG NUMBER:

FEDERAL <input type="checkbox"/> CFDA #	STATE <input checked="" type="checkbox"/> CSFA #
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7. Agency Contract Number: M3069

8. Contract Period:	Begin Date: April 21, 2003	End Date: May 4, 2004
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9. Name of Subrecipient(s) N/A

10. Business Unit(s): 12072000100  
14072000100

11. Scope of Grant: (describe project). To purchase night vision goggles for the EMS helicopter crew to use for all night flights. The use of night vision goggles will enable the helicopter crew to visually observe all obstacles on the ground that will enhance safe operation of the aircraft when doing night time landing at uncontrolled landing areas.
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12. Has this Grant been Funded Before?  YES  NO If YES When?

13. Is Grant Funding Anticipated in Subsequent Years?  YES  NO

14. If Grant Funding Ends Will This Program Be Continued at County Expense?  YES  NO  
If YES What is the Lee County Budget Impact:

1st Year -0-	2 <sup>nd</sup> Year \$10,000.00	3 <sup>rd</sup> Year \$10,000.00
4 <sup>th</sup> Year	5 <sup>th</sup> Year	

Check Box if Additional Information on Program and Budget Impact is provided in *Comment Section* on page 2

ADMINISTERING DEPARTMENT INFORMATION

- 1. Department: Public Safety / EMS
- 2. Contacts: David Kainrad

Program Mgr. Chris Hansen	Phone #: 335-1604

**GRANTOR AGENCY INFORMATION**

(The agency you signed this agreement with)

1. Grantor Agency: Department of Health
2. Program Title/Division: Bureau of Emergency Medical Service
3. Agency Contact: Edward Wilson
4. Phone Number: 1-850-245-4444 Ext. 2737
5. Mailing Address: 4052 Bald Cypress Way, C-18, Tallahassee, Florida 32399-1738

**SOURCE OF FUNDS****1. Original Funding**

Source: Department of Health, Bureau of Emergency Medical Service  
(name of agency where funding originated from)

**2. Pass Through Agency: N/A**

(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT -- then from STATE DOT to Lee County DOT --- STATE of FL DOT is the pass-through agency).

**3. Additional Information for Other Agencies Involved:**

N/A

3a. Is the County a Grantee  
or Subrecipient in #3 above: Grantee

**REPORTING REQUIREMENTS**

1. Does this grant require a separate subfund? YES X NO   
(Example: you need to return interest earnings)

Please Explain: No interest accrual

2. Is funding received in advance? YES X NO   
(If YES, please indicate conditions for returning residual proceeds, or interest and the address to return it to, if different from the Grantor Agency Information)

Unspent grant funds are to be returned to the Grantor.

**COMMENTS--INSTRUCTIONS:**

See Background on Blue Sheet.