DECHECTED MOTION	Lee County Board Of County Commiss Agenda Item Summary	ioners Blue Sheet No. 20	0040442
. REQUESTED MOTION:			
CTION REQUESTED: Request Board to accept grant monies fr mount of \$175,171.28. VHY ACTION IS NECESSARY: To give budgetary authority to receive gr	om the Florida EMS County Award Grant	Program and approve a budget re	solution in the
WHAT ACTION ACCOMPLISHES:			
	ocess that entitles Lee County to accept Enary 6, 2004.	MS County Award Grant monies.	The original grant
. DEPARTMENTAL CATEGORY:		3. MEETING DATE:	
COMMISSION DISTRICT #:	CTA		27-2004
. <u>AGENDA</u> :	5. REQUIREMENT/PURPOSE:	6. REQUESTOR OF INFO	RMATION:
	(Specify)	A COMMISSIONIED	•
X CONSENT ADMINISTRATIVE	STATUTE ORDINANCE	A. COMMISSIONER B. DEPARTMENT	Independent
APPEALS	ADMIN. CODE	C. DIVISION	Public Safety / EMS
PUBLIC	X OTHER	BY: John Wilson, Dir	rector #N
WALK ON TIME REQUIRED:	· · · · · · · · · · · · · · · · · · ·		J
BACKGROUND:			
Other Contracted Services: 12075313834 rinting & Billing (External): 12075313834 Otata Processing: 12075313834503460 Minor Equipment: 12075313834.505280 Educational Expense: 12075313834.505 Furniture & Equipment: 12075313834.505	834.504710 ) 430		
MANACEMENT DECOMBENT	ATIONS:		
	ATIONS:		
B. MANAGEMENT RECOMMENDA Staff recommends approval.	ATIONS:  9. RECOMMENDED APPRO	VAL:	
Staff recommends approval.	9. RECOMMENDED APPRO	VAL:	G
Staff recommends approval.  A B C Department Purchasing Human		F Budget Services AFM 4 115104	G County Manager
Staff recommends approval.  A B C Department Purchasing Human	9. RECOMMENDED APPRO  D E Other County	Budget Services  Off 4 15 04  OM Risk GC	
Staff recommends approval.  A B C Department Purchasing Human	9. RECOMMENDED APPRO  D E County Attorney	F Budget Services AFM 4 115104	
Staff recommends approval.  A B C Human Purchasing or Contracts Resources	9. RECOMMENDED APPRO  D County Attorney  OA  Frank  OA	F Budget Services  Affin 4/15/04  OM Risk GC  W/18/04 St So Silver	County Manager  AS  UNISHOU
Department Director or Contracts Resources  10. COMMISSION ACTION:	9. RECOMMENDED APPRO  D County Attorney  OA  White Rec. by CoAtt	Budget Services  Affin 4/15/04  OM Risk GC  W/18/04 St So Signature  RECEIVED BY	County Manager  S  UNITED THE
Staff recommends approval.  A B C Human Resources  10. COMMISSION ACTION:  APP DEN	9. RECOMMENDED APPRO  Definition of the County Attorney  OA  Rec. by CoAtt  Rec. by CoAtt  Date: 4 13 10	F Budget Services  Affin 4/15/04  OM Risk GC  PRECEIVED BY COUNTY ADMI	County Manager  Will Story
Staff recommends approval.  A B C Human Resources  10. COMMISSION ACTION:  APP DEN	9. RECOMMENDED APPRO  Definition of the County Attorney  OA  Rec. by CoAtt  Date: 41370  ERRED	F Budget Services  Affin 4/15/04  OM Risk GC  PRECEIVED BY COUNTY ADMI	County Manager  WINGO

## RESOLUTION#

Amending the Fund 13834 EMS County Award Grant budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2003-2004.

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 13834 EMS County Award Grant budget for \$175,171 of the unanticipated revenue from the General Fund and an appropriation of a like amount into expense accounts and;

WHEREAS, the Fund 13834 EMS County Award Grant budget shall be amended to include the following amounts which were previously not included.

	Prior Total: Additions	ESTIMATED REVENUES	\$114,994
	12075313834.334290.9001	EMS County Award Grant FY04	\$175,171
	Amended Total Estimated Rev	enues	\$290,165
		APPROPRIATIONS	
	Prior Total: Additions		\$114,994
	12075313834.503460 12075313834.503490 12075313834.504710 12075313834.505280 12075313834.505430 12075313834.506410	Data Processing Other Contracted Services Printing, Binding & Copy (External) Minor Equipment Educational Expense Furniture & Equipment	\$29,940 \$1,500 \$3,055 \$33,336 \$3,000 \$104,340
	Amended Total Appropriations	3	\$290,165
	Appropriation accounts.	rd Grant budget is hereby amended to show the a Chambers at a regular Public Hearing by the E 04.	
ATTEST: CHARLIE	GREEN, Ex-Officio Clerk	Board	O OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA
By:	DEPUTY CLERK		CHAIRMAN
			APPROVED AS TO FORM
	DOC TYPE YB LEDGER TYPE BA		OFFICE OF COUNTY ATTORNEY

and

## 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 #):	1207531383	34				
2. Title of Grant:	2004 EMS	2004 EMS County Award Grant				
3. Amount of Award:	\$175,171.2	\$175,171.28				
4. Amount of Match Required:	\$-0-	<b>\$-0-</b>				
5. Type of Match: (cash, in-kind etc)	N/A	<u>N/A</u>				
6. SOURCE OF GRANT FUND	S & CATALOG	NUMBER:				
FEDERAL CFDA#	TEDERAL CFDA# STATE CSFA#64.005					
7. Agency Contract Number:	C3036					
8. Contract Period:	Begin Date: 10/	01/03	End Date: 9/30/04			
9. Name of Subrecipient(s)						
10. Business Unit(s):						
	nunications betw rtments will be r	een Emergency Directiving software	s mobile data hardware and software bispatch and all responding fire rescue that will enable the fire rescue			
12. Has this Grant been Funded	Before? XE	S NO If Y	ES When?			
13. Is Grant Funding Anticipate	d in Subsequent	Years? <b>XYES</b>	□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	2 <sup>nd</sup> Year		3 <sup>rd</sup> Year			
4 <sup>th</sup> Year	5 <sup>th</sup> Year					
Check Box if Additional is provided in <i>Comment</i> .  ADMINISTERING DEPAR	Section on page 2		get Impact			
<ol> <li>Department: Public Safety / EMS</li> <li>Contacts: David Kainrad, Administrative Manager</li> </ol>						
Program Mgr. Chris Hanso	en	Phone #: 3	335-1604			
Fiscal Mgr. Patti Hojnacki		Phone #: 3	335-1609			
	Page 1 of	f 2				

	RANTOR AGENCY IT he agency you signed this				
1.	Grantor Agency:	Florida Department of	f Health		
2.	Program Title/Divis	sion: Bureau of Emergen	cy Medical Servic	es	
3.	Agency Contact:	Edward Wilson, Grants	Coordinator		
4.	Phone Number:	(850) 245-4444 Ext 2737	<b>,</b>		
5.	Mailing Address:	4052 Bald Cypress Way, Tallahassee, Florida 323			
<u>SOUF</u>	RCE OF FUNDS				
1.	Original Funding Source: (name of agency where fundi	EMS Trust Fund	······································		
2.	Pass Through Agen	icy:			
	(middleman if any? Exampl of FL DOT is the pass-throug	e: federal \$\$ from US DOT give			
3.	Additional Informa	tion for Other Agencie	es Involved:		
			•		
REPC	Subrecipient in #3 a	MENTS		No.	
	es this grant require ole: you need to return inte	a separate subfund? rest earnings)	YES.	NO⊠	
Please	Explain:				
If YES	Funding received in a S, please indicate condition Agency Information)		YES Interest	NO and the address to return	it to, if different from the
COM	MENTSINSTRUC	TIONS:			
					e e e e