

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

Blue Sheet No. 20050387

1. ACTION REQUESTED/PURPOSE:

Request Board to accept grant monies from the Florida EMS County Award Grant Program and approve a budget resolution in the amount of \$138,799.12.

2. WHAT ACTION ACCOMPLISHES:

Completes the application and agreement process allowing Lee County to accept the EMS County Award Grant monies. The Board approved the grant application on January 11, 2005.

3. MANAGEMENT RECOMMENDATION: Management recommends approval.

4. Departmental Category: 07

CTA

5. Meeting Date: 04-05-2005

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner _____
 Department Independent
 Division Public Safety / EMS
 By: **John Wilson, Director** *JW*

9. Background:

The Florida EMS Grant Trust Fund is supported from traffic violation fines. Of the monies collected in Lee County, 45% is returned to the County annually through the EMS County Award Grant Program. Lee County received \$138,799.12 and no match is required. The Board approved the original grant application on January 11, 2005.

No recurring costs of equipment are anticipated for 5 years when replacement may be necessary. The new grant proceeds will be available in grant revenue account: 12079413834.334290.9001

- Other Contracted Services: 12079413834.503490: \$8,520.87
- Printing & Billing (External): 12079413834.504710: \$2,278.25
- Data Processing: 12079413834.503460: \$9,000.00
- Minor Equipment: 12079413834.505280: \$43,000.00
- Educational Expense: 12079413834.505430: \$4,000.00
- Furniture & Equipment: 12079413834.506410: \$72,000.00

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services	County Manager/P.W. Director
<i>J.W.</i>				<i>Christina</i>	<i>APM 3/23</i>	<i>3-23-05</i>
				<i>Analyst</i>	<i>Risk</i>	<i>Mgr.</i>
				<i>3/18/05</i>	<i>3/23/05</i>	<i>3/23/05</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

Rec. by CoAtty
 Date: 3/18/05
 Time: 3:55
 Forwarded To: Admin 3/16/05

RECEIVED BY
 COUNTY ADMIN:
 3/18/05
 4:57 PM
 COUNTY ADMIN
 FORWARDED TO: PR
 3/23/05
 5 PM.

RESOLUTION

Amending the Fund 13834 EMS County Award Grant Fund Budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2004-2005.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lec County, Florida, to amend Fund 13834 EMS County Award Grant Fund budget for \$138,799 of the unanticipated revenue from an Florida EMS County Award Grant Program and an appropriation of a like amount into expenditures and;

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

ESTIMATED REVENUES

Prior Total:		\$9,085
Additions		
12079413834.334290.9001	EMS County Award	\$138,799
Amended Total Estimated Revenues		\$147,884

APPROPRIATIONS

Prior Total:		\$9,085
Additions		
12079413834.503490	Other Contracted Services	\$8,521
12079413834.504710	Printing & Binding (External)	2,278
12079413834.503460	Data Processing	9,000
12079413834.505280	Minor Equipment	43,000
12079413834.505430	Educational Expense	4,000
12079413834.506410	Furniture & Equipment	72,000
Amended Total Appropriations		\$147,884

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the Fund 13834 EMS County Award Grant 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 _____, 2005.

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

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 #): 12079413834
- 2. Title of Grant: 2005 EMS County Award Grant
- 3. Amount of Award: \$138,799.12
- 4. Amount of Match Required: \$-0-
- 5. Type of Match: N/A
(cash, in-kind etc)
- 6. SOURCE OF GRANT FUNDS & CATALOG NUMBER:

FEDERAL <input type="checkbox"/> CFDA #	STATE <input checked="" type="checkbox"/> CSFA #64.005
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7. Agency Contract Number: C3036

8. Contract Period:	Begin Date: <u>10/01/04</u>	End Date: <u>9/30/05</u>
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9. Name of Subrecipient(s) _____

10. Business Unit(s): _____

11. **Scope of Grant:** (describe project). The grant is to improve or enhance EMS services in Lee County. EMS will be providing 6 ALS fire districts / departments mobile data hardware and software in order to improve direct communications between Emergency Dispatch and all responding fire rescue vehicles. The EMS Training section will purchase a Medic Monthly CEU Program and implement a Crash Airway Mgt. Program. The EMS Public Education section will purchase CPR & AED equipment for community training.

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	2 nd Year	3 rd Year
4 th Year	5 th 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, Administrative Manager

Program Mgr. Chris Hansen	Phone #: 344-5404
Fiscal Mgr. Patti Hojnacki	Phone #: 344-5407

GRANTOR AGENCY INFORMATION

(The agency you signed this agreement with)

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

SOURCE OF FUNDS

- 1. Original Funding
Source: EMS Trust Fund
(name of agency where funding originated from)
- 2. Pass Through Agency: _____
(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:

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

REPORTING REQUIREMENTS

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

Please Explain: _____

- 2. Is funding received in advance? YES 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)
- _____

COMMENTS--INSTRUCTIONS:

Empty box for comments and instructions.