

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A GRANT FROM THE STATE OF FLORIDA, DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES; AND CERTIFYING THE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE ALL RELATED GRANT DOCUMENTS.

WHEREAS, the State of Florida Department of Health, Division of Emergency Medical Services distributes county grant funding to assist public organizations to improve and expand their EMS systems; and

WHEREAS, The Manatee County Board of County Commissioners is eligible to submit an EMS County Grant application; and

WHEREAS, the Manatee County Department of Public Safety, Division of Emergency Medical Services, has identified the need to improve and expand the County's prehospital Emergency Medical System in accordance with Chapter 401.113, Florida Statutes.

NOW THEREFORE BE IT RESOLVED, by the Board of County Commissioners of Manatee County, Florida, that:

1. The submission and acceptance of the EMS County Grant from the State of Florida Department of Health, Bureau of Emergency Medical Services System is hereby authorized.
2. The EMS County Grant Award will not be utilized to substitute the existing County EMS Budget allocations.
3. The County Administrator or designee is hereby authorized to execute the grant related documents necessary for the grant processes.

ADOPTED with a quorum present and voting this 10th day of January, 2017

**BOARD OF COUNTY COMMISSIONERS
OF MANATEE COUNTY, FLORIDA**

By: 
Chairperson, Board of County Commissioners

ATTEST: Angelina Coloneso
Clerk of the Circuit Court

By: 



County Government Application Form July 2016-2017

Effective August 26, 2016, county governments may submit their Fiscal Year 2016-2017 application for county grant funds. The deadline for submission is December 16, 2016. The new grant amount can be found in the "Total" column included in the link for the "county amount" table.

The first three items on page one of the application are self-explanatory. Please note that Item 2 requires the signature of the individual who is authorized to sign contracts, grants, or other legal documents for the county.

Item 4 describes the content of the resolution. Please provide this in your county's customary format and approval process. The resolution must be current. If a previous one is still in-effect, a message from a lead county official stating such for 2016-2017 must be included.

Item 5 requests the names of the organizations that will receive funds from the new county grant. A budget page is needed for each organization listed in item 5. The budget page must list specific and quantifiable items or services, with the cost for each unit or type of item or service. All costs must add to the exact amount of grant funds available. Changes may be requested after the new grant begins.

To add budget totals in the application, place your cursor over a subtotal or total field, right click your mouse, then left click on the resulting menu "Update Field."

Request for Grant Fund Distribution Form

The Request for Grant Fund Distribution form is the last page of the application. The county is required to complete only the top portion of the form. In addition, the address on this form **must** be the same one that is on file in the state MyFloridaMarketplace (MFMP) system.

If needed, MFMP customer service may be contacted at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com.



EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program
Complete all items

ID. Code (The State EMS Program will assign the ID Code – leave this blank) C50

1. County Name: Manatee County Government – Public Safety

Business Address: **PO BOX 1000**

Bradenton, Florida 34206-1000

Telephone: **(941) 748-4501 Ext. 1645**

Federal Tax ID Number (Nine Digit Number). VF **596000727**

2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

Signature:

Date: **1/11/2017**

Printed Name: **Paul DiCicco**

Position Title: **Chief, EMS Division, Department of Public Safety**

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: **Paul DiCicco**

Position Title: **Chief, EMS Division, Department of Public Safety**

Address: **PO BOX 1000, Bradenton, FL, 34206**

Telephone: **(941) 749-3501 x 1645**

Fax Number: **(941)749-0568**

E-mail Address: **paul.dicicco@mymanatee.org**

4. Resolution: Attach a resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. We cannot process for funds without a current resolution.

5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)

Manatee County Emergency Medical Services

BUDGET PAGE

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
Total Salaries & Benefits =	\$ 0.00

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
(2) Stryker Power Pro Ambulance Cots	\$33,454
(6) Ballistic Vests and Helmets	\$7,735
Total Expenses =	\$41,189

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
(2) Stryker Power Pro Ambulance Cots	\$33,454
(6) Ballistic Vests and Helmets	\$7,735
Total Veh. & Equipment =	\$ 41,189.00
<u>Grand Total =</u>	<u>\$ 41,189.00</u>

FLORIDA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES (EMS) GRANT SECTION

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

The agency name and mailing address **must** be in the state MyFloridaMarketPlace (MFMP) system.

Name of Agency: Manatee County Government/ Clerk of the Court

Mailing Address: Public Safety, PO BOX 1000

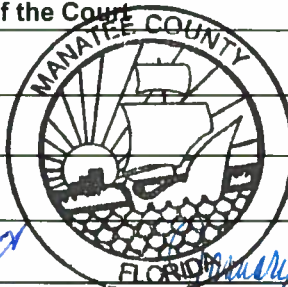
Bradenton, FL 34206-1000

Federal Identification number: VF59600027

Authorized County Official: _____

Signature

Date



January 10, 2017

ATTEST: MANATEE COUNTY
CLERK OF CIRCUIT COURT AND
COUNTY COMPTROLLER

BY: Rubin Taha
DEPUTY CLERK

Betsy Benac, Chairperson, Manatee County Board of County Commissioners
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health
Emergency Medical Services Section, Grants
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Do not write below this line. For use by State Emergency Medical Services Program

Grant Amount for State to Pay: \$ _____ Grant ID: Code: C50

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	05	SF005	750000	059998

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

RESOLUTION B-17-024
AMENDING THE ANNUAL BUDGET
FOR MANATEE COUNTY, FLORIDA
FOR FISCAL YEAR 2016-2017

WHEREAS, Florida Statutes 129.06, authorizes the Board of County Commissioners to amend its budget for the current fiscal year as follows:

- a) Appropriations for expenditures in any fund may be decreased and other appropriations in the same fund correspondingly increased, provided the total appropriations of the fund are not changed.
- b) Appropriations from reserves may be made to increase the appropriation for any particular expense in the same fund, or to create an appropriation in the fund for any lawful purpose.
- c) Unanticipated revenues, including increased receipts for enterprise or proprietary funds, may be appropriated for their intended purpose, and may be transferred between funds to properly account for the unanticipated revenue.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that the 2016-2017 budget is hereby amended in accordance with FS 129.06 as described on the attached summary and specified in the budget adjustment batch files which are listed below:

Department: PUBLIC SAFETY
Fund: EMERGENCY MEDICAL SVCS TRUST
Description: Appropriates \$41,189 from the Florida Department of Health for the FY16-17 Emergency Medical Services (EMS) grant. The grant application is being presented to the Board along with this budget amendment.

Batch ID: CTC2816A/B

Reference: BU17000118

ADOPTED IN OPEN SESSION WITH A QUORUM PRESENT AND VOTING THIS 10th DAY OF

January, 2017.

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA

By: [Signature]
Chairman

ATTEST: Angelina Colonnese
Clerk of Circuit Court

By: [Signature]
Deputy Clerk



Manatee County Government Administrative Center
Commission Chambers, First Floor
9:15 a.m. - January 10, 2017

January 10, 2017 - Regular Meeting
Agenda Item #25

Approved in Open Session 1/10/17,
Manatee County
Board of County Commissioners

Subject

EMS County Grant Funds

Briefings

None

Contact and/or Presenter Information

Paul DiCicco, EMS Chief

Action Requested

Adoption of Resolution R-17-012 authorizing submission and acceptance of a grant from the Florida Department of Health in the amount of \$41,189.00, and adoption of Budget Resolution B-17-024.

Enabling/Regulating Authority

Florida State Statutes 401.133, Distribution of Grant Funds for Pre-hospital EMS Systems.

Background Discussion

The EMS County Grant Award Program with Florida Department of Health provides funding for improving and expanding Manatee County's Pre-hospital Emergency Medical Services System and does not supplement existing budget allocation.

Funding will be used to purchase two Power Pro EMS Stretchers with expandable patient surfaces and 6 ballistic vest and helmets which will prepare our service for active shooter events that may occur within our county.

This is a non-matching grant.

County Attorney Review

Not Reviewed (No apparent legal issues)

Explanation of Other

Reviewing Attorney

N/A

Instructions to Board Records

Please return original EMS County Grant Fund Distribution page and a certified copy of the resolutions to Randi Dunsworth at Randi.dunsworth@mymanatee.org (ext. 8168) and budget@mymanatee.org
Distributed 1/13/17, RT

Cost and Funds Source Account Number and Name

1059001707 Emergency Medical Services Trust

Amount and Frequency of Recurring Costs
\$1,500.00 Annually

Attachment: [B-17-024 EMS Grant.pdf](#)

Attachment: [R-17-012.pdf](#)

From: [Diane Vollmer](#)
To: [Betsy Benac](#); [Carol Whitmore](#); [Charles Smith](#); [Priscilla WhisenantTrace](#); [Robin DiSabatino](#); [Stephen R Jonsson](#); [Vanessa Baugh](#)
Cc: [Mitchell Palmer](#); [Vicki Tessmer](#); [Robin Toth](#); [Robert Smith](#); [Paul DiCicco](#); [Dan Schlandt](#); [Ed Hunzeker](#); [John Osborne](#); [Karen Windon](#)
Subject: January 10 BCC Agenda - Additional Update
Date: Monday, January 09, 2017 4:56:50 PM
Attachments: [Item 25 - EMS County Grant Application.pdf](#)

Commissioners,

Below is an additional update to the January 10 agenda. This update will also be reflected on the agenda update memo and in the e-agenda as follows:

Changes to Consent Agenda:

- Item 25 - **EMS County Grant Funds** – The grant application was added to this agenda item.

Diane Vollmer

Agenda Coordinator
Manatee County Government
1112 Manatee Avenue West
Bradenton, FL 34205
Phone: 941-745-3724; Fax: 941-745-3790
diane.vollmer@mymanatee.org



Florida has a very broad Public Records Law. This agency is a public entity and is subject to Chapter 119 of the Florida Statutes, concerning public records. E-mail communications are covered under such laws & therefore e-mail sent or received on this entity's computer system, including your e-mail address, may be disclosed to the public or media upon request.

County Government Application Form July 2016-2017

Effective August 26, 2016, county governments may submit their Fiscal Year 2016-2017 application for county grant funds. The deadline for submission is December 16, 2016. The new grant amount can be found in the "Total" column included in the link for the "county amount" table.

The first three items on page one of the application are self-explanatory. Please note that Item 2 requires the signature of the individual who is authorized to sign contracts, grants, or other legal documents for the county.

Item 4 describes the content of the resolution. Please provide this in your county's customary format and approval process. The resolution must be current. If a previous one is still in-effect, a message from a lead county official stating such for 2016-2017 must be included.

Item 5 requests the names of the organizations that will receive funds from the new county grant. A budget page is needed for each organization listed in item 5. The budget page must list specific and quantifiable items or services, with the cost for each unit or type of item or service. All costs must add to the exact amount of grant funds available. Changes may be requested after the new grant begins.

To add budget totals in the application, place your cursor over a subtotal or total field, right click your mouse, then left click on the resulting menu "Update Field."

Request for Grant Fund Distribution Form

The Request for Grant Fund Distribution form is the last page of the application. The county is required to complete only the top portion of the form. In addition, the address on this form **must** be the same one that is on file in the state MyFloridaMarketplace (MFMP) system.

If needed, MFMP customer service may be contacted at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. MyFloridaMarketPlace@dms.myflorida.com.