

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A MATCHING 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 encourages licensed EMS organizations to submit applications for matching 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 Matching 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 Matching 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 12th day of December, 2017

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

By: 
Chairperson, Board of County Commissioners



ATTEST: Angelina Coloneso
Clerk of the Circuit Court

By: 

Applicant Information

Special note: Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS, with costs for automated external defibrillators. We encourage grant requests to accomplish this and ask EMS organizations to encourage this type of grant application.

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications.

Request for Grant Fund Distribution Page: This is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion. The address on this form must match exactly the address on file for your organization in the state MyFloridaMarketplace (MFMP) system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code.

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

Number of pages: Each application must be no more than 15 one sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These letters will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one sided pages.

Fastening. If you send a paper application, do not use a booklet cover. Simply staple the application in the upper left corner.



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code – (leave this blank) _____)

1. Organization Name: Manatee County Board of County Commissioners	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Betsy Benac	
Position Title: Chairperson of the Board of County Commissioners	
Address: 1112 Manatee Avenue West	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34205
Telephone: 941-745-3700 ext. 3708	Fax Number: 941-745-3790
E-Mail Address: betsy.benac@mymanatee.org	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: James Crutchfield	
Position Title: Chief, Community Paramedic Division, Public Safety Department	
Address: P.O. Box 1000	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34206
Telephone: 941-749-3500 ext. 1648	Fax Number: 941-749-3516
E-Mail Address: james.crutchfield@mymanatee.org	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
(2) Private for Profit
(3) City/Municipality/Town/Village
(4) County
(5) State
(6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number): VF 59-6000727 _ _

6. EMS License Number: 4102 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 1 BLS; 33 ALS Transport; 10 ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____ Date: _____

Print/Type: Name of Director David Nonell, M.D.

FL Med. Lic. No. ME 37261

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Justification Summary:

A) Since its inception in 2016, the Manatee County Public Safety Department's Community Paramedicine Program has grown tremendously in both size and volume. The Community Paramedicine Program was initially established through an Agency for Healthcare Administration (AHCA) partnership grant which included three full time positions (FTEs). After an initial review of the program's success by the Manatee County Board of County Commissioners, the program became fully funded in 2016 through the County's General fund. In late 2017, two additional FTEs were added which included an additional Community Paramedic and a Community Resource Coordinator bringing the total number of full time employees to five. The Community Paramedicine Program has established critical community partnerships which include partnerships with the Lake Erie College of Medicine (LECOM) Pharmacy Program, Centerstone of Florida, a mental health / substance abuse treatment facility, Department of Health – Manatee, Manatee County Rural Health Services (MCR), and an Internal / family medicine residency program through Universal Health Services. The Program is currently operated out of the County's Emergency Operations Center building and is allocated only four offices, creating its own challenges and team dynamics. Frankly stated, the program has outgrown the space allotted. The building is also not located in an area that is easily accessible for our patients. Manatee County has earmarked a new space for the program but lacks the funding to complete the build-out of the new space. Architectural drawings and contractor estimates have been completed (attached). The award of this grant will allow for this successful program to move into a space where a team environment can be created for continued program growth.

B) The Manatee County Community Paramedic Program has been active since October of 2016 and offers service to our community seven days per week, 365 days per year. The program focuses on five target patient populations which include: substance abuse & mental health, diabetics, frequent falls / fall prevention, congestive heart failure (other chronic respiratory conditions), and high EMS / emergency department system utilizers. To date, the program has made 3,092 patient contacts, discovered 124 prescription medication related errors (problems identified and corrected), completed 199 hospital diversions, and 276 ambulance diversions. As a result of both ambulance and hospital diversions, a health system cost savings of \$427,910 has been experienced in our community. Through a partnership agreement with LECOM, a licensed Clinical Pharmacist and Pharm-D student rides with the Community Paramedics five days per-week and a resident physician specializing in family or internal medicine rides with the program one day per week. Both disciplines require office space for documentation and phone

consults to assist with meeting the community paramedic program purpose. Two additional full time employees were added to our program, which also require additional office space. Currently, the program is operated out of the building that houses the Manatee County EOC, primary 911 PSAP, Emergency Medical Services, Florida Department of Transportation Traffic Engineering, and Emergency Management. Office space in this building is at capacity and individuals are required to share an office that is designed for one individual making their work at times difficult and unproductive. Community based training and disease specific classes cannot be held for the public due to the location of the building and security concerns. During the first year of successful operation, the community paramedic program designed a Durable Medical Equipment Lending Closet to fill a gap among the economically or socially disadvantaged population in the community. This closet initially started small and developed into equipment including motorized wheel chairs, hospital beds, walkers, potty chairs, and various medical supplies being stored in already overoccupied office space.

C.) Manatee County has acquired a building located in downtown Bradenton and is currently in the process of relocating the medical examiner and an EMS station to this property. Space in this building will be ADA compliant and has been initially allocated to the Community Paramedicine Division but requires funding to complete the remainder of the build out. The most cost-effective solution will be to utilize the space and building that has been assigned to the Community Paramedic Division. The proposed building is centrally located, will provide adequate office space, is designed with a large training room for public health education, has ample meeting space for the program's routine multidisciplinary team meetings, and storage space for the community based Durable Medical Equipment lending program, along with parking for community paramedicine vehicles.

D.) If this proposal is not funded, the Community Paramedicine Program has a significant risk of space being reassigned. If the space is reassigned to another department or organization with funding, finding alternative property at this cost, in this geographic location, will not happen. The growth of the program will be difficult and the program will struggle to meet target initiatives such as public and internal medical and wellness educational programs, and patient accessibility for durable medical equipment lending.

E.) Manatee County Community Paramedic Program provides both basic and advanced life support services to the residents and visitors of Manatee County. The response area for the program spans 743 square miles and is made up of both urban and rural areas. The 2010 United States' Census identified a population of 322,833 with an estimated population of 375,888 as of July 1, 2016 (U.S. Department of

Commerce, 2017). The County seat and the largest municipality in Manatee County is Bradenton.

Manatee County has five other municipalities, including the City of Anna Maria, Bradenton Beach, Holmes Beach, the Town of Longboat Key, and Palmetto (Manatee County Government, 2016). Community Paramedic services are provided by three (3) ALS non-transport Tahoes.

F.) Manatee County Government has already invested \$36,873 in architectural drawing fees and other design fees which make this project “shovel ready.” The proposed time frames are as follows:

Review site plan, blue prints, and prepare bid documents	1-2 months
Advertise & complete bid process for contractor	2-3 months
Begin site prep & construction	3-4 months
Complete Construction and receive CO	4-5 months
Facility complete and operational	6 months

G.) Data obtained for this submission was taken from our internal electronic patient care reporting system (ESO), Zoll ePCR, and other internal reports. Additionally, data was retrieved from the following sources:

Manatee County Government. (2016, February 25). *Welcome to Manatee County*. Retrieved from Manatee County Florida: <http://www.mymanatee.org/home/government/county-administration/about-manatee.html>

U.S. Department of Commerce. (2017, October 9). *American Fact Finder*. Retrieved from United States' Census Bureau: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

H.) This proposal is not a duplication of any previous efforts by Manatee County for funding this project under this grant program.

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

Outcome for Projects that Provide or Effect Direct Services to Emergency Victims:

A.) Last fiscal year (October 1, 2016 through September 30, 2017), the Manatee County Community Paramedic program made 3,075 patient contacts. The majority of these patient contacts fell into one of the five program target patient populations which include: substance abuse & mental health, diabetics, frequent falls / fall prevention, congestive heart failure (other chronic respiratory conditions), and high EMS / emergency department system utilizers. Of the 3,075 patient contacts, the community paramedics successfully diverted 198 hospital visits and 275 ambulance transports that were deemed medically unnecessary. The completion of these diversions allowed for a total cost avoidance of \$426,309. Community Paramedics participated in Special Needs Shelter activations for Hurricane Matthew and Hurricane Irma. Due to the location of our current headquarters and security concerns, the program was unable to offer health education classes, however did participate in numerous health outreach events. The Community Paramedics participated in the active 911 system by running over 2,121 calls for service, a portion of which resulted in the above mentioned ambulance and hospital diversions.

B.) If awarded this grant, the Community Paramedic Program will move into its new space and health care costs in our community will continue to shrink. The new space will allow continued collaboration amongst staff members and community partners. It is imperative, for continued success, to have sufficient problem solving space for our community's most medically vulnerable populations. Furthermore, the program productivity is projected to increase, along with patient contacts due to the increased employee and team collaboration and improved workflows. More importantly, it is estimated the total length of stay (program has a target of 60 days with a current average of 88) in the community paramedic program will decrease, due to the simplified business process and increased collaboration space. Having sufficient space to maintain the programs innovative approach with a multi-layered, multidisciplinary method to improving patient outcomes will provide continued decrease in the 911 system utilization and hospital readmissions. Based off linear models and the realignment of the community paramedic program with the new collaboration space, the program has projected to increase its active patient census from 64 to 111 patients. The space will allow for increased collaboration which translates to a decreased length of stay or enrollment in the program. This open collaborative space will provide office room for additional FTE's along with ensuring patients' goals are aligned properly and patients are engaged and sustaining the proper progress to meet the graduation deadline of 60 days 90 percent of the time. Total patient contacts are

projected to increase by 73 percent to 5,329 with an estimated healthcare cost diversion greater than \$750,000.

C.) Having dedicated Community Paramedic space, the program will become more efficient and allow room for known and expected growth. This will enhance the patient experience while enrolled in the program by providing ample space for patient centric care. Our team dynamics are slated to change, with the addition of two FTE's, allowing additional patients to be enrolled in the community paramedic program at one time. The program's team approach towards addressing patients needs allows the average patient load per paramedic to be 30, it's projected the new space will allow 5 additional patients per community paramedic which is a 23% increase bringing the total program census to 111 patients a month. On average, each patient is visited four times a month, bringing the total monthly patient contact to 444 and a yearly projected total of 5,328 fewer telephonic patient management and patient contacts. Based off last fiscal year, the community paramedic program diverted an average of 31 ambulance transports monthly or 15.5 transports per FTE. The new space will allow an additional community paramedic and it is projected that the monthly ambulance diversions will increase by 43.4%, with an averaging of 46.5 diversions a month. Similar to ambulance diversions, the community paramedic program diverts an average of 23 patient visits to the Emergency Room monthly or 11.5 per FTE. It is projected that emergency room diversions will increase by 34 percent bringing the monthly average to 34.5. The community paramedic program utilizes the average transport cost for EMS transport in Manatee County as \$632.55 bringing total avoidable ambulance costs to \$352,962.90, along with the Center for Disease Control and Prevention (CDC) the average cost per emergency department visit of \$969.00 multiplied by the projected 414 avoided emergency room visits is \$401,116 bringing the total projected avoidable healthcare costs to \$754,129 next fiscal year.

D.) As our program continues to grow and excel, the method and way that healthcare is delivered to the residents and visitors of Manatee County will continue to evolve and change in a positive way. Additionally, as our program continues to grow and mature, a reduction in the number of ambulance transports will occur. As community paramedics continue to interact with the active 911 system, calls that were once destined for the emergency room will be effectively treated, aligned with a more appropriate resource, or mitigated at the scene of the incident (rather than transporting a patient to the emergency room). Based upon an annual community health assessment, the health of patients with chronic disease conditions identified will improve. If funded, the new space will allow for disease specific classes to be

offered. Appointments, wellness visits, preventative vaccinations, and physician level clinic visits can be scheduled. Due to the location of the proposed new space, greater client accessibility will make this new space an asset to our residents that are currently medically underserved.

E.) Manatee County Public Safety has positioned itself to become one of the most progressive emergency medical services organizations in the County in the next five years. Creating a careful balance of providing the right, most appropriate method of prehospital care, at the right time, to the right patient has been the philosophy adopted by our department. Traditional ambulance transportation to an emergency room is not accepted as the only option for our customers any longer. Pairing our patients with appropriate community, social, and healthcare resources is the goal of our department.

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

Statutory Considerations and Criteria:

A.) Florida State Statute 401 and Florida Administrative Code 64-J authorizes Manatee County Government to provide transport and non-transport life support services. The Manatee County Code of Ordinances, Chapter 2-13 speaks specifically to the provision of Life Support Services. Manatee County Public Safety has provided emergency medical services to the residents and visitors since 1972. In 2016, after identifying significant healthcare gaps, Manatee County established a formal Community Paramedicine Program. This program is designed to meet the medical and social needs of the medically vulnerable and medically underserved population. If this project is funded, the Community Paramedic Program will be able to more effectively meet the needs our customers.

B.) The addition of this new space will allow Manatee County to continue to pave the way in the future of emergency medical service delivery. Considering the Manatee County Community Paramedic Program has been named an emerging best practice and was one of the first formally developed community paramedic programs in the State, the proven success and growth of the program, and the results this program has accomplished, this expansion will allow the program's future success and inevitably conquer the unmet social and medical needs of our community. Additionally, by funding this project, Manatee County will be able to closely conform to the adopted Florida Department of Health Emergency Medical Services State Plan 2016-2921. Goal two of the plan specifically speaks to the use of health information technology to improve the efficiency effectiveness, and coordination and health care outcomes. Currently our Community Paramedic Program participates in a local health information exchange and is the first program in the state to submit community paramedicine data to EMSTARS. Our programs also meets several strategic priorities identified in Goal Five which addresses Community Redevelopment and Partnerships. Currently our program fully complies with strategies: 5.1 (A, B, C.), 5.2, and 5.4 of the State Plan.

C.) N/A -- **D.)** N/A

E.) 1. This project will allow our Community Paramedic Program to expand Community Paramedic Services to our taxpayers on a countywide basis. Both the increased size of the structure and location are key components of this project.

2.) Funding this project will allow for the improved coordination of services. Currently, there is not enough space for all disciplines involved in the program. Completing this building will allow for all disciplines to work closely together and improve the coordination of care our patients receive.

3.) N/A

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Review plans, blue prints, and prepare bid documents	Immediately	2 months
Advertise & complete bid process for contractor	2 months	4 months
Award bid & prepare performance contract document	4 months	4 months
Begin site prep & construction of facility	5 months	8 months
Complete construction and receive CO	8 months	9 months
Facility complete and operational	10 months	10 months

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

County Grant Award funding will be used to replace aging stretchers and a stair chair. Both the stretchers and stairchair were set to exceed the manufacturer's expected life span. Funding for this project is not available in our budget.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
Construction Related Soft Costs	-15134	Key Component of Project
Building Bricks and Mortar Subtotal	345542	Key Component of Project
Communications / Security / Contractor Fees	176319	Key Component of Project
*** See attached estimate for a detailed breakdown of costs***		
TOTAL:	<u>\$506,727.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program) <input checked="" type="checkbox"/> Matching: 75 Percent <input type="checkbox"/> Rural: 90 Percent Local Match Amount (Check applicable program) <input checked="" type="checkbox"/> Matching: 25 Percent <input type="checkbox"/> Rural: 10 Percent Grand Total	 <u>\$380,045.25</u> <u>\$0.00</u> <u>\$126,681.75</u> <u>\$ 0.00</u> <u>\$506,727.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total Right click on 0.00 then left click on "Update Field" to calculate Total Right click on 0.00 then left click on "Update Field" to calculate Total Right click on 0.00 then left click on "Update Field" to calculate Total Right click on 0.00 then left click on "Update Field" to calculate Total
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19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments, are true, correct, complete, and made in good faith.

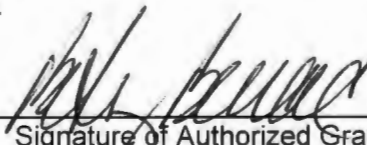
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

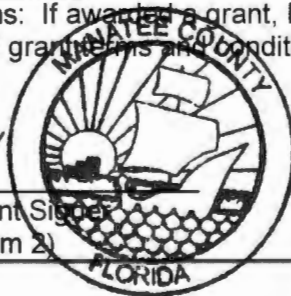
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify 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 the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.



Signature of Authorized Grant Signer
(Individual Identified in Item 2)

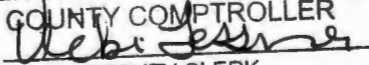


12 / 12 / 17
MM / DD / YY

DH FORM 1767 [2013]

8

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

ATTEST: MANATEE COUNTY
CLERK OF CIRCUIT COURT AND
COUNTY COMPTROLLER
BY: 
DEPUTY CLERK

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

Name of Agency: Manatee County Emergency Medical Services

Mailing Address: P.O. Box 1000

Bradenton, Florida 34206

Federal Identification Number 59-6000727

Authorized Agency Official: *Betsy Benac*  12/12/17
Signature Date

Betsy Benac, Chairperson of the Board of Florida Commissioners
Type Name and Title

Sign and return this page with your application to:

ATTEST: MANATEE COUNTY
CLERK OF CIRCUIT COURT AND
COUNTY COMPTROLLER
BY: *Debra Jones*
DEPUTY CLERK

DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: _____ Grant ID Code: _____

Approved By: _____ Date _____
Signature of State EMS Grant Officer

State Fiscal Year: 2017 - 2018

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	03	SF003	750000	059999

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

12/12/17

December 12, 2017 - Regular Meeting
Agenda Item #32

Subject

Community Paramedicine Matching Grant Funds

Briefings

None

Contact and/or Presenter Information

James Crutchfield, Community Paramedicine Chief, x 1648

Action Requested

Adoption of Resolution R-17-136 authorizing the submission of an application for a matching grant from the Florida Department of Health in the amount of \$380,681.75; and authorization to execute the grant application documents.

Enabling/Regulating Authority

Florida Statute 401.113, Distribution of grant funds for Pre-Hospital EMS Systems.

Background Discussion

The EMS County Matching Grant program with the Florida Department of Health provides funding for improving and expanding Manatee County's Pre-Hospital Emergency Medical Services System and does not supplant existing budget allocation.

Funding will be used to complete construction of a new office space located at 202 6th Avenue East (the Health Department campus). This building is currently being renovated and will house the Medical Examiner and an EMS Station. Space for the Community Paramedics has been allocated; however, funding to complete the build out is not available. The award of this grant will allow for the completed build out of the remaining space within this facility.

The total cost of remaining construction (unbudgeted) is \$506,727. The State Grant is a 75/25 percent match.

State Contribution = \$380,045.25

County Contribution = \$126,681.75 (Property Mgmt Project Funding)

County Attorney Review

Not Reviewed (No apparent legal issues)

Explanation of Other

Reviewing Attorney

N/A

Called Mindy and left message regarding pick
up 12/15/17

Instructions to Board Records

Please return the signed original EMS Matching Grant Application Certification Page and EMS Request for Grant Fund Distribution Page to Mindy Whalen, Community Paramedicine Resource Coordinator, x 1623, at

Manatee County Government Administrative Center
Commission Chambers, First Floor
9:00 a.m. - December 12, 2017

mindy.whalen@mymanatee.org.

Cost and Funds Source Account Number and Name

Property Management Project Funds - remaining funds in current projects

Amount and Frequency of Recurring Costs

0.00

Attachment: [FY18 Community Paramedicine Final \(003\).pdf](#)

Attachment: [Resolution Apply & Accept R 17_136 Community Paramedicine.pdf](#)

Applicant Information

Special note: Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS, with costs for automated external defibrillators. We encourage grant requests to accomplish this and ask EMS organizations to encourage this type of grant application.

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications.

Request for Grant Fund Distribution Page: This is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion. The address on this form **must** match exactly the address on file for your organization in the state MyFloridaMarketplace (MFMP) system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code.

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

Number of pages: Each application must be no more than 15 one sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These letters will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one sided pages.

Fastening. If you send a paper application, do not use a booklet cover. Simply staple the application in the upper left corner.



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code – (leave this blank)) _____

1. Organization Name: Manatee County Board of County Commissioners	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Betsy Benac	
Position Title: Chairperson of the Board of County Commissioners	
Address: 1112 Manatee Avenue West	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34205
Telephone: 941-745-3700 ext. 3708	Fax Number: 941-745-3790
E-Mail Address: betsy.benac@mymanatee.org	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: James Crutchfield	
Position Title: Chief, Community Paramedic Division, Public Safety Department	
Address: P.O. Box 1000	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34206
Telephone: 941-749-3500 ext. 1648	Fax Number: 941-749-3516
E-Mail Address: james.crutchfield@mymanatee.org	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private for Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number). VF 59-6000727 _ _

6. EMS License Number: 4102 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 1 BLS; 33 ALS Transport; 10 ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____ Date: _____

Print/Type: Name of Director David Nonell, M.D.

FL Med. Lic. No. ME 37261

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Justification Summary:

A) Since its inception in 2016, the Manatee County Public Safety Department's Community Paramedicine Program has grown tremendously in both size and volume. The Community Paramedicine Program was initially established through an Agency for Healthcare Administration (AHCA) partnership grant which included three full time positions (FTEs). After an initial review of the program's success by the Manatee County Board of County Commissioners, the program became fully funded in 2016 through the County's General fund. In late 2017, two additional FTEs were added which included an additional Community Paramedic and a Community Resource Coordinator bringing the total number of full time employees to five. The Community Paramedicine Program has established critical community partnerships which include partnerships with the Lake Erie College of Medicine (LECOM) Pharmacy Program, Centerstone of Florida, a mental health / substance abuse treatment facility, Department of Health – Manatee, Manatee County Rural Health Services (MCR), and an Internal / family medicine residency program through Universal Health Services. The Program is currently operated out of the County's Emergency Operations Center building and is allocated only four offices, creating its own challenges and team dynamics. Frankly stated, the program has outgrown the space allotted. The building is also not located in an area that is easily accessible for our patients. Manatee County has earmarked a new space for the program but lacks the funding to complete the build-out of the new space. Architectural drawings and contractor estimates have been completed (attached). The award of this grant will allow for this successful program to move into a space where a team environment can be created for continued program growth.

B) The Manatee County Community Paramedic Program has been active since October of 2016 and offers service to our community seven days per week, 365 days per year. The program focuses on five target patient populations which include: substance abuse & mental health, diabetics, frequent falls / fall prevention, congestive heart failure (other chronic respiratory conditions), and high EMS / emergency department system utilizers. To date, the program has made 3,092 patient contacts, discovered 124 prescription medication related errors (problems identified and corrected), completed 199 hospital diversions, and 276 ambulance diversions. As a result of both ambulance and hospital diversions, a health system cost savings of \$427,910 has been experienced in our community. Through a partnership agreement with LECOM, a licensed Clinical Pharmacist and Pharm-D student rides with the Community Paramedics five days per-week and a resident physician specializing in family or internal medicine rides with the program one day per week. Both disciplines require office space for documentation and phone

consults to assist with meeting the community paramedic program purpose. Two additional full time employees were added to our program, which also require additional office space. Currently, the program is operated out of the building that houses the Manatee County EOC, primary 911 PSAP, Emergency Medical Services, Florida Department of Transportation Traffic Engineering, and Emergency Management. Office space in this building is at capacity and individuals are required to share an office that is designed for one individual making their work at times difficult and unproductive. Community based training and disease specific classes cannot be held for the public due to the location of the building and security concerns. During the first year of successful operation, the community paramedic program designed a Durable Medical Equipment Lending Closet to fill a gap among the economically or socially disadvantaged population in the community. This closet initially started small and developed into equipment including motorized wheel chairs, hospital beds, walkers, potty chairs, and various medical supplies being stored in already overoccupied office space.

C.) Manatee County has acquired a building located in downtown Bradenton and is currently in the process of relocating the medical examiner and an EMS station to this property. Space in this building will be ADA compliant and has been initially allocated to the Community Paramedicine Division but requires funding to complete the remainder of the build out. The most cost-effective solution will be to utilize the space and building that has been assigned to the Community Paramedic Division. The proposed building is centrally located, will provide adequate office space, is designed with a large training room for public health education, has ample meeting space for the program's routine multidisciplinary team meetings, and storage space for the community based Durable Medical Equipment lending program, along with parking for community paramedicine vehicles.

D.) If this proposal is not funded, the Community Paramedicine Program has a significant risk of space being reassigned. If the space is reassigned to another department or organization with funding, finding alternative property at this cost, in this geographic location, will not happen. The growth of the program will be difficult and the program will struggle to meet target initiatives such as public and internal medical and wellness educational programs, and patient accessibility for durable medical equipment lending.

E.) Manatee County Community Paramedic Program provides both basic and advanced life support services to the residents and visitors of Manatee County. The response area for the program spans 743 square miles and is made up of both urban and rural areas. The 2010 United States' Census identified a population of 322,833 with an estimated population of 375,888 as of July 1, 2016 (U.S. Department of

Commerce, 2017). The County seat and the largest municipality in Manatee County is Bradenton. Manatee County has five other municipalities, including the City of Anna Maria, Bradenton Beach, Holmes Beach, the Town of Longboat Key, and Palmetto (Manatee County Government, 2016). Community Paramedic services are provided by three (3) ALS non-transport Tahoes.

F.) Manatee County Government has already invested \$36,873 in architectural drawing fees and other design fees which make this project “shovel ready.” The proposed time frames are as follows:

Review site plan, blue prints, and prepare bid documents	1-2 months
Advertise & complete bid process for contractor	2-3 months
Begin site prep & construction	3-4 months
Complete Construction and receive CO	4-5 months
Facility complete and operational	6 months

G.) Data obtained for this submission was taken from our internal electronic patient care reporting system (ESO), Zoll ePCR, and other internal reports. Additionally, data was retrieved from the following sources:

Manatee County Government. (2016, February 25). *Welcome to Manatee County*. Retrieved from Manatee County Florida: <http://www.mymanatee.org/home/government/county-administration/about-manatee.html>

U.S. Department of Commerce. (2017, October 9). *American Fact Finder*. Retrieved from United States' Census Bureau: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmm

H.) This proposal is not a duplication of any previous efforts by Manatee County for funding this project under this grant program.

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

Outcome for Projects that Provide or Effect Direct Services to Emergency Victims:

A.) Last fiscal year (October 1, 2016 through September 30, 2017), the Manatee County Community Paramedic program made 3,075 patient contacts. The majority of these patient contacts fell into one of the five program target patient populations which include: substance abuse & mental health, diabetics, frequent falls / fall prevention, congestive heart failure (other chronic respiratory conditions), and high EMS / emergency department system utilizers. Of the 3,075 patient contacts, the community paramedics successfully diverted 198 hospital visits and 275 ambulance transports that were deemed medically unnecessary. The completion of these diversions allowed for a total cost avoidance of \$426,309. Community Paramedics participated in Special Needs Shelter activations for Hurricane Matthew and Hurricane Irma. Due to the location of our current headquarters and security concerns, the program was unable to offer health education classes, however did participate in numerous health outreach events. The Community Paramedics participated in the active 911 system by running over 2,121 calls for service, a portion of which resulted in the above mentioned ambulance and hospital diversions.

B.) If awarded this grant, the Community Paramedic Program will move into its new space and health care costs in our community will continue to shrink. The new space will allow continued collaboration amongst staff members and community partners. It is imperative, for continued success, to have sufficient problem solving space for our community's most medically vulnerable populations. Furthermore, the program productivity is projected to increase, along with patient contacts due to the increased employee and team collaboration and improved workflows. More importantly, it is estimated the total length of stay (program has a target of 60 days with a current average of 88) in the community paramedic program will decrease, due to the simplified business process and increased collaboration space. Having sufficient space to maintain the programs innovative approach with a multi-layered, multidisciplinary method to improving patient outcomes will provide continued decrease in the 911 system utilization and hospital readmissions. Based off linear models and the realignment of the community paramedic program with the new collaboration space, the program has projected to increase its active patient census from 64 to 111 patients. The space will allow for increased collaboration which translates to a decreased length of stay or enrollment in the program. This open collaborative space will provide office room for additional FTE's along with ensuring patients' goals are aligned properly and patients are engaged and sustaining the proper progress to meet the graduation deadline of 60 days 90 percent of the time. Total patient contacts are

projected to increase by 73 percent to 5,329 with an estimated healthcare cost diversion greater than \$750,000.

C.) Having dedicated Community Paramedic space, the program will become more efficient and allow room for known and expected growth. This will enhance the patient experience while enrolled in the program by providing ample space for patient centric care. Our team dynamics are slated to change, with the addition of two FTE's, allowing additional patients to be enrolled in the community paramedic program at one time. The program's team approach towards addressing patients needs allows the average patient load per paramedic to be 30, it's projected the new space will allow 5 additional patients per community paramedic which is a 23% increase bringing the total program census to 111 patients a month. On average, each patient is visited four times a month, bringing the total monthly patient contact to 444 and a yearly projected total of 5,328 fewer telephonic patient management and patient contacts. Based off last fiscal year, the community paramedic program diverted an average of 31 ambulance transports monthly or 15.5 transports per FTE. The new space will allow an additional community paramedic and it is projected that the monthly ambulance diversions will increase by 43.4%, with an averaging of 46.5 diversions a month. Similar to ambulance diversions, the community paramedic program diverts an average of 23 patient visits to the Emergency Room monthly or 11.5 per FTE. It is projected that emergency room diversions will increase by 34 percent bringing the monthly average to 34.5. The community paramedic program utilizes the average transport cost for EMS transport in Manatee County as \$632.55 bringing total avoidable ambulance costs to \$352,962.90, along with the Center for Disease Control and Prevention (CDC) the average cost per emergency department visit of \$969.00 multiplied by the projected 414 avoided emergency room visits is \$401,116 bringing the total projected avoidable healthcare costs to \$754,129 next fiscal year.

D.) As our program continues to grow and excel, the method and way that healthcare is delivered to the residents and visitors of Manatee County will continue to evolve and change in a positive way. Additionally, as our program continues to grow and mature, a reduction in the number of ambulance transports will occur. As community paramedics continue to interact with the active 911 system, calls that were once destined for the emergency room will be effectively treated, aligned with a more appropriate resource, or mitigated at the scene of the incident (rather than transporting a patient to the emergency room). Based upon an annual community health assessment, the health of patients with chronic disease conditions identified will improve. If funded, the new space will allow for disease specific classes to be

offered. Appointments, wellness visits, preventative vaccinations, and physician level clinic visits can be scheduled. Due to the location of the proposed new space, greater client accessibility will make this new space an asset to our residents that are currently medically underserved.

E.) Manatee County Public Safety has positioned itself to become one of the most progressive emergency medical services organizations in the County in the next five years. Creating a careful balance of providing the right, most appropriate method of prehospital care, at the right time, to the right patient has been the philosophy adopted by our department. Traditional ambulance transportation to an emergency room is not accepted as the only option for our customers any longer. Pairing our patients with appropriate community, social, and healthcare resources is the goal of our department.

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

Statutory Considerations and Criteria:

A.) Florida State Statute 401 and Florida Administrative Code 64-J authorizes Manatee County Government to provide transport and non-transport life support services. The Manatee County Code of Ordinances, Chapter 2-13 speaks specifically to the provision of Life Support Services. Manatee County Public Safety has provided emergency medical services to the residents and visitors since 1972. In 2016, after identifying significant healthcare gaps, Manatee County established a formal Community Paramedicine Program. This program is designed to meet the medical and social needs of the medically vulnerable and medically underserved population. If this project is funded, the Community Paramedic Program will be able to more effectively meet the needs our customers.

B.) The addition of this new space will allow Manatee County to continue to pave the way in the future of emergency medical service delivery. Considering the Manatee County Community Paramedic Program has been named an emerging best practice and was one of the first formally developed community paramedic programs in the State, the proven success and growth of the program, and the results this program has accomplished, this expansion will allow the program's future success and inevitably conquer the unmet social and medical needs of our community. Additionally, by funding this project, Manatee County will be able to closely conform to the adopted Florida Department of Health Emergency Medical Services State Plan 2016-2921. Goal two of the plan specifically speaks to the use of health information technology to improve the efficiency effectiveness, and coordination and health care outcomes. Currently our Community Paramedic Program participates in a local health information exchange and is the first program in the state to submit community paramedicine data to EMSTARS. Our programs also meets several strategic priorities identified in Goal Five which addresses Community Redevelopment and Partnerships. Currently our program fully complies with strategies: 5.1 (A, B, C.), 5.2, and 5.4 of the State Plan.

C.) N/A -- **D.)** N/A

E.) 1. This project will allow our Community Paramedic Program to expand Community Paramedic Services to our taxpayers on a countywide basis. Both the increased size of the structure and location are key components of this project.

2.) Funding this project will allow for the improved coordination of services. Currently, there is not enough space for all disciplines involved in the program. Completing this building will allow for all disciplines to work closely together and improve the coordination of care our patients receive.

3.) N/A

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin _____	End _____
Review plans, blue prints, and prepare bid documents	Immediately	2 months
Advertise & complete bid process for contractor	2 months	4 months
Award bid & prepare performance contract document	4 months	4 months
Begin site prep & construction of facility	5 months	8 months
Complete construction and receive CO	8 months	9 months
Facility complete and operational	10 months	10 months

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

County Grant Award funding will be used to replace aging stretchers and a stair chair. Both the stretchers and stairchair were set to exceed the manufacturer's expected life span. Funding for this project is not available in our budget.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

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).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
Construction Related Soft Costs	-15134	Key Component of Project
Building Bricks and Mortar Subtotal	345542	Key Component of Project
Communications / Security / Contractor Fees	176319	Key Component of Project
*** See attached estimate for a detailed breakdown of costs***		
TOTAL:	<u>\$506,727.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

<p>State Amount (Check applicable program)</p> <p><input checked="" type="checkbox"/> Matching: 75 Percent</p> <p><input type="checkbox"/> Rural: 90 Percent</p> <p>Local Match Amount (Check applicable program)</p> <p><input checked="" type="checkbox"/> Matching: 25 Percent</p> <p><input type="checkbox"/> Rural: 10 Percent</p> <p>Grand Total</p>	<p><u>\$380,045.25</u></p> <p><u>\$0.00</u></p> <p><u>\$126,681.75</u></p> <p><u>\$ 0.00</u></p> <p><u>\$506,727.00</u></p>	<p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p>
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19. <u>Certification:</u>	
My signature below certifies the following.	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments, are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify 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 the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
<hr style="width: 40%; margin: 0 auto;"/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr style="width: 40%; margin: 0 auto;"/> / / MM / DD / YY

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

**FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM**

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

Name of Agency: Manatee County Emergency Medical Services

Mailing Address: P.O. Box 1000

Bradenton, Florida 34206

Federal Identification Number 59-6000727

Authorized Agency Official: _____
Signature Date

Betsy Benac, Chairperson of the Board of County Commissioners
Type Name and Title

Sign and return this page with your application to:

*DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: _____ Grant ID Code: _____

Approved By: _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	03	SF003	750000	059999

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

R-17-136

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A MATCHING 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 encourages licensed EMS organizations to submit applications for matching 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 Matching 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 Matching 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 12th day of December, 2017

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

By: _____
Chairperson, Board of County Commissioners

ATTEST: Angelina Colonnese
Clerk of the Circuit Court

By: _____