

RESOLUTION B-21-049  
AMENDING THE ANNUAL BUDGET  
FOR MANATEE COUNTY, FLORIDA  
FOR FISCAL YEAR 2021

**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 2020-2021 budget is hereby amended in accordance with FS 129.06 as described in the description and specified in the budget adjustment batch file listed below:

Department: PUBLIC SAFETY  
Fund: EMERGENCY MEDICAL SVCS TRUST  
Description: Appropriates \$32,843 of grant revenue in the Emergency Medical Services Trust from the Florida Department of Health for the FY20-21 Emergency Medical Services (EMS) annual grant. This grant application is being presented to the Board along with this budget amendment.

Batch ID: CT12721A/B

Reference: BU21000186

ADOPTED IN OPEN SESSION WITH A QUORUM PRESENT AND VOTING THIS 9th DAY OF Feb, 2021.



BOARD OF COUNTY COMMISSIONERS  
MANATEE COUNTY, FLORIDA

By: \_\_\_\_\_  
Chairman

ATTEST: Angelina Colonnese  
Clerk of Circuit Court

By: Debi Jensen  
Deputy Clerk

**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

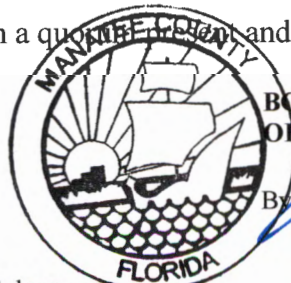
**WHEREAS**, The Manatee County Board of County Commissioners is eligible to submit an EMS County Grant application; and

**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 and voting this 9th day of February, 2021



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

By: \_\_\_\_\_  
Chairperson, Board of County Commissioners

**ATTEST:** Angelina Colonnese  
Clerk of the Circuit Court

By: Uchi Jensen



**FLORIDA DEPARTMENT OF HEALTH**  
 Emergency Medical Services Section  
 EMS County Grant Application

**ID Code (The State EMS Program will assign the ID Code – leave this blank)** \_\_\_\_\_

<b>1. County Name:</b> Manatee
Business Address: <b>P.O. Box 1000</b> <b>Bradenton, FL 34206-1000</b>
Telephone: <b>941-748-4501 ext 1657</b>
Federal Tax ID Number (Nine Digit Number): VF <b>59-6000727</b>

**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:** \_\_\_\_\_

Printed Name: **James Crutchfield**

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

**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: **James Crutchfield**

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

Address: **P.O Box 1000**  
**Bradenton, FL 34206-1000**

Telephone: 941-748-4501 ext 1657 | Fax Number: **941-749-3568**

Email Address: **james.crutchfield@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 this resolution.

**5. Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)


**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 =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**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
Total Expenses =	\$ 0.00

**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
Emergency and Scene lighting for second Ambubus	25,000
Custom Cabinetry work for second Ambubus	7843
Total Vehicles & Equipment =	\$ 32,843.00
<u>Grand Total =</u>	<u>\$ 32,843.00</u>

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

## 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 county name, address, and corresponding federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

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

Mailing Address: P.O. Box 1000

Bradenton, FL 34206-1000

Federal 9-digit Identification number: VF 596000727

3-digit seq. code \_\_\_\_\_

Authorized County Official: \_\_\_\_\_

Signature

Date

Attest: Manatee County Clerk of the Circuit

Court and County Comptroller

By: \_\_\_\_\_

Deputy Clerk

Vanessa Baugh, 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 Unit, 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 Section**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2020-2021

<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	751000	059998

Federal Tax ID: VF \_\_\_\_\_ Sequence Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

**ACCEPTED in Open Session**

**2/9/2021**

Manatee County Board of County  
Commissioners

Manatee County Government Administration Building  
Honorable Patricia M. Glass Chambers, First Floor  
9:00 a.m. - February 9, 2021

February 9, 2021 - Regular Meeting  
Agenda Item #32

Subject

Adoption of Resolution R-21-027 Authorizing Submission and Acceptance of a Grant from Florida Department of Health for the County's Prehospital Emergency Medical Services System; Execution of EMS Grant Application; Adoption of Budget Resolution B-21-049

Briefings

None

Contact and/or Presenter Information

James Crutchfield, EMS Chief, x 1648

Action Requested

Adoption of Resolution R-21-027 authorizing submission and acceptance of a grant from Florida Department of Health in the amount of \$32,843; authorization for the Chairperson to execute the EMS County Grant Application; and adoption of Budget Resolution B-21-049 amending the annual budget for Manatee County, Florida, for fiscal year 2021, allocating the funding.

Enabling/Regulating Authority

Florida State Statute 401.113, 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 supplant existing budget allocation.

Grant funding will be used to purchase:

- Emergency and Scene Lighting for Second Ambubus
- Custom Cabinetry work for Second Ambubus

County Attorney Review

Not Reviewed (No apparent legal issues)

Explanation of Other

Reviewing Attorney

N/A

Instructions to Board Records

Please return the signed original EMS County Grant Fund Distribution page and a copy of the signed resolutions to Mindy Whalen, Public Safety, x 1623, [mindy.whalen@mymanatee.org](mailto:mindy.whalen@mymanatee.org), and to

**Emailed and interoffice 2/16/21**

Manatee County Government Administration Building  
Honorable Patricia M. Glass Chambers, First Floor  
9:00 a.m. - February 9, 2021

[budget@mymanatee.org](mailto:budget@mymanatee.org).

Cost and Funds Source Account Number and Name  
\$32,843-1059001707/EMS TRUST FUND GRANT

Amount and Frequency of Recurring Costs  
0

Attachment: [county-grant-app-2021.pdf](#)

Attachment: [4 Resolution Apply & Accept R-21-027.pdf](#)

Attachment: [B-21-049 EMS annual grant 3rd Review.pdf](#)

## **Instructions: County Government Application Form 2020-2021**

The amount of your new grant is in the “Total” column of the county amount table accessible at the state EMS website link.

The first application form page has five numbered items. The first three are self-explanatory.

However, note that **item 2** on the first application page is where the county’s authorized person must provide his/her **signature and date**.

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; or if a previous resolution has continuing authority, include a message from a lead county official stating that the resolution is still in-effect, with a copy of it.

Item 5 of the first page of the application form asks for the name of the organization(s) to which you decide to allocate funds from your new county grant. The second page of the application form is the budget page. One of these budget pages is needed for each organization listed in item 5.

The budget page for each organization must have on it specific and quantifiable items or services, with the cost for each unit or type of item or service. However, all costs in your budget combined must total to the exact amount of total new funds for your grant. You can request budget changes and add unexpended previous funds after the new grant begins.

Your budget totals in the application should be added for you if you place your cursor over a subtotal or total field, right click your mouse, then left click “Update Field” on the resulting menu.

You should copy this form on your computer to use it. If you place the application in restricted editing mode, you can use your keyboard Tab key to go from field to field.

### **Request for Grant Fund Distribution Form**

**Request for Grant Fund Distribution Form:** this is the last page herein and you must complete the top part of the form. State EMS will complete the bottom part, as indicated on the form. Your address on this form **must** be an address in the state MyFloridaMarketplace (MFMP) system. A mailing address you place on this form is not usable by state finance if it is not in the MFMP system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the top half of the Distribution Form, the corresponding address and its 9-digit federal tax ID plus its 3-digit sequence code. Otherwise, no funds can be sent to you until this situation is resolved.

If needed, you can contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or at the website: [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com).