

# Board of County Commissioners

## Agenda Request

**Date of Meeting:** December 5, 2023

**Date Submitted:** November 7, 2023

**To:** Honorable Chairman and Members of the Board

**From:** Edward J. Dixon, County Administrator  
Kris Hood, Chief

**Subject:** Approval of approval of the Department of Health County Awards Grant Application and Resolution 2023-043

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### **Statement of Issue:**

This agenda item is presented to the Board for approval of the Department of Health County Awards Grant Application and Resolution 2023-043.

### **Background:**

The Florida Department of Health, EMS County Awards Grant Monies are available to facilitate the improvement of Emergency Medical Services within Gadsden County. Currently, Gadsden Emergency Services lacks adequate and up to date equipment to provide the necessary pre hospital care to the citizens within the county. The awards grant, provided by the state, offers an opportunity for Emergency Services to obtain the necessary equipment to resolve this issue.

### **Analysis:**

The Portable radios will ensure ems personnel have adequate amounts of radios to receive 911 calls and will also ensure our agency has spare radios should the need arise during a disaster or mandatory employee recall.

### **Fiscal Impact:**

None. This is a non- matching grant. Note the following:

**Fiscal 2023-2024 award amount:** \$6,984.86

**Total budgeted for expenditure:** \$6,456.04

**Options:**

1. Approve the County Awards Grant and authorize the Chairman to sign all related documents.
2. Do not approve.
3. Board direction.

**County Administrator's Recommendation:**

Option 1.

**Attachments:**

- A. County Award Grant Application
- B. Resolution 2023-043
- C. Quote

## **Instructions: County Government Application Form 2023-2024**

The first application page has five numbered items.

Please note that **Item 2** on the first application page is where the county's authorized person must provide his/her **signature and the date**.

Item 4 describes the content of the current "resolution" that is required. However, if a previous resolution has continuing authority, include a signed message about this and provide a copy of the previous resolution.

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, and one of these budget pages is needed for each organization listed in Item 5.

The county alone has the authority to use all the grant funds itself or to provide some of the funds to other organizations within the county. However, the county remains responsible to the state for all the funds.

The budget costs must total to the exact amount of new funds for your grant. You can request budget changes and to add to the new grant budget unexpended previous funds from the prior grant, after the new grant begins.

The Request for Grant Fund Distribution Form is the last page herein and you must complete only the top part of the form. State EMS will complete the bottom part, as stated on the form.

You should copy all forms on your computer to use them. If you place them in restricted editing mode, you can use your keyboard Tab key to go from field to field.

**Note: This instruction form is for information purposes only and is not part of form DH 1684.**



**EMS COUNTY GRANT APPLICATION**

**FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Program  
Complete all items**

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

<b>1. County Name:</b> Gadsden County Board of County Commissioners
Business Address: 9-B East Jefferson Street- P.O Box 1799 Quincy, FI 32351
Telephone: 850-875-8650
Federal Tax ID Number (Nine Digit Number): VF 596000616

<b>2. Certification:</b> (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. <b>Signature:</b> _____ <b>Date:</b> _____
Printed Name: Kimblin NeSmith
Position Title: Gadsden County BOCC Chairperson

<b>3. Contact Person:</b> (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: Kris Hood
Position Title: Chief
Address: 276 Lasalle Lefall Drive – P.O Box 488 Quincy, FI 32351
Telephone: 850-597-6406   Fax Number: 850-662-1121
E-mail Address: khood@gadsdencountyfl.gov

<b>4. Resolution:</b> 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 <u>cannot process</u> for funds without this resolution.
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<b>5. Organization List:</b> 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)



**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 used herein **must** be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state can provide these.

Name of County: Gadsden County Emergency Services

Mailing Address: P.O Box 488

Quincy, FL 32353

Federal 9-digit Identification number: 596000616 3-digit seq. code 071

Authorized County Official: \_\_\_\_\_  
Signature Date

Kimblin NeSmith, Chairperson  
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: 2023 - 2024

<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 \_\_\_\_\_ Seq. Code: \_\_\_\_\_

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

## **RESOLUTION 2023-043**

**WHEREAS**, Gadsden County has been notified that monies are available through the Department of Health to be used for the improvement and expansion of Gadsden County’s pre-hospital Emergency Medical Services, and shall not supplant the existing county EMS budget allocations; and

**WHEREAS**, Gadsden County’s Emergency Medical Services is in need of medical equipment; and

**WHEREAS**, the Board of County Commissioners’ budget does not have sufficient funds for these projects.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF GADSDEN COUNTY, FLORIDA** that the Board of County Commissioners shall be authorized to apply for said money, on behalf of Gadsden County. When received, said money shall be used solely to improve and expand Gadsden County’s pre-hospital EMS, and shall not be used to supplant the EMS budget.

Passed this 5<sup>th</sup> day of December, 2023

**BOARD OF COUNTY COMMISSIONERS  
GADSDEN COUNTY, FLORIDA**

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**CHAIRPERSON**

Attest:

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Clerk of Court





**Billing Address:**  
 GADSDEN COUNTY  
 9B E JEFFERSON ST  
 QUINCY FL, 32353

**Quote Name:** Gadsden EMS R7  
**Quote Date:** 2023-11-07  
**Expiration Date:** 2024-01-06  
**Contract Name:** 18665 - BROWARD SHERIFF'S OFFICE

**Quote Created By:**  
 Debbie Giles  
 debbiegiles@callmc.com

**Customer:** GADSDEN COUNTY  
**Contact Name:** EMS Chief Kris Hood  
**Contact Email:** khood@gadsdencountyfl.gov

**Currency:** USD

**Payment Terms:** 30 NET  
**Terms and Conditions:** none

Line #	Item Number	Description	Quantity	Term	Unit List Price	Ext. List Price	Unit Sale Price	Ext. Sale Price	APC
	MOTOTRBO R7								
1	AAH06RDN9RA1AN	MOTOTRBO R7 403-527M 4W FKP ENABLED.	1		\$1,722.00	\$1,722.00	\$1,463.70	\$1,463.70	0865
1a	STDBAT0865AB	STANDARD LI-ION IP68 2850T BATTERY (PMNN4809).	1		\$0.00	\$0.00	\$0.00	\$0.00	0865
1b	STDCHG0865AB	STANDARD CHARGER, US PLUG (PMPN4576).	1		\$0.00	\$0.00	\$0.00	\$0.00	0865
1c	QA08406AA	DEL: NO OPTION BOARD (NON-UL).	1		\$0.00	\$0.00	\$0.00	\$0.00	0865
1d	QA08155AB	ADD: RM730 GCAI REMOTE SPEAKER MIC.	1		\$106.25	\$106.25	\$90.31	\$90.31	0865
1e	QA08431AA	ADD: UHF STUBBY 440-490MHZ 9CM ANTENNA (PMAE4070).	1		\$0.00	\$0.00	\$0.00	\$0.00	0865
1f	STDBOX0865AA	STANDARD MODEL BOX.	1		\$0.00	\$0.00	\$0.00	\$0.00	0865
2	SWV03I02635A	5Y RADIO ESSENTIAL SW.	1	5 YEARS	\$0.00	\$0.00	\$0.00	\$0.00	0771
3	LSV03I02633A	5Y RADIO ESSENTIAL SERVICE.	1	5 YEARS	\$0.00	\$0.00	\$0.00	\$0.00	0073
	Product Services								
4	LSV00Q00202A	DEVICE PROGRAMMING.	1		\$60.00	\$60.00	\$60.00	\$60.00	0461

**Net Total** \$1,614.01  
**Estimated Tax** \$0.00  
**Estimated Freight** \$0.00  
**Grand Total** \$1,614.01

**Recurring Services & Subscriptions**

Item Number	Description	Quantity	Unit Recurring Sale Price	Recurring Sale Price	Term	Ext. Sale Price
SWV03I02635A	5Y RADIO ESSENTIAL SW	1	\$0.00	\$0.00	5 YEARS	\$0.00
LSV03I02633A	5Y RADIO ESSENTIAL SERVICE	1	\$0.00	\$0.00	5 YEARS	\$0.00