

**Board of County Commissioners
Agenda Request**

Date of Meeting: November 1, 2016

Date Submitted: October 18, 2016

To: Honorable Chairperson and Members of the Board

From: Robert M. Presnell, County Administrator
Dee Jackson, Grant Writer
Roy Pippen, EMS Director

Subject: 2016-2017 EMS County Award of Grant Funds

Statement of Issue:

This agenda item seeks Board approval to apply for the 2016-2017 EMS County Award of Grant Funds from the Florida Department of Health. A resolution is required and the signature of the Chairperson on the application.

Background:

Gadsden County has been notified that \$10,312.00 is available via Grant Fund Distribution to improve and expand pre-hospital EMS. This is a cash grant that requires no match from the County.

Analysis:

These grant funds will be used to purchase ten traction splints, two stair-chairs and to refurbish stations.

Fiscal Impact:

This is a cash grant and requires no match from the County. Funds must be used to improve and expand pre-hospital EMS.

Options:

1. Approval of application and authorization for the Chairperson to sign both the application and resolution.
2. Do not approve.
3. Board direction.

County Administrator's Recommendation:

Option 1

Attachments:

1. Notice of Grant Availability
2. Department of Health Grant Application
3. Request for Grant Fund Distribution
4. Proposed Resolution

County Government Application Form July 2016-2017

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

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

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

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

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

Request for Grant Fund Distribution Form

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

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



EMS COUNTY GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program Complete all items

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

1. County Name: Gadsden
Business Address: Post Office Box 920 Quincy, Florida 32353-0920
Telephone: (850) 875-3852
Federal Tax ID Number (Nine Digit Number): VF 59-6000616

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: November 1, 2016
Printed Name: Brenda Holt	
Position Title: Chairperson	

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: Roy Pippen	
Position Title: EMS Director	
Address: 412 East Jefferson Street Quincy, Florida 32351	
Telephone: (850) 875-3852	Fax Number: (850) 875-8687
E-mail Address: rpippen@gadsdencountyfl.gov	

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 <u>cannot process</u> for funds without a <u>current</u> resolution.
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5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)
Gadsden County Emergency Medical Services

A. Salaries and Benefits:

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).

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.

DH 1684, December 2008

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

REQUEST FOR GRANT FUND DISTRIBUTION

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

DOH Remit Payment To:

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

Name of Agency: Gadsden County Board of County Commissioners: EMS

Mailing Address: Post Office Box 920
Quincy, Florida 32352-0920

Federal Identification number: 59-6000616

Authorized County Official: _____ 11/01/2016
Signature Date

Brenda Holt, Chairperson
Type or Print Name and Title

Sign and return this page with your application to:

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

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

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

Approved By : _____
Signature of State EMS Grant Officer Date

State Fiscal Year: 2016 - 2017

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

Federal Tax ID: VF _ _ _ _ _

Grant Beginning Date: _____ Grant Ending Date: _____

RESOLUTION No. 2016-025

WHEREAS, Gadsden County has been notified that the funding available via the Florida Department of Health to be utilized for the improvement and expansion of the Gadsden County pre-hospital Emergency Medical Services, and shall not supplant the existing County EMS budget allocations; and

WHEREAS, the Gadsden County Emergency Medical Services is in need of ten traction splints, two stair-chairs and the refurbishing of stations; and

WHEREAS, the Board of County Commissioners' annual budget does not have sufficient funds to finance these projects.

NOW, THEREFORE, BE IT RESOLVED that the Gadsden Board of County Commissioners of Gadsden County, Florida hereby authorizes the Board Chairperson to sign the application for funding on behalf of Gadsden County.

BE IT FURTHER RESOLVED when the funding is received, it shall not be used to supplant the County's EMS or any other budget.

Passed this 1st day of November, 2016.

BOARD OF COUNTY COMMISSIONERS
GADSDEN COUNTY, FLORIDA

Brenda A. Holt, Chairperson
Commissioner, District 4