



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.10.

12/8/2020

Subject:

Approval to award Emergency Medical Services Grant funds to local EMS providers for 2020/2021.

Fiscal Impact:

FY 20/21 - \$38,463.00 in total grant funding with no local match.

Dept/Office:

Fire Rescue Department

Requested Action:

Request approval to award Emergency Medical Services Grant funds to local EMS providers who have submitted grant applications. Funding for this request is provided to the County from the State Department of Health. It is also requested that all budget changes necessary for this process be approved by the County Manager or his designee.

Summary Explanation and Background:

Annually, the Board of County Commissioners receives grant funding from the Florida Department of Health (DOH). The funds are to be used to improve emergency medical services to the citizens of Brevard County (F.S.401.104). Local distribution of these funds is done in accordance with the EMS ordinance (Code of Ordinances, Chapter 42-108) which is attached.

Applications from local EMS providers will be reviewed by committee and recipients chosen. The total amount of grant funds to be dispersed is \$38,463.00, which represents an accumulation of annual grant monies.

Fire Rescue is requesting approval of the future EMS Trust Awards for 2020/2021.

Contact: Mark Schollmeyer, Fire Chief, 321-633-2056, mark.schollmeyer@brevardfl.gov
<<mailto:mark.schollmeyer@brevardfl.gov>>

Clerk to the Board Instructions:



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

December 9, 2020

M E M O R A N D U M

TO: Chief Mark Schollmeyer, Fire Rescue Director Attn: Pamela Barrett

RE: Item F.10., Approval to Award Emergency Medical Services (EMS) Grant Funds to Local EMS Providers for 2020/2021

The Board of County Commissioners, in regular session on December 8, 2020, approved to award EMS Grant funds to local EMS providers who have submitted grant applications, with funding for this request provided to the County from the State Department of Health; and authorized the County Manager or his designee to approve any associated Budget Change Requests.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS/CLERK


Kimberly Powell, Clerk to the Board

/sm

cc: County Manager
Finance
Budget




BOARD OF COUNTY COMMISSIONERS



Brevard County Fire Rescue
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955

Inter-Office Memo

TO: Mr. Frank Abbate, County Manager
THRU: Mr. Matthew Wallace, Public Safety Director
FROM: Fire Chief Mark Schollmeyer 
DATE: October 20, 2020

Wallace,
Matthew

Digitally signed by
Wallace, Matthew
Date: 2020.10.29 10:23:18
-04'00'

SUBJECT: Approval of the 2020-2021 Resolution RE: The State EMS County Trust Grant

It is requested that the County Manager approve the submission of the 2020-2021 State Bureau of Emergency Medical Services (EMS) County Trust Grant, and authorize the Fire Rescue Department Director to execute any additional follow up documentation and amendments necessary to secure these funds. This is a continuation of a previous grant program. These funds are available to the County with no match of any kind required.

The Florida Department of Health makes available to every Florida county an annual Trust Award/Grant of funds to expand and enhance countywide Emergency Medical Services (EMS).

Brevard County Fire Rescue has applied and received approval for these funds in the past. The Bureau of Emergency Medical Services application requires an original resolution from Brevard County. The amount of funds available for the 2020-2021 grant period will be \$38,463.00. This is 45 percent of the court fees the County deposited into the state EMS Trust Fund under Section 401.113(1).

The EMS County Grant funds received shall be dispersed by Brevard County Fire Rescue. These funds will be used to improve and expand Emergency Medical Services within Brevard County and the grant monies will not be used to supplant existing EMS budget allocations.

FY Impact: FY 20-21 - \$38,463.00, EMS County Trust Grant Award
Fund 1351 Cost Center 284620



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) _____

1. County Name: **Brevard County**

Business Address: **1040 S Florida Ave**

Rockledge FL 32955

Telephone: **321-633-2056**

Federal Tax ID Number (Nine Digit Number): **VF 59-6000523**

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: *Frank Abbate*

Date: *11/4/20*

Printed Name: **Frank Abbate**

Position Title: **County Manager**

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: **Cindy Paulin**

Position Title: **Special Project Coordinator III**

Address: **1040 S Florida Ave**

Rockledge FL 32955

Telephone: **321-633-2056**

Fax Number: **321-637-5383**

Email Address: **cindy.paulin@brevardfl.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 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)

Brevard County Fire Rescue

BUDGET PAGE**A. Salaries and Benefits:**

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

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

List the item and, if applicable, the quantity	Amount
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
Total Vehicles & Equipment =	\$ 0.00
<u>Grand Total =</u>	<u>\$ 0.00</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: Brevard County Board of County Commissioners

Mailing Address: 1040 S Florida Ave

Rockledge FL 32955

Federal 9-digit Identification number: 59-6000523

3-digit seq. code

Authorized County Official: Frank Abbate

Signature

Date 11/2/20

Frank Abbate, County Manager

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: _____

RESOLUTION

WHEREAS, the Florida Department of Health makes available to the Brevard County Board of County Commissioners an annual Trust/Grant of monies to improve and expand Emergency Medical Services within Brevard County and the State of Florida; and

WHEREAS, Brevard County wishes to provide Emergency Medical Service to citizens and visitor to Brevard County; and

WHEREAS, Brevard County finds it fair and equitable that the County should share in the EMS County Grant program, and there is no cost to the County to participate;

NOW, THEREFORE, BE IT ORDAINED BY THE COUNTY MANAGER OF BREVARD COUNTY, FLORIDA;

SECTION 1. That Brevard County will apply for and accept the EMS County Grant for Fiscal Year 2020/2021.

SECTION 2. That the EMS County Grant funds received shall be dispersed by Brevard County Fire Rescue to improve and expand Emergency Medical Services within Brevard County and that the grant monies will not be used to supplant existing County EMS budget allocations.

SECTION 3. The Brevard County EMS Grant Review Committee shall, when appropriate, make recommendations to the Brevard County Fire Chief on programs appropriate for Trust/County money.

DONE, ORDERED, AND APPROVED this 2nd day of November 2020.

Brevard County Board of County Commissioners
BREVARD COUNTY, FLORIDA

By: Frank Abbate
Frank Abbate, County Manager

2020-2021 Payments to County Governments Required by 401.113 (2) (a), Florida Statutes			
County	Total Award	New Funds	Previously Not Paid
Alachua	\$31,811.00	\$31,811.00	
Baker	\$3,802.00	\$3,802.00	
Bay	\$17,595.00	\$17,595.00	
Bradford	\$17,459.00	\$17,459.00	
Brevard	\$38,463.00	\$38,463.00	
Broward	\$94,010.00	\$94,010.00	
Calhoun (b)	\$10,048.00	\$8,581.00	\$1,467.00
Charlotte	\$18,146.00	\$18,146.00	
Citrus	\$12,399.00	\$12,399.00	
Clay	\$25,393.00	\$25,393.00	
Collier	\$63,731.00	\$63,731.00	
Columbia	\$9,755.00	\$9,755.00	
Desoto (a)	\$10,352.00	\$5,380.00	\$4,972.00
Dixie (c)	\$5,153.00	\$1,354.00	\$3,799.00
Duval	\$79,491.00	\$79,491.00	
Escambia	\$29,561.00	\$29,561.00	
Flagler	\$8,738.00	\$8,738.00	
Franklin	\$813.00	\$813.00	
Gadsden	\$4,921.00	\$4,921.00	
Gilchrist	\$1,975.00	\$1,975.00	
Glades	\$9,208.00	\$9,208.00	
Gulf	\$3,429.00	\$3,429.00	
Hamilton (a)	\$7,022.00	\$2,986.00	\$4,036.00
Hardee	\$7,856.00	\$7,856.00	
Hendry	\$9,484.00	\$9,484.00	
Hernando	\$16,831.00	\$16,831.00	
Highlands	\$16,968.00	\$16,968.00	
Hillsborough	\$91,833.00	\$91,833.00	
Holmes	\$2,546.00	\$2,546.00	
Indian River	\$18,951.00	\$18,951.00	
Jackson	\$6,855.00	\$6,855.00	
Jefferson	\$5,432.00	\$5,432.00	
Lafayette (d)	\$7,741.00	\$5,290.00	\$2,451.00
Lake	\$38,376.00	\$38,376.00	
Lee	\$84,207.00	\$84,207.00	
Leon	\$26,821.00	\$26,821.00	
Levy	\$5,970.00	\$5,970.00	
Liberty (a)	\$2,850.00	\$1,515.00	\$1,335.00
Madison	\$7,504.00	\$7,504.00	

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- (a) County did not apply for previous award.
 (b) County did not apply for previous two awards.
 (c) County did not apply for previous three awards
 (d) County did not apply for previous four awards.

Note that these payments return to each county 45 percent of the county's annual deposits into the state EMS Trust Fund for traffic surcharges specified by 401.113 (1), Florida Statutes.