



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Consent

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F.14.

12/10/2019

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### **Subject:**

Approval, Re: Accept and award Emergency Medical Services Grant funds to local EMS providers for 2019/2020.

### **Fiscal Impact:**

FY 19/20 - \$45,701.00 in total grant funding with no local match.

### **Dept/Office:**

Fire Rescue Department

### **Requested Action:**

Request board approval to accept and 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 or other administrative actions 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 \$45,701.00, which represents an accumulation of annual grant monies. We plan to hold the committee and disperse funds Spring 2020.

Fire Rescue is requesting approval of the future EMS Trust Awards for 2019/2020.

Contact: Chief Mark Schollmeyer, 321-633-2056, [mark.schollmeyer@breardfl.gov](mailto:mark.schollmeyer@breardfl.gov)  
<<mailto:mark.schollmeyer@breardfl.gov>>

### **Clerk to the Board Instructions:**



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

Telephone: (321) 637-2001  
Fax: (321) 264-6972  
Tammy.Rowe@brevardclerk.us

December 11, 2019

MEMORANDUM

TO: Chief Mark Schollmeyer, Fire Rescue Director Attn: Pamela Barrett  
RE: Item F.14., Accept and Award Emergency Medical Services (EMS's) Grant Funds to Local EMS Providers for 2019-2020

The Board of County Commissioners, in regular session on December 10, 2019, accepted and awarded EMS's grant funds to local EMS providers who have submitted grant applications, the funding for this request is provided to the County from the Florida Department of Health; and approved request for all budget changes or other administrative actions necessary for this process be approved by the County Manager, or his designee.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

*Tammy Rowe*

Tammy Rowe, Deputy Clerk

/ds

cc: County Manager  
Budget  
Finance

RECEIVED

DEC 12 2018

County Manager's  
Office



## Brevard County Fire Rescue



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

Phone - (321) 633-2056  
Fax - (321) 633-2057

TO: Mr. Frank Abbate, County Manager

THRU: Matthew Wallace, Public Safety Director 

FROM: Fire Chief Mark Schollmeyer, Director 

DATE: December 5, 2018

SUBJECT: Approval of the attached Resolution to apply for the annual State EMS County Trust Grant.

It is requested the County Manager approve the submission of Florida Department of Health Emergency Medical Services (EMS) County Grant Funds, 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 be used to expand and enhance countywide Emergency Medical Services (EMS). Brevard County Fire Rescue has applied 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 2018 grant period will be \$ 46,550.00.

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.

FISCAL IMPACT: FY 18/19 - \$46,550.00, EMS County Trust Grant Award,  
Fund 1351, Account 284620



**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) C70**

<b>1. County Name:</b> Brevard
Business Address: <b>Brevard County Fire Rescue</b>
1040 S. Florida Ave.
Rockledge, FL 32955
Telephone: <b>321-633-2056</b>
Federal Tax ID Number (Nine Digit Number): VF <b>596000523</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:** *Frank Abbate* **Date:** *12/12/18*

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: **Kayla Siford**

Position Title: **Special Projects Coordinator**

Address: **1040 S. Florida Ave.**

**Rockledge, FL 32955**

Telephone: **321-633-2056** Fax Number: **321-633-2057**

E-mail Address: **kayla.siford@brevardFL.gov**

*changed to  
Dominguez  
12/12*

**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**



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 agency name, address, and federal ID number **must** be in the state MyFloridaMarketPlace (MFMP) system. Ask a finance person in your organization who does business with the state to provide these.

Name of Agency: Brevard County Fire Rescue

Mailing Address: 1040 S. Florida Avenue

Rockledge, FL 32955

Federal 9-digit Identification number: 596000523

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

Signature

Date

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: C70

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

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

State Fiscal Year: 2018 - 2019

<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**

**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 Services to the citizens and visitors 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 from the Florida Department of Health.

**SECTION 2:** That the EMS County Grant funds received shall be dispersed by Brevard County Fire Rescue to enhance 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 12 day of Dec, 2018.

**AT BREVARD COUNTY, FLORIDA**

By: Frank Abbate  
Frank Abbate, County Manager

Sec. 42-108. - Local EMS grant.

- (a) *EMS trust award.* Annually, Florida counties are eligible to receive an emergency medical services (EMS) trust award from the State of Florida. The trust award funds received by the county do not have a local matching requirement. The funds are to be used to enhance local EMS services.
- (b) *Local EMS grant process.* Dispersal of the EMS trust award funds, when available from the State of Florida, will utilize a local nonmatching grant application process. County fire rescue department will administer the grant process.
  - (1) The county fire rescue department will notify local EMS providers of the open time period that grant applications will be accepted. The time period to submit grant applications will be 30 calendar days.
  - (2) A grant application form, approved by the county fire rescue chief, will be the only acceptable document form utilized for grant submittals.
  - (3) After the 30-day time period for submitting grant applications has closed, county fire rescue will have the grant applications evaluated and ranked by an experienced grant evaluator(s). The EMS advisory council will provide the county fire chief with a list of grant evaluator(s) to be used. The grant evaluator(s) will not have any affiliation with those agencies submitting grant applications, nor have a known interest with regard to the outcome of the grant process.
  - (4) The grant applications will be ranked in order of highest priority to lowest priority. The rank list of grant applications will be provided to the county fire rescue chief as a recommendation for approval.
  - (5) The county fire rescue chief will review the ranked list of grant applications and will render final approval.
  - (6) The county fire rescue chief, or designee, will facilitate the administration of the approved grant(s).
  - (7) Grant funds that are unexpended will be returned to the county fire rescue department for use in the next annual grant cycle.

(Ord. No. 2010-21, 10-26-10)



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Signature of Contract Manager Date

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