



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

October 29, 2015

NOV 17 2015 CS/BS

TO: Mayor Teresa Jacobs -AND- Board of County Commissioners

THRU: Christopher Hunter, M.D., Ph.D., Director Health Services Department [Signature]

FROM: Todd Stalbaum, Disaster/Health Medical Manager EMS Office of the Medical Director Contact: 407-836-6515

SUBJECT: Florida Department of Health Bureau of Emergency Medical Services 2015-2016 EMS County Grant Award Application Consent Agenda – November 17, 2015

The EMS Office of the Medical Director requests approval of the attached Florida Department of Health, Bureau of Emergency Medical Services 2015-2016 EMS County Grant Award Application. Proceeds from this grant are used to provide enhancements to the countywide EMS System and in the past have included items such as the implementation of a countywide EMS computer system, the placement of automatic external defibrillators throughout the county, and the development of a customer-driven, long-range Strategic Plan. In addition to the Orange County Fire Rescue Department, all municipal and private EMS agencies participate in the grant process.

The proposed budget for the county grant award is developed and approved by the EMS Council. Proceeds from this year's grant will be used to purchase medical and training equipment, Automatic External Defibrillator (AED) registry, and other miscellaneous supplies and equipment.

Funding for the grant is derived from proceeds in the EMS Trust Fund and the actual amount received is based upon fines paid into the trust fund. The grant award will be one payment process. The total amount to be received is \$182,961.

ACTION REQUESTED: Approval of EMS County Grant Award Application Florida Department of Health Emergency Medical Services Program for 2015-2016 in the amount of \$182,961, and approval for the County Mayor or her designee to sign for the award payment. There is no county match required for this grant. (EMS Office of the Medical Director)

Attachments

cc George Ralls, M.D., Acting Deputy County Administrator

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS

APR 19 2011 CAS/cms

of the
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
regarding
**AUTHORIZATION FOR THE ORANGE COUNTY HEALTH
SERVICES DEPARTMENT TO ENTER INTO AGREEMENTS
WITH DEPARTMENTS OF THE STATE OF FLORIDA AND
FEDERAL AGENCIES FOR PLACEMENT OF EMERGENCY
SUPPLIES WITHIN ORANGE COUNTY**

Resolution No. 2011 - M-10

WHEREAS, as partners with the State of Florida and the Federal Government in the emergency response system, there is a need to ensure that in an emergency the proper equipment and supplies are readily available throughout Central Florida; and

WHEREAS, at times both state and federal agencies request local jurisdictions to store and maintain a sustainable repository of state and federal owned emergency supplies for quick deployment in case of such emergencies; and

WHEREAS, the Orange County Health Services Department maintains secure facilities within the County for the storage of certain emergency supplies as part of its emergency support role within Orange County's Office of Emergency Management;

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY:

Section 1. Hereby grants to the Orange County Health Services Department the authority to enter into agreements with state and federal agencies for the placement of state and federally owned emergency supplies within the County's secure locations.

Section 2. This Resolution shall take effect immediately.

ADOPTED THIS ___ DAY OF APR 19 2011, 2011.

ORANGE COUNTY, FLORIDA

By: *Teresa Jacobs*
Teresa Jacobs
Orange County Mayor
TJ

Attest: Martha O. Haynie, County Comptroller
As Clerk of the Board of County Commissioners
BY: *Martha O. Haynie*
Deputy Clerk



| OLO/Department: | 640000 / Dept. of Health | Agency Contact: Todd Stalbaum | | |
|---|---|-------------------------------|-------------------------|--------------------------|
| FLAIR Contract #: | | Telephone #: 407-836-6515 | | |
| Agency Contract #: | | | | |
| PO #: | | | | |
| Deliverables | | | | |
| Deliverables as stated in the Contract (Grant) | Minimum Performance Levels | Deliverable Price | Type of Services | Method of Payment |
| EMS Office of the Medical Director | Replacement AED Pads applied to patients during an event. | \$1,000.00 | | |
| EMS Office of the Medical Director | Monitoring equipment for AED's | \$1,454.90 | | |
| EMS Office of the Medical Director | CPR training material, AED trainers, manikins | \$22,269.17 | | |
| Orange County Fire Rescue | 30 FTE's Preceptor Academy Training | \$45,636.00 | | |
| Ocoee Fire Department | SMART STAT Basic simulator | \$9,968.00 | | |
| Maitland Fire Department | Handtevy Pediatric Boxes and software license | \$9,120.00 | | |
| Rural Metro | LP12/LP15 USB Cable with Boot | \$3,266.25 | | |
| Florida Hospital EMS | Otosopes/I-Stat Analyzer | \$6,190.00 | | |
| Orange County Fire Rescue | King Vision Kits with Blades | \$17,287.50 | | |
| EMS Office of the Medical Director | AED's and Defibrillation Pads | \$36,360.90 | | |
| Orlando Fire Department | Stryker Expandable Patient Surface (XPS) | \$30,408.28 | | |
| | | | | |
| | | | | |
| Total | | \$182,961.00 | | |
| | | | | |

NOV 17 2015 CS/BS **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) C40

1. County Name: Orange

Business Address: 201 S. Rosalind Avenue
Orlando, Florida 32802

Telephone: 407-836-7350

Federal Tax ID Number (Nine Digit Number): VF 59-6000773

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: 11-17-15

Printed Name: Teresa Jacobs

Position Title: County Mayor

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 accept reports and may request project changes. The signer and the contact person may be the same.)

Name: Todd Stalbaum

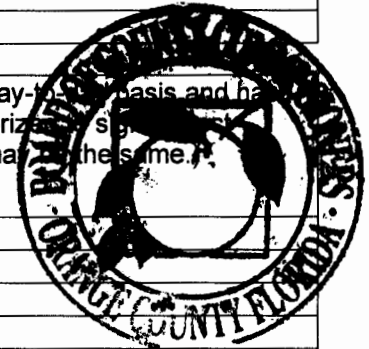
Position Title: Disaster/Health Medical Manager

Address: 2002A East Michigan Street
Orlando, Florida 32806

Telephone: 407-836-6515

Fax Number: 407-836-7325

E-mail Address: Todd.Stalbaum@ocfl.net



4. Resolution: Attach a current 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 a current resolution.

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)

EMS Office of the Medical Director

Orange County Fire Rescue

City of Ocoee Fire Department

City of Maitland Fire Department

Rural Metro

Florida Hospital EMS

5. Budget Continued

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)

City of Orlando Fire Department

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

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 |
|--|----------------|
| N/A | |
| | |
| | |
| | |
| | |
| 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 |
|--|----------------|
| N/A | |
| | |
| | |
| | |
| | |
| | |
| 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 |
|--|----------------|
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Veh. & Equipment = | \$ 0.00 |
| | |
| Grand Total = | \$ 0.00 |

APPROVED

BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS

NOV 17 2015 *CS/MS*

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

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:

Name of Agency: Orange County Board of County Commissioners

Mailing Address: 201 S. Rosalind Avenue

Orlando, Florida 32802

Federal Identification number: 59-6000773

Authorized County Official: *TJ dalehanda* *11-17-15*
Signature Date

Teresa Jacobs, County Mayor
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health
Emergency Medical Services Program, 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: \$ *182,961.00* Grant ID: Code: *C4048*

Approved By: *Alan Van Jewen* *Dec. 9, 2015*
Signature of State EMS Grant Officer Date

State Fiscal Year: 2015 - 2016

| Organization Code | E.O. | OCA | Object Code | Category |
|-------------------|------|-------|-------------|----------|
| 64-61-70-30-000 | 05 | SF005 | 750000 | 059998 |

Federal Tax ID: VF *596000773*

Grant Beginning Date: *Dec. 7, 2015* Grant Ending Date: *Oct. 31, 2016*

Grant No:

Report - Period:

| Proposed Expenditure Plan: Prepare a line item budget | | | | | USE FOR REPORTS | |
|--|---|---------------------|-------------------|-------------------|------------------------|---------------------------------|
| Receipt of Line Item | Line Item Summary | Current Cost | Prior Cost | Total Cost | Revised Budget | Expenditure Year-to-Date |
| Orange County EMS | Consultants/Educators/Trainers expenses | 45,636.00 | | 45,636.00 | | |
| | Medical Equipment & Accessories | 99,367.00 | | 99,367.00 | | |
| | Books, Manuals/other miscellaneous supplies and equipment | 37,958.00 | | 37,958.00 | | |
| | Totals | 182,961.00 | | 182,961.00 | | |

First Report From:

Earned Interest \$0.00

Final Report From:

Earned Interest \$0.00

Total Interest Earned \$0.00

I certify the report is true and correct for period of activities and services.



Todd Staibaum
Signature of County Authority Submitted Report

10-29-15
Date

Signature of State EMS Grant Officer

Date

Attach additional pages if necessary for item 7