

# MEMORANDUM

Agenda Item No. 14(A)(1)

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**TO:** Honorable Chairman Oliver G. Gilbert, III  
and Members, Board of County Commissioners

**DATE:** October 16, 2024

**FROM:** Geri Bonzon-Keenan  
County Attorney

**SUBJECT:** Resolution retroactively approving and authorizing the County Mayor's application, receipt and expenditure of grant funds in the amount of \$90,000.00 awarded by the Florida Department of Health through the Emergency Medical Services Matching Grant Program in Contract No. M2443 to Miami-Dade County, through the Miami-Dade Fire Rescue Department, for expansion and enhancement of emergency medical services, for a term ending May 31, 2025; retroactively authorizing execution of Contract No. M2443; authorizing the County Mayor to apply for, receive and expend additional funding if such funding becomes available through this grant program, and subject to available funding, utilize up to \$30,000.00 to satisfy cash match funding requirements for the purposes described herein, for a five-year period after the expiration or termination of Contract No. M2443; and authorizing the County Mayor to execute all necessary documents and agreements and exercise the provisions contained in Contract No. M2443 as well as in any necessary documents and agreements

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The accompanying resolution was prepared by the Miami-Dade Fire and Rescue Department and placed on the agenda at the request of Prime Sponsor Commissioner Juan Carlos Bermudez.

  
\_\_\_\_\_  
Geri Bonzon-Keenan  
County Attorney

GBK/ks

MDC001

# Memorandum



**Date:** Octoberber 16, 2024

**To:** Honorable Chairman Oliver G. Gilbert, III  
and Members, Board of County Commissioners

**From:** Daniella Levine Cava  
Mayor *Daniella Levine Cava*

**Subject:** Resolution Retroactively Approving and Authorizing Miami-Dade County, through Miami-Dade Fire Rescue Department, to apply for, receive and expend \$90,000 in grant funds from the Florida Department of Health for the Emergency Medical Services Matching Grant

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## **Summary**

This item seeks retroactive approval and authorization to apply for, receive and expend \$90,000 in grant funding awarded by the Florida Department of Health (FDH) to Miami-Dade County through Miami-Dade Fire Rescue Department (MDFR) to expand and enhance emergency medical services. These funds are made available pursuant to the 2024-2025 Appropriations Act Laws of Florida, Grant and Aids-Emergency Medical Services Matching Grants from Emergency Medical Services Trust Fund and section 401.11, Florida Statutes. The agreement commenced on June 1, 2024, and expires on May 31, 2025, unless earlier terminated.

## **Recommendation**

It is recommended that the Board of County Commissioners (Board) retroactively approve the attached resolution authorizing the County Mayor's or County Mayor's designee application, receipt and expenditure of \$90,000 in grant funds from the FDH Emergency Medical Services Matching Grant Program in Contract No. M2443. It is further recommended that the County Mayor or County Mayor's designee be further authorized to apply for, receive and expend additional funding if such funding becomes available through said grant program and, subject to available funding, utilize up to \$30,000.00 to satisfy any cash match funding requirements, for a period of five years after the expiration or termination of Contract No. M2443. Additionally, it is recommended that the County Mayor or County Mayor's designee be authorized to retroactively execute Contract No. M2443 and execute all necessary documents and agreements, including documents and agreements that may require up to \$30,000.00 to satisfy any cash match funding requirements, subject to available funding, as well as exercise the provisions contained in Contract No. M3445 and said agreements and documents, provided that any such amendments do not alter the purpose of the agreement.

## **Scope**

The services provided with these grant funds will be countywide.

## **Delegated Authority**

The County Mayor or County Mayor's designee has delegated authority to apply for, receive and expend additional funding if such funding becomes available from the FDH for Emergency Medical Services Matching Grant Program and, subject to available funding, utilize up to \$30,000.00 to satisfy any cash match funding requirements, for a five-year period after the expiration or termination of Contract No. M2443. The County Mayor or County Mayor's designee also has delegated authority to execute all necessary documents and agreements as well as to exercise the provisions contained in Contract No.

M2443 and said agreements and documents, provided that any amendments to such agreements and documents are for the purposes described herein and have been approved by the County Attorney's Office for form and legal sufficiency.

**Fiscal Impact/Funding Source**

The County through MDRF was awarded \$90,000 in grant funding through Contract No. M2443. These funds are contingent upon the recipient providing a matching cash sum of \$30,000. The \$30,000 cash match is available in the Miami-Dade Fire Rescue District Budget.

**Track Record/ Monitor**

The grant award will be monitored by MDRF EMS Division Chief and the MDRF Grants Bureau.

**Background**

Each year the FDH, Office of Emergency Medical Services distributes grant funds as authorized by section 401.111, Florida Statutes. These funds are made available through competitive grants awarded to eligible Emergency Medical Service providers, first responders and other Emergency Medical Services -related organizations for the improvement and expansion of emergency medical services.

All Emergency Medical Services organizations in the State, both rural and urban-based, are eligible for Emergency Medical Services matching grant funds. The FDH will award 75 percent of approved grant projects for urban-based Emergency Medical Services organizations, and the remaining 25 percent is satisfied through cash match funds provided by the applicant.

The funding awarded to MDRF in grant M2443 will be used to procure stretchers that will enhance patient comfort and safety.



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James Reyes  
Chief of Public Safety



**MEMORANDUM**  
(Revised)

**TO:** Honorable Chairman Oliver G. Gilbert, III  
and Members, Board of County Commissioners

**DATE:** October 16, 2024

**FROM:**   
Gen Bonzon-Keenan  
County Attorney

**SUBJECT:** Agenda Item No. 14(A)(1)

Please note any items checked.

- “3-Day Rule” for committees applicable if raised**
- 6 weeks required between first reading and public hearing**
- 4 weeks notification to municipal officials required prior to public hearing**
- Decreases revenues or increases expenditures without balancing budget**
- Budget required**
- Statement of fiscal impact required**
- Statement of social equity required**
- Ordinance creating a new board requires detailed County Mayor’s report for public hearing**
- No committee review**
- Applicable legislation requires more than a majority vote (i.e., 2/3’s present \_\_\_\_, 2/3 membership \_\_\_\_, 3/5’s \_\_\_\_, unanimous \_\_\_\_, majority plus one \_\_\_\_, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) \_\_\_\_, CDMP 2/3 vote requirement per 2-116.1(3) (h) or (4)(c) \_\_\_\_, CDMP 9 vote requirement per 2-116.1(4)(c) (2) \_\_\_\_) to approve**
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 14(A)(1)  
10-16-24

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY APPROVING AND AUTHORIZING THE COUNTY MAYOR'S OR COUNTY MAYOR'S DESIGNEE'S APPLICATION, RECEIPT AND EXPENDITURE OF GRANT FUNDS IN THE AMOUNT OF \$90,000.00 AWARDED BY THE FLORIDA DEPARTMENT OF HEALTH THROUGH THE EMERGENCY MEDICAL SERVICES MATCHING GRANT PROGRAM IN CONTRACT NO. M2443 TO MIAMI-DADE COUNTY, THROUGH THE MIAMI-DADE FIRE RESCUE DEPARTMENT, FOR EXPANSION AND ENHANCEMENT OF EMERGENCY MEDICAL SERVICES, FOR A TERM ENDING MAY 31, 2025; RETROACTIVELY AUTHORIZING EXECUTION OF CONTRACT NO. M2443; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO APPLY FOR, RECEIVE AND EXPEND ADDITIONAL FUNDING IF SUCH FUNDING BECOMES AVAILABLE THROUGH THIS GRANT PROGRAM, AND SUBJECT TO AVAILABLE FUNDING, UTILIZE UP TO \$30,000.00 TO SATISFY CASH MATCH FUNDING REQUIREMENTS FOR THE PURPOSES DESCRIBED HEREIN, FOR A FIVE-YEAR PERIOD AFTER THE EXPIRATION OR TERMINATION OF CONTRACT NO. M2443; AND AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXECUTE ALL NECESSARY DOCUMENTS AND AGREEMENTS AND EXERCISE THE PROVISIONS CONTAINED IN CONTRACT NO. M2443 AS WELL AS IN ANY NECESSARY DOCUMENTS AND AGREEMENTS

**WHEREAS**, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board:

**Section 1.** Incorporates and approves the foregoing recital, as if fully set forth herein.

**Section 2.** Retroactively approves and authorizes the County Mayor's or County Mayor's designee's application, receipt, and expenditure of grant funds in the amount of \$90,000.00 awarded in Contract No. M2443 by the Florida Department of Health ("FDH")

through the Emergency Medical Services (“EMS”) Matching Grant Program to Miami-Dade County, through the Miami-Dade Fire Rescue Department (“MDFR”) for the expansion and enhancement of EMS. This EMS Matching Grant funding is made available pursuant to section 401.111, Florida Statutes, and through competitive grants awarded to eligible EMS providers, first responders and other EMS-related organizations for the improvement and expansion of EMS. Said funding will be used to procure stretchers that will enhance patient comfort and safety.

**Section 3.** Retroactively authorizes the County Mayor’s or County Mayor’s designee’s execution of Contract No. M2443, in substantially the form attached hereto and made a part hereof as Exhibit A, Contract No. M2443 commenced on June 1, 2024, and expires on May 31, 2025, unless earlier terminated.

**Section 4.** Authorizes the County Mayor or County Mayor’s designee to apply for, receive, and expend additional funding if such funding becomes available by FDH through EMS and subject to available funding utilize up to \$30,000.00 to satisfy cash match funding requirements for the purposes described in section 2 for five years after the expiration or termination of Contract No. M2443.

**Section 5.** Authorizes the County Mayor or County Mayor’s designee to execute all necessary agreements and documents to effectuate the purposes described in section 2 as well as exercise the provisions contained in Contract No. M2443 as well as in any necessary documents and agreements, following review and approval of such agreements and documents for form and legal sufficiency by the County Attorney’s Office.

The foregoing resolution was offered by Commissioner \_\_\_\_\_,  
who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_  
and upon being put to a vote, the vote was as follows:

|                                  |                      |
|----------------------------------|----------------------|
| Oliver G. Gilbert, III, Chairman |                      |
| Anthony Rodríguez, Vice Chairman |                      |
| Marleine Bastien                 | Juan Carlos Bermudez |
| Kevin Marino Cabrera             | Sen. René García     |
| Roberto J. Gonzalez              | Keon Hardemon        |
| Danielle Cohen Higgins           | Eileen Higgins       |
| Kionne L. McGhee                 | Raquel A. Regalado   |
| Micky Steinberg                  |                      |

The Chairperson thereupon declared this resolution duly passed and adopted this 16<sup>th</sup> day of October, 2024. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

JUAN FERNANDEZ-BARQUIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.



Shanika A. Graves

# CONTRACT SUMMARY

This contract action has completed the Department’s routing process and has received the required approvals for execution.

|   |  |
|---|--|
| Division/CHD/Office:                      | Division of Emergency Preparedness and Community Support |
| Provider Name:                            | County of Miami-Dade                                     |
| Contract Number:                          | M2443  |
| Original Contract Amount:                 | \$90,000.00  |
| Total Contract Amount (executed actions): | N/A  |
| Original Contract Start Date:             | June 1, 2024   |
| Contract End Date (executed actions):     | May 31, 2025   |

**DESCRIPTION OF CONTRACTUAL SERVICES:**

Expansion and enhancement of Emergency Medical Services in area of coverage as outlined in the approved grant application (Attachment A).

**CONTRACT ACTION:**

|                      |     |                   |     |
|----------------------|-----|-------------------|-----|
| AMENDMENT(Y/N):      | N   | AMENDMENT AMOUNT: | N/A |
| CHANGE TO TERM(Y/N): | N   | START DATE:       | N/A |
|                      |     | END DATE:         | N/A |
| RENEWAL:             | N   | RENEWAL AMOUNT:   | N/A |
| START DATE:          | N/A | END DATE:         | N/A |

**DESCRIPTION OF CONTRACT AMENDMENT ACTION:**

N/A

**This contract complies with all of the following requirements:**

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value





M2443  
County of Miami-Dade

**MEMORANDUM OF AGREEMENT  
BETWEEN  
The FLORIDA DEPARTMENT OF HEALTH  
And  
County of Miami-Dade**

This Memorandum of Agreement "Agreement" for the Emergency Medical Services Matching Grant, is entered into between the Florida Department of Health "Department", and County of Miami-Dade "Grantee", each a "Party" and jointly referred to as the "Parties". In consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

**SECTION I: DEFINITIONS**

**A. Definition of Terms:**

- 1) **Quarter:** A three-month period of the executed agreement. The quarters for this Agreement are July through September (Quarter One); October through December (Quarter Two); January through March (Quarter Three); and April through June (Quarter Four).
- 2) **Emergency Medical Services (EMS):** A system that responds to emergencies in need of highly skilled pre-hospital clinicians.
- 3) **Emergency Medical Services Matching Grant:** Grant funds available to local agencies, municipalities, emergency medical services organizations, and youth athletic organizations for the purpose of conducting research, increasing existing levels of emergency medical services, evaluation, community education, injury prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques that are contingent upon the recipient providing a matching cash sum.
- 4) **Grantee:** A local agency, municipality, EMS organization, or youth athletic organization for which the Department has approved an application for an Emergency Medical Services Matching Grant.

**SECTION II: GENERAL TERMS AND CONDITIONS**

- A. **General Statement:** The Grantee will receive \$90,000.00 from General Appropriation 517 of the 2024-2025 Appropriations Act Laws of Florida," Grants and Aids – Emergency Medical Services Matching Grants from Emergency Medical Services Trust Fund."
- B. **Legal Authority:** This Agreement is made pursuant to the Specific Appropriation Line item 517, 2024-2025 Appropriations Act and Section 401.111, Florida Statutes.
- C. **Entire Agreement:** This Agreement embodies the entire Agreement and understanding between the Parties, on the subject hereof.



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- D. Term: The term of this Agreement is June 1, 2024 to May 31, 2025, or upon completion of the approved Project, whichever is sooner.

**SECTION III: PROPERTY AND EQUIPMENT**

- A. Property and equipment are defined as non-expendable, tangible property having a useful life of more than one year with a cost of \$5,000.00 or more.
  - 1. All property and equipment purchased with Emergency Medical Services Matching Grant funds must be:
    - a. Necessary to carry out the approved project;
    - b. Justified and pre-approved by the Department;
    - c. Inventoried and tracked throughout the grant period; and
    - d. Protected with sufficient insurance and security safeguards.
- B. All approved property and equipment must be purchased and received prior to the last three months of the grant period unless prior written approval from the Department has been obtained.
- C. All equipment purchased with grant funds is the property of the grantee, and is subject to Chapter 273, Florida Statutes, dealing with state-owned tangible personal property and the disposition thereof. For research institutions not covered under Chapter 1000, Florida Statutes, equipment no longer deemed to be useful will remain state property and must be transferred or donated to a state agency or public university for redistribution or disposition.

**SECTION IV: SERVICES TO BE PROVIDED**

- A. Task List: Grantee will perform the following tasks:
  - 1) Ensure the following tasks are performed as needed:
    - a. Grantee must complete the project as specified in the Department approved Emergency Medical Services Matching Grant Program application (Attachment A hereinafter referred to as the "Project").
    - b. Grantee will obtain all supplies, services, and labor for use in the performance of this MOA at the lowest practicable cost and by means of competitive bidding wherever practicable or required by Florida law.
    - c. Provide a quarterly report to the Department outlining all items that were purchased during the quarter, as well as any remaining items to be purchased during the contract term.



**SECTION V: DELIVERABLES AND METHOD OF PAYMENT**

**A. Deliverables:** Grantee must complete and submit the following deliverable in the time and manner specified:

- 1) **Quarterly:** The Grantee must provide a quarterly report, reflecting all purchases made in accordance with the approved Attachment A, to the Department demonstrating progress toward completion of the Project as specified in the Department approved Attachment A.

**B. Method of Payment:**

- 1) **Payment:** This is a 100% advance payment.
- 2) **Reporting Requirements:** Grantee must submit a properly completed quarterly report to the Agreement Manager within 15 days of the end of each quarter. At a minimum, each report must be submitted on Grantee's letterhead, provide the invoice date, and all activities completed during the invoice period. On a separate page, the Grantee must provide the following:

- a) Beginning budget amount;
- b) Amount spent year to date;
- c) Amount remaining in budget;
- d) Statement certifying the accuracy of the invoice; and
- e) Signature of an individual with the authority to bind the Grantee.

3) **Matching of State Funds**

Funds received from the Department for this grant shall not be used as Matching Funds for any Projects.

**C. Special Provisions:**

- 1) **Allowable Costs:** The Grantee may expend funds only for allowable costs resulting from obligations incurred during the Agreement term. Allowable costs are those that are related to the approved Attachment A.
- 2) **Return of Funds:** Any balance of unobligated funds advanced or paid, or funds that were not expended in accordance with the Attachment A, must be refunded to the Department within three months of the grant end date.
- 3) **Monitoring:** The Grantee must permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, or goods and services of the Grantee that are relevant to this grant, and interview any clients, sub-contractors, and employees of the Grantee to assure the Department of satisfactory performance of the Terms and Conditions of this grant. Monitoring



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may take place at any time during the grant period or records retention period, with reasonable advance notice, during normal business hours. Following such evaluation, the Department may deliver to Grantee a written report of its findings and may include written recommendations with regard to Grantee's performance of the Terms and Conditions of this grant. Grantee will correct all noted deficiencies identified by the Department within the specified period of time set forth in the recommendations. Grantee's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Department, result in any one or a combination of the following: 1) Grantee being deemed in breach or default of this Agreement; 2) the termination of this grant.

- 4) Duties of Designated Grant Manager: The Grant Manager designated by the Department shall reconcile and verify all funds received against all funds expended during the term of this Agreement period and produce a final reconciliation report. The final report for this project must identify any funds paid in excess of the expenditures incurred by the Grantee or Sub-recipient.
- 5) Sovereign Immunity: Pursuant to section 768.28, Florida Statutes, the Department is immune from civil or criminal liability resulting from acts or omissions of the Grantee and the Grantee's agents, employees, or assigns.
- 6) Governing Law and Venue: This Agreement is executed and entered into in the State of Florida and will be construed and performed under the laws, rules, and regulations of the State of Florida. Venue must be in Leon County, Florida to the exclusion of all other jurisdictions.
- 7) Indemnification: Grantee will be liable for, and indemnify, defend, and hold the Department harmless from and against all claims, demands, suits, judgments, or damages, including, but not limited to, court costs and attorneys' fees and damages resulting from personal injury, including death or damage to property, arising out of the negligence, intentional or unintentional acts or omissions of the Grantee, and the Grantee's agents, assignees, sub-contractors, and employees, that may arise during the course of the operation of this Agreement, or that arise out of or relating to the subject property, the Project, or the use of grant money.
- 8) Modification: This Agreement may only be amended in writing and upon mutual agreement by the Parties.
- 9) Termination:
  - a) Termination Because of Lack of Funds: It is agreed that in the event funds to finance this Agreement, or part of this Agreement, become unavailable, the obligations of each Party, hereunder may be terminated upon no less than 24 hours' notice in writing to the other Party. Said notice will be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Department will be the final authority as to the availability of state funds, and how any remaining funds will be allocated among Grantees.



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- b) **Termination for Breach:** Unless the Grantee's breach is excused by the Department, the Department may provide written notice to the Grantee specifically setting forth the breach and allow a 30-calendar day period whereby the Grantee may cure any such breach. The Department may terminate any part or the whole of this Agreement in any of the following circumstances:
  - i. If Grantee fails to provide services called for by this Agreement within the time specified herein or any extension thereof.
  - ii. If Grantee fails to perform any of the other provisions of this Agreement.
  - iii. Except as set forth above, termination will be upon no less than 24 hours' notice in writing delivered by certified mail, return receipt requested, or in person with proof of delivery.
- c) All provisions of this Agreement that were not terminated, amended, or modified will remain in full effect and Grantee will continue performance under any remaining provisions.
- d) After receipt of a notice of termination, and except as otherwise directed in writing, the Grantee will:
  - i. Stop work under this Agreement on the date and to the extent specified in the notice of termination and take any other actions as directed in writing from the Department.
  - ii. Place no further orders or contracts for materials, services, or facilities except as may be necessary for completion of such portion of work under the Agreement as is not terminated.
  - iii. Terminate all outstanding orders and contracts to the extent that they relate to the performance of work under this Agreement.
  - iv. Prepare all necessary reports and documents required under the terms of this Agreement. Documents must be prepared up to the date of termination and include the final report due upon completion of this Agreement. The Department will provide no additional funds for administrative fees or for the completion of final reports after the date of termination.
  - v. Notwithstanding anything to the contrary set forth herein, upon termination of this Agreement, the Grantee may continue work on the Project that is the subject of this MOA so long as such work is funded by sources other than the Department.
- 10) **Notice:** Any notices given by either party to the other party under this Agreement will be in writing and sent either: via email to the designated email address, by overnight courier, with a verified receipt; or by registered or certified United



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States Mail, postage prepaid. Either party's specified point of contacts may be changed by notifying the other party a minimum of one week prior to such change. Notice will be deemed sufficiently given upon receipt at the following addresses:

Department: Doug Woodlief  
Director, Division of Emergency Preparedness and Community Support  
4052 Bald Cypress Way, Bin A-26  
Tallahassee, FL 32399  
Doug.Woodlief@flhealth.gov

Grantee: James Reyes, Chief of Public Safety  
111 NW 1st Street  
28th Floor  
Miami, FL 33128  
katrina.hollis-baker@miamidade.gov

- 11) Cooperation with Inspectors General: To the extent applicable, the Parties will cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055(5), Florida Statutes.
- 12) Public Records: The Grantee must keep and maintain public records, as defined in Chapter 119, Florida Statutes that are required by the Department to perform the services required by the grant. Questions regarding the application of Chapter 119, Florida Statutes, and its duty to provide public records relating to this Agreement, contact the custodian of public records at (850) 245-4005, PublicRecordsRequest@flhealth.gov or 4052 Bald Cypress Way, Bin A02, Tallahassee, FL 32399.

SECTION V: AUTHORIZATION

**IN WITNESS THEREOF**, the Parties hereto have caused this 6-page Agreement to be executed by their undersigned, duly authorized, officials:

Grantee: County of Miami-Dade

DocuSigned by:  
James Reyes  
Name: James Reyes  
Title: Chief of Public Safety

Date: 6/28/2024

Florida Department of Health

DocuSigned by:  
Doug Woodlief  
Name: Doug Woodlief  
Title: Director, Division of Emergency Preparedness and Community Support

Date: 6/28/2024



## ATTACHMENT A

### State EMS Matching Grant Awards June 2024

| Organization                        | State Award   | Grantee Match | Project Total | Summary of Approved Project  |
|-------------------------------------|---------------|---------------|---------------|--|
| Advent Health                       | \$ 57,766.61  | \$ 19,255.54  | \$ 77,022.15  | Manikin  |
| Advent Health                       | \$ 27,513.75  | \$ 9,171.25   | \$ 36,685.00  | Cardiac Monitor/Defibrillator Mounting System  |
| Alachua County                      | \$ 84,000.00  | \$ 28,000.00  | \$ 112,000.00 | Ventilators  |
| Baker County                        | \$ 45,000.00  | \$ 5,000.00   | \$ 50,000.00  | SUV/Crew Cab Pickup Truck/Vehicle for MIH-CP   |
| Baker County                        | \$ 11,232.00  | \$ 1,248.00   | \$ 12,480.00  | Ultrasound   |
| Bradford County Fire Rescue         | \$ 97,122.92  | \$ 10,791.44  | \$ 107,914.35 | Ventilators  |
| Broward Dept of Fire Rescue and EMS | \$ 58,050.93  | \$ 19,350.31  | \$ 77,401.24  | Ventilators  |
| Calhoun County                      | \$ 104,931.00 | \$ 11,659.00  | \$ 116,590.00 | Power Cot with Power Load  |
| Century Ambulance                   | \$ 22,202.86  | \$ 2,466.98   | \$ 24,669.84  | Ventilators  |
| City of Brooksville                 | \$ 18,750.00  | \$ 6,250.00   | \$ 25,000.00  | Utility Vehicle Ambulance/EMS/Fire Quick Response Vehicle                            |
| City of Davie                       | \$ 30,667.91  | \$ 10,222.64  | \$ 40,890.54  | LUCAS Device   |
| City of Fort Lauderdale PD          | \$ 14,850.00  | \$ 4,950.00   | \$ 19,800.00  | Trauma Supplies  |
| City of Miami                       | \$ 51,586.50  | \$ 17,195.50  | \$ 68,782.00  | Blood Program  |
| City of Port Richey Fire Dept       | \$ 51,675.00  | \$ 17,225.00  | \$ 68,900.00  | AED, Video Laryngoscope, Chest Compression Device, Monitors                          |
| City of Sunrise Fire Rescue         | \$ 19,519.74  | \$ 6,506.58   | \$ 26,026.32  | Bleeding Control Kits, AED Outdoor Storage Cabinets, AED                             |
| Coastal Health Systems              | \$ 120,000.00 | \$ 40,000.00  | \$ 160,000.00 | Ventilators  |
| Cocoa Beach Fire Dept               | \$ 18,322.97  | \$ 6,107.66   | \$ 24,430.63  | AED  |
| Coral Springs                       | \$ 106,762.50 | \$ 35,587.50  | \$ 142,350.00 | Accreditation, Training, Printers & Cartridges, Software, EPOC Blood Analysis System |
| Dixie County                        | \$ 79,974.75  | \$ 26,658.25  | \$ 106,633.00 | Mobile Oxygen Generating System (MOGS-100)   |
| Gilchrist County                    | \$ 93,750.00  | \$ 31,250.00  | \$ 125,000.00 | Trailer  |
| Glades County                       | \$ 164,250.00 | \$ 54,750.00  | \$ 219,000.00 | Power Cot with Power Load  |
| Gulf County                         | \$ 28,217.49  | \$ 9,405.83   | \$ 37,623.32  | Radio  |
| Hamilton County EMS                 | \$ 55,367.73  | \$ 18,455.91  | \$ 73,823.64  | Stair Chairs, Power Load System  |
| Hamilton County EMS                 | \$ 124,638.00 | \$ 41,546.00  | \$ 166,184.00 | Monitors   |
| Hernando County Fire Rescue         | \$ 180,000.00 | \$ 60,000.00  | \$ 240,000.00 | Chest Compression Device   |
| Hollywood Fire Rescue               | \$ 19,558.13  | \$ 6,519.38   | \$ 26,077.50  | Manikins   |
| Holmes County                       | \$ 152,343.75 | \$ 50,781.25  | \$ 203,125.00 | Ambulance Remount  |
| Jackson County Fire Rescue          | \$ 28,800.00  | \$ 3,200.00   | \$ 32,000.00  | Blood Program  |
| Jefferson County                    | \$ 9,000.00   | \$ 1,000.00   | \$ 10,000.00  | Ultrasound   |
| Lake County Fire Rescue             | \$ 7,636.26   | \$ 2,545.42   | \$ 10,181.68  | CO Detector  |
| Lake Mary Fire Dept                 | \$ 8,394.32   | \$ 2,798.11   | \$ 11,192.42  | EMS Electric Bicycle   |
| Leon County EMS                     | \$ 46,500.00  | \$ 15,500.00  | \$ 62,000.00  | AED  |



## State EMS Matching Grant Awards June 2024

| Organization                     | State Award            | Grantee Match        | Project Total          | Summary of Approved Project                  |
|----------------------------------|------------------------|----------------------|------------------------|--|
| Leon County EMS                  | \$ 35,625.00           | \$ 11,875.00         | \$ 47,500.00           | Training: CPR                                |
| Liberty County EMS               | \$ 198,443.38          | \$ 66,147.79         | \$ 264,591.17          | Power Load System, Ambulance Remount         |
| Madison County Fire Rescue       | \$ 51,000.00           | \$ 17,000.00         | \$ 68,000.00           | SUV/Crew Cab Pickup Truck/Vehicle for MiH-CP |
| Madison County                   | \$ 31,500.00           | \$ 10,500.00         | \$ 42,000.00           | Ventilators                                  |
| Miami-Dade Fire Rescue           | \$ 90,000.00           | \$ 30,000.00         | \$ 120,000.00          | Stretchners                                  |
| Okeechobee County Fire Rescue    | \$ 91,060.11           | \$ 30,353.37         | \$ 121,413.48          | LUCAS Device                                 |
| Orlando Health                   | \$ 7,737.00            | \$ 2,579.00          | \$ 10,316.00           | Airway Training Head                         |
| Palm Beach County Fire Rescue    | \$ 24,000.00           | \$ 8,000.00          | \$ 32,000.00           | Ventilators                                  |
| Pembroke Pines Fire Rescue       | \$ 13,984.36           | \$ 4,661.45          | \$ 18,645.81           | LUCAS Device                                 |
| Pembroke Pines Fire REscue       | \$ 22,832.97           | \$ 7,610.99          | \$ 30,443.96           | Power Chair                                  |
| Pembroke Pines Fire Rescue       | \$ 10,136.88           | \$ 3,378.96          | \$ 13,515.84           | CPRmeter 2                                   |
| Polk County Fire Rescue          | \$ 101,253.75          | \$ 33,751.25         | \$ 135,005.00          | Refrigeration, Infusion System               |
| Positive Mobility Inc.           | \$ 28,117.50           | \$ 9,372.50          | \$ 37,490.00           | Physio-Control Lifepack                      |
| Saint Lucie County Fire District | \$ 7,113.00            | \$ 2,371.00          | \$ 9,484.00            | Wound Packing Trainer, Manikin               |
| Suwannee River AHEC              | \$ 35,137.50           | \$ 11,712.50         | \$ 46,850.00           | Training: FAIR                               |
| Suwannee River AHEC              | \$ 16,500.00           | \$ 5,500.00          | \$ 22,000.00           | Training: GEMS                               |
| Temple Terrace PD                | \$ 18,742.64           | \$ 6,247.55          | \$ 24,990.19           | AED  |
| The Villages                     | \$ 60,000.00           | \$ 20,000.00         | \$ 80,000.00           | Ventilators                                  |
| Titusville Fire Dept             | \$ 16,986.85           | \$ 5,655.62          | \$ 22,622.46           | AED  |
| Union County EMS                 | \$ 57,000.00           | \$ 19,000.00         | \$ 76,000.00           | Monitors                                     |
| Visionary Healthcare Solutions   | \$ 7,500.00            | \$ 2,500.00          | \$ 10,000.00           | Ventilators                                  |
| Wakulla County Fire Rescue       | \$ 24,750.00           | \$ 8,250.00          | \$ 33,000.00           | Ventilators                                  |
| Walton County Sheriff's Office   | \$ 45,317.24           | \$ 15,105.75         | \$ 60,422.99           | Rugged Tablet, Simbodies EMS-T Trainer       |
| <b>Totals:</b>                   | <b>\$ 2,933,103.26</b> | <b>\$ 906,970.25</b> | <b>\$ 3,840,073.51</b> |  |

**Quantity of Applications: 55**





## EMS MATCHING GRANT APPLICATION

### FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program

Complete all items unless instructed differently within the application

Type of Grant Requested:  Rural  Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank)

|   |                    |
|---|--------------------|
| 1. <b>Organization Name:</b> Miami-Dade Fire Rescue   |                    |
|   |                    |
| 2. <b>Grant Signer:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)   |                    |
| Name: James Reyes   |                    |
|   |                    |
| Position Title: Chief of Public Safety  |                    |
|   |                    |
| Address: Miami-Dade County  |                    |
| 111 NW 1 <sup>st</sup> Street   |                    |
|   |                    |
| City: Miami   | County: Miami-Dade |
| State: Florida  | Zip Code: 33178    |
| Telephone: 786-331-4478   | Fax Number:        |
| E-Mail Address: Katrina.Hollis-Baker@miamidade.gov  |                    |
|   |                    |
| 3. <b>Contact Person:</b> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.) |                    |
| Name: Maria L. Reyes  |                    |
|   |                    |
| Position Title: Assistant Director  |                    |
|   |                    |
| Address: 9300 NW 41 <sup>st</sup> Street  |                    |
|   |                    |
|   |                    |
| City: Doral   | County: Miami-Dade |
| State: Florida  | Zip Code: 33178    |
| Telephone: 786-331-4478   | Fax Number:        |
| E-Mail Address: Katrina.Hollis-Baker@miamidade.gov  |                    |

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64J-1.015, F.A.C.

4. Legal Status of Applicant Organization (Check only one response):

- (1)  Private Not for Profit [Attach documentation-501(c)(3)]
- (2)  Private for Profit
- (3)  City/Municipality/Town/Village
- (4)  County
- (5)  State
- (6)  Other (specify): \_\_\_\_\_

5. Federal Tax ID Number (Nine Digit Number): VF 5 9 6 0 0 0 5 7 3

6. EMS License Number: ALS1312 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 0 BLS; 67 ALS Transport; 62 ALS non-transport.

8. Type of Service (check one):  Rescue;  Fire;  Third Service (County or City Government, non-fire);  Air ambulance;  Fixed wing;  Rotowing;  Both;  Other (specify) \_\_\_\_\_.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: \_\_\_\_\_ Date: 2.13.24

Print/Type: Name of Director BERNARD JOB

FL Med. Lic. No. ME88070

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

**If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to item 10 and the following items.**

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need).
- B) Present situation (Describe how the situation is being handled now).
- C) The proposed solution (Present your proposed solution).
- D) Consequences if not funded (Explain what will happen if this project is not funded).
- E) The geographic area to be addressed (Provide a narrative description of the geographic area).
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project).
- G) Data Sources (Provide a complete description of data source(s) you cite).
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

**10) Justification Summary:**

**A) Problem Description**

- a. Within an area of nearly 2,000 square miles, Miami-Dade County is the largest metropolitan area in Florida, with over 2.7 million residents and more than 14 million annual overnight visitors. The County's population is progressively increasing each year and is expected to reach approximately 3 million residents by the year 2025. Approximately 17% of the current population is 65 and older and 6% have an identified disability while another 6% are under the age of 18. MDFR has recognized these individuals as the most vulnerable residents in the community. A large portion of the vulnerable population resides in low-income communities throughout the County.

MDFR is a career fire department providing fire protection, emergency medical services, transport, and other specialized fire and rescue services, to County residents. MDFR has a Community Paramedic Program that services County residents by allowing paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community.

MDFR is embarking on a new initiative in public safety to reduce the workload of first responders, as MDFR currently has an average call volume of more than 280,000 calls annually and this number is expected to increase because of the increasing population. Approximately 30% of calls received by the department are for non-life-threatening situations. With the Community Paramedic Program, MDFR will be able to assist persons within identified vulnerable populations and reduce the call volume as the program will reduce the number of persons that use 911 dispatch as a primary source of medical services.

**B) The Present Situation**

- a. As the Community Paramedics program typically serves the non-emergency population, the program uses non-transport vehicles to provide services, such as blood pressure monitoring, to community members. Occasionally, these visits may identify a Basic Life Support (BLS) emergency (non-life-threatening) that will result in the patient

needing to be transported to an emergency facility. MDFR currently calls third party ambulance services to pick up patients for transport to a medical facility or in some cases the department uses frontline emergency vehicles for transport. This is an issue because using frontline emergency vehicles for BLS related calls decreases the availability of resources needed for someone experiencing a more serious emergency (like the victims of a major car crash). Additionally, when third party ambulances are used, the arrival times to the scene can be unpredictable, which can cause a delay in medical treatment and potentially exacerbates an emergency situation.

C) The Proposed Solution

- a. MDFR has begun working on the solution to this issue as the department has acquired funding to purchase BLS transport vehicles. MDFR is currently in the process of purchasing four medical transport vans, however these grant-funded vehicles are not equipped with items necessary for medical transport. MDFR is requesting EMS Matching funds to purchase five stretchers to equip the transport vehicles so that residents in need can receive proper care and transport to an emergency medical facility.

D) Consequences if not funded

- a. If not funded, MDFR will still have to purchase the stretchers. This equipment is a necessity to maintain efficiency of the community paramedics program and to provide the needed care to the vulnerable populations within the County. Without grant funding, purchasing these stretchers will cause a financial burden on the EMS division, as there are currently no funds available to allocate for this purchase. Therefore, the money used to purchase this equipment will be pulling from other areas of need within the department.

E) Addressed Geographical Area

- a. Within an area of approximately 2,000 square miles, Miami-Dade County is the largest metropolitan area in Florida, with more than 2.7 million residents and more than 14 million annual overnight visitors. Miami-Dade Fire Rescue is a career fire department providing fire protection, emergency medical services, transport, and other special operation services throughout the County. Currently, MDFR has more than 2,200 active career firefighters and 71 fire stations that serve the unincorporated areas of the county,

as well as 29 municipal cities. MDFR delivers comprehensive EMS service and ALS intervention and transport 24 hours a day, 365 days a year. MDFR also provides fire rescue services at the Port of Miami, which is the largest cruise port in the world, and the 10<sup>th</sup> largest container port in the United States. MDFR also serves three South Florida airports, including Kendall-Tamiami Executive airport, Opa-Locka Airport, and Miami International Airport, which is the 8<sup>th</sup> busiest airport in the United States.

**F) Proposed Time Frames**

- a. Immediately upon receiving funding, MDFR will begin the procurement process for the stretchers. Vendor selection will begin within 60 days of the completion of the procurement process. Once received, MDFR will install the stretchers in the transport units and reconcile with the State 30 days after the completion of the equipment installation.

**G) Data Sources**

- a. The information cited is derived from MDFR's Planning Division, MDFR's Logistics Division, MDFR's EMS Division, Community Paramedics, Electronic Patient Care Report (EPCR) data, and NFIRS.

**H) Attesting Statement**

- a. I attest to the fact that this proposal is not a duplication of any grant project funded through this program.

**Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.**

**11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims:** This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

**12. Outcome For Training Projects:** This includes training of all types for the public, first responders, law enforcement personnel, EMS, and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

**13. Outcome For Other Projects:** This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

**11) Outcomes for Projects that provide or effect direct services to Emergency Victims**

- A) In the last 12 months (2023 calendar year), MDFR received more than 283,235 calls. During this same timeframe, 142,858 calls were received for life-threatening situations and 85,679 were received for BLS non-life-threatening situations. Of the BLS incidents, 17,588 transports were completed through the use of a third-party ambulance.**
- B) In the 12 months after this project has been completed, MDFR expects to have a call volume of more than 284,000 calls per year, with more than 144,000 calls for life-threatening situations and more than 87,000 calls for non-life-threatening situations. MDFR expects to greatly reduce the number of transports through third party ambulances and reduce BLS transport wait times by using MDFR's BLS units equipped with stretchers.**
- C) The numbers included in question 11A are based on statistics provided by MDFR's Planning Division and MDFR's EMS division. The projected numbers provided in question 11B are an estimation based on current call volume numbers and an estimated increase in population within Miami-Dade County within the next 12 months.**
- D) MDFR also expects that this project will allow persons living in vulnerable populations to seek medical attention through the Community Paramedics Program and hopefully identify future health problems before they become an emergency requiring transport to a medical facility.**
- E) This project integrates into MDFR's five-year plan as it protects people by providing proactive, responsive, professional and humanitarian emergency rescue services that are essential to public health, safety and well-being.**

**Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.**

**14. Research and Evaluation Justification Summary, and Outcome:** You may use no more than three additional one-sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.  
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

**ALL APPLICANTS MUST COMPLETE ITEM 15.**

**15. Statutory Considerations and Criteria:** The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
  - 1) EMS services on a county, multi county, or area wide basis.
  - 2) Single EMS provider or coordinated methods of delivering services.
  - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

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**15) Outcomes for Projects that provide or effect direct services to Emergency Victims**

**A) Serve the Requirements of Impacted Populations**

- a. As established through the information provided within this application, purchasing these stretchers will equip the BLS transport vehicles and will subsequently enhance the quality of care for Miami-Dade County residents. The equipment will serve as an improvement to EMS response by improving BLS transport.

**B) Conformance to State Standards**

- a. The acquisition of stretchers will conform to minimum standards set forth in State regulations relating to emergency medical response and will ensure consistency, reliability, and effectiveness of emergency medical services.

**C) Minimum Equipment and Supplies Standard**

- a. The acquisition of stretchers will conform to minimum standards set forth in State regulations relating to transportation and emergency care of the critically ill and injured.

**D) Communications Standards Conformance**

- a. N/A

**E) Explanation of Improvements/Expansion of Services**

- a. Miami-Dade County is the largest metropolitan area in the state of Florida. The proposed equipment will not only improve the services for patients needing BLS transport, but it will also improve emergency response on a countywide basis.

**16. Work activities and time frames:** Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

| Work Activity                | Number of Months After Grant Starts |          |
|------------------------------|-------------------------------------|----------|
|                              | Begin                               | End      |
| Notice of Award              | App Due Date                        | Month 2  |
| Purchase/Procurement Process | 2 Months After                      | Month 5  |
| Installation                 | 5 Months After                      | Month 11 |
| Reconcile with the State     | 11 Months After                     | Month 12 |
|                              |                                     |          |
|                              |                                     |          |
|                              |                                     |          |
|                              |                                     |          |
|                              |                                     |          |

**17. County Governments:** If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

17) Budgetary Constraints have required MDFR to address department needs through various avenues including grant funding. During this funding cycle, it was determined that the department would pay for training and other EMS equipment with EMS County Grant funding. The stretchers requested in this application will align with MDFR's goal to protect people by providing proactive, responsive, professional and humanitarian emergency rescue services that are essential to public health, safety and well-being. Because this equipment is unbudgeted by the department, MDFR is requesting EMS Matching Grant funds to assist the department in purchasing stretchers for the Community Paramedics Program and to improve BLS transport within the department.

| <b>18. Budget:</b>   |                |  |
|--|----------------|--|
| <b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours. | <b>Costs</b>   | <b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project. |
| N/A  |                |  |
|  |                |  |
|  |                |  |
|  |                |  |
|  |                |  |
| <b>TOTAL:</b>  | <b>\$ 0.00</b> | Right click on 0.00 then left click on "Update Field" to calculate Total   |

| <b>Expenses:</b> These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category). | <b>Costs:</b> List the price and source(s) of the price identified. | <b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project. |
|--|---|---|
| N/A  |   |   |
|  |   |   |
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|  |   |   |
| <b>TOTAL:</b>  | <b>\$ 0.00</b>  | Right click on 0.00 then left click on "Update Field" to calculate Total                                  |

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| <b>Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, and the normal expected life of which is 1 year or more.</b> | <b>Costs:</b> List the price of the item and the source(s) used to identify the price. | <b>Justification:</b> State why each of the items and quantities listed is a necessary component of this project.  |
|--|--|--|
| Stretchers (5 stretchers at \$30,000 each)   | \$150,000.00   | MDFR is currently purchasing 4 BLS transport vehicles through other grant funding and 1 BLS transport vehicle using department funds. The stretchers will equip these units. |
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|  |  |  |
|  |  |  |
|  |  |  |
| <b>TOTAL:</b>  | <b><u>\$150,000.00</u></b>   | Right click on 0.00 then left click on "Update Field" to calculate Total   |

|  |                            |  |
|--|----------------------------|--|
| <b>State Amount</b><br>(Check applicable program)        |                            |  |
| <input checked="" type="checkbox"/> Matching: 75 Percent | <b><u>\$112,500.00</u></b> | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input type="checkbox"/> Rural: 90 Percent               | <b><u>\$ 0.00</u></b>      | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <b>Local Match Amount</b><br>(Check applicable program)  |                            |  |
| <input checked="" type="checkbox"/> Matching: 25 Percent | <b><u>\$37,500.00</u></b>  | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <input type="checkbox"/> Rural: 10 Percent               | <b><u>\$ 0.00</u></b>      | Right click on 0.00 then left click on "Update Field" to calculate Total |
| <b>Grand Total</b>                                       | <b><u>\$150,000.00</u></b> | Right click on 0.00 then left click on "Update Field" to calculate Total |

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**19. Certification:**

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept any attached grant terms and conditions and acknowledge this by signing below.



James Reyes  
Chief of Public Safety

Signature of Authorized Grant Signer  
(Individual Identified in Item 2)

02 / 16 / 2024  
MM / DD / YY

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**THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.**

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)(b), Florida Statutes, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1<sup>st</sup> application page.

Name of Agency: Miami-Dade, County of

Address in State  
Financial System: 111 NW 1<sup>st</sup> Street, 26<sup>th</sup> Floor, Finance Department

Miami, FL 33128

Federal 9-digit Identification Number: 596000573      3-digit Seq. Code: \_\_\_\_\_

Authorized Official:       02/16/2024  
Signature      Date

James Reyes, Chief of Public Safety  
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: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Contract Manager

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          | 03          | SF003      | 751000             | 059999          |

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

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