

RECORDED 8/1/95
PAGE NO 426
MINUTE BOOK NO. 44

R-95-197

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES, OFFICE OF EMERGENCY MEDICAL SERVICES UNDER THE MATCHING GRANT PROGRAM.

WHEREAS, the State of Florida Department of Health and Rehabilitative Services, Office of Emergency Medical Services provides matching grant funding to assist public organizations improve and expand their EMS systems; and

WHEREAS, the Manatee County Department of Public Safety, Division of Marine Rescue is eligible to participate in the matching grant program; and

WHEREAS, the Manatee County Department of Public Safety Division of Marine Rescues has identified the need for automatic defibrillators which will help reduce response times to emergencies at the County guarded beaches.

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that:

1. The submission of a matching grant application under the State of Florida Department of Health and Rehabilitative Services, Office of Emergency Medical Services for the system status management computer aided dispatch software module for the County's fleet of ambulance and dispatch center is hereby authorized.
2. The Chairman, or in his absence the Vice-Chairman, is authorized to execute the application and all related documents pursuant to the submission of the application.

ADOPTED with a quorum present and voting this 1st day of August, 1995.

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA

By: Stan Stephens
Stan Stephens, Chairman

ATTEST:
R. B SHORE
CLERK OF THE CIRCUIT COURT

By: [Signature]

1115

NOTE: SEE R-95-211 FOR CORRECTED RESOLUTION;
ADOPTED 8/8/95 BCC

544-1594

ID Code to be Assigned by State EMS Office: M
Florida Department of Health and Rehabilitative Services
Office of Emergency Medical Services (EMS)
MATCHING GRANT APPLICATION

1. Legal Name of Agency/Organization:	MANATEE COUNTY GOVERNMENT		
Name and Title of Grant Signer:	STAN STEPHENS, CHAIRMAN		
Mailing Address:	P.O. Box 1000 BRADENTON, FLORIDA 34206	County:	MANATEE
Telephone Number:	941-749-3022	SunCom Number:	

2. Name and Title of Contact Person:	Jay Moyles, Chief, Marine Rescue Division		
Mailing Address:	1112 Manatee Avenue West Ste. 525 Bradenton, Florida 34205		
Telephone Number:	941-749-3022	SunCom Number:	527-1330

3. Legal Status of Agency/Organization: (Check only one)	Your fiscal year:
<input type="checkbox"/> Private Not for Profit (you must provide copy of certificate)	Oct <u>1</u> Sept <u>30</u>
<input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Public	BEGINS ENDS

4. Agency/Organization's Federal Tax Identification Number nine digits VF <u>5 9 6 0 0 0 7 2 7</u>

5. Identify the one state plan objective this project primarily addresses. Objective #: <u>50.5</u>
--

6. Type of Project: (Check only one)	
<input type="checkbox"/> Communications	<input type="checkbox"/> Continuing Professional Education (medical director must sign item 16e)
<input type="checkbox"/> Emergency Transport Vehicles	<input type="checkbox"/> Public Education
<input type="checkbox"/> System Evaluation/Quality Assurance	<input type="checkbox"/> Research
<input checked="" type="checkbox"/> Medical/Rescue Equipment (signatures required for items 16b and 16c)	
Does your project include the purchase of any communications equipment? <input type="checkbox"/> yes <input checked="" type="checkbox"/> No	

IRS Form No. 1040-EM, March 89

For both the need and outcome statements: include all available numeric data, the time frame for the data, the data source, the number of people who will directly receive project services, and other information which clearly identifies your need and expected outcome for this project.

7. Need Statement (use only the space below): The records of the Manatee County Marine Rescue Division indicate that approximately 3.2 million people visit our public beaches annually. Of these visitors, between 300 to 320 require emergency medical assistance from the Lifeguard staff. These emergencies include cardiac arrest due to near drowning, allergic reactions, lightning strikes, and coronary disease. Per Chapter 401 of the Florida Statutes and the request of the County Medical Director, we request funding support to purchase 2 Automatic External Defibrillators. The addition of these units will increase the survival rate of cardiac arrest pats. prior to the arrival of EMS.

8. Outcome Statement (use only the space below): The Manatee County Beaches have approximately 3.2 million visitors to its public beaches annually. Of these visitors, between 300 and 320 experience a medical emergency while in the water or on the beach. The addition of Automatic Defibrillators will allow those visitors with cardiac emergencies to receive immediate life saving procedures during the critical time preceding the arrival of advanced cardiac life support units. Such action will improve the level of pre-hospital care for these patients.

9. Improvement and Expansion of Prehospital EMS. Describe how your project improves and expands prehospital EMS. Also, show how it builds coordination and cooperation with other EMS systems. The addition of Automatic Defibrillators used by the 13 EMT Lifeguards from the Marine Rescue staff will increase the survival rate by 25% (national standards) of those individuals experiencing cardiac emergencies while using our public beaches prior to the arrival of advanced life support units. The A.E.D. unit will be configured to interface with the existing ALS Lifepak 10 units which will provide crucial data about the patient's condition via code summary sheet prior to the arrival of EMS units. The availability of this information will insure a higher level of patient care and will improve pre-hospital EMS. This equipment and the data provided will also augment our Quality Assurance System.

10. Research Projects Only:

If you are ~~not~~ conducting a research project, skip this item and go to Item 11. N/A

If you are conducting a research project, attach at the end of the application concise statements of the hypothesis, design/method, instruments, methods to protect human subjects, any limitations involving the study, research instruments, forms and listings of other relevant studies.

11. Major Work Activities and Time Frames (Use only the space below):

By adding this AED, the Manatee County Marine Rescue Division will be able to provide a faster response to patients requiring defibrillation, increasing the survival rate of these patients at the Manatee County Beaches.

1. Bid Process.....within 60 days after grant begins
2. Acceptance of Product.....within 90 days after grant begins
3. Training and Implementation.....within 120 days after grant begins
4. Analyze and Evaluate System.....within 180 days after grant begins

CATEGORIES	APPLICANT Cash Match	State Grant Funds	TOTAL
12. Salaries and Benefits: n/a			
TOTAL SALARIES and BENEFITS			

13. Expenses n/a			
TOTAL EXPENSES			

CATEGORIES	APPLICANT Cash Match	State Grant Funds	TOTAL
14. Equipment: Automatic advisory defibrillator, simulation cables, electrodes, voice translator and interface cable . This price is for 2 units	4,682.50	14,047.50	18,730.00
TOTAL EQUIPMENT COSTS	4,682.50	14,047.50	18,730.00

CATEGORIES	APPLICANT Cash Match	State Grant Funds	TOTAL
15. Final Summary - Total of salaries and benefits, expenses and equipment, all combined	\$ 4,682.50 ----- The above figure must equal 25 percent of the total	\$4,047.50 ----- The above figure must equal 75 Percent of the total	\$ 18,730 ----- The above figure must equal the sum of the preceding two columns

Note: You may attach a page or pages to explain and justify as necessary the need for any and all positions, expenses, and equipment in terms of the items, their quantities, their costs, and their roles in the project.

16. Medical director's signatures: Complete this item only if your project is a Medical/Rescue Equipment, or Professional Education Project.

a. Professional Education N/A

All continuing education described in this application is developed and conducted with my input and approval.

Medical Director's Signature

Date

Medical Director's Printed Name

b. Medical Equipment Projects:

I hereby accept authority and responsibility for the use of Medical Anti-Shock Trousers (MAST), Esophageal Obturator Airways (EOAs), semi-automatic and automatic defibrillators, ALS equipment identified in Chapter 10D-66, F.A.C., and equipment not identified in Chapter 10D-66, F.A.C. If this responsibility is delegated, both the delegated physician and the medical director must sign this section.

Medical Director's Signature
and Delegated Physician, if any

Date

Medical Director's Printed Name
and Delegated Physician, if any

Steven Watsky, M.D.
For Dr. David C. Nonell

c. I hereby acknowledge that the applicant responds routinely to rescue or medical incidents under written agreement with my licensed EMS system.

Medical Director's or Authorized Person's Signature

Date

Printed Name

Steven Watsky, M.D.
for Dr. David C. Nonell

APPLICATION ITEM 17 (signature required)

**REQUEST FOR MATCHING GRANT DISTRIBUTION (ADVANCE PAYMENT)
EMERGENCY MEDICAL SERVICES (EMS)
Governmental Agency and Non-profit Entity ONLY**

In accordance with the provisions of paragraph 401.113(2)(b), F.S., the undersigned hereby requests an EMS matching grant distribution (advance payment) for the improvement and expansion of prehospital EMS.

Payment To: Manatee County Public Safety, Marine Rescue Division
Legal Name of Agency/Organization
1112 Manatee Avenue West, Ste. 525
Address
Bradenton, Fl. 34205
(City) (State) (Zip)

Authorized Official
SIGNATURE: Stan Stephens DATE: August 1, 1995
Printed Name: Stan Stephens Title: Chairman

SIGN AND RETURN WITH YOUR MATCHING GRANT APPLICATION TO:

Department of Health and Rehabilitative Services
Office of Emergency Medical Services (HSTM)
EMS Matching Grants
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

ATTEST: [Signature]
R. B. SHORE, CLERK OF CIRCUIT COURT

For Use Only by Department of Health and Rehabilitative Services,
Office of Emergency Medical Services

Matching Grant Amount: \$ _____ Grant ID Code: M _____
Approved By: _____ Date: _____
Signature, State EMS Grant Officer
State Fiscal Year: _____ Amount: \$ _____
Organization Code 60-20-60-30-100 E.O. HS Object Code _____
Federal Tax ID V F: _____
Grant Beginning Date: _____ Ending Date: _____

18. ASSURANCES AND APPLICATION SIGNATURE

Certification of Standards Statement

I, the undersigned, certify that if granted funds under Chapter 401, Part II, F.S.; as amended, all applicable regulations and standards will be adhered to including: Chapter 401, F.S.; Chapter 10D-66, F.A.C.; Minimum Wage Act; Title VI of the Civil Rights Act of 1964 (42 USC 2000D et seq.); Rehabilitation Act (Sec 504); and other federal legislation prohibiting discrimination on the basis of handicap, sex, age, race, creed, color, political affiliation or beliefs.

Statement of Cash Commitment

I, the undersigned, certify that cash match will be available during the grant period and used in direct support of this grant project. State and federal funds will not be used for matching requirements, unless specified by law. No costs or third-party contributions count towards satisfying a matching requirement of a department grant if they are used to satisfy a matching requirement of another state or federal grant. Cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed on this application shall be committed and used for the department's final approved project during the grant period.

Acceptance of Terms and Conditions

I, the undersigned, accept the grant terms and conditions in Appendix B of the booklet, "1992 Florida EMS Matching Grant Program", by the Department of Health and Rehabilitative Services and acknowledge this when funds are drawn or otherwise obtained from the grant payment system.

Disclaimer

I, the undersigned, hereby certify that the facts and information contained in this application and any follow-up documents are true and correct to the best of my knowledge, information, and belief. I further understand that if it is subsequently determined that this is not correct, the grant funded under Chapter 401, Part II, F.S.; Chapter 10D-66, F.A.C.; may be revoked, and any monies erroneously paid and interest earned will be refunded to the department with any penalties which may be imposed by law or applicable regulations.

Notification of Awards

I understand the availability of the notice of award will be advertised in the Florida Administrative Weekly, and that 30 calendar days after this Florida Administrative Weekly advertisement I waive any right to challenge or protest in anyway the decisions to award grants

Maintenance of Improvement and Expansion

I, the undersigned, agree that any improvement or expansion brought about in whole or part by grant funds, will be maintained for five years after the project ends, unless specified otherwise in the approved application or unless the department agrees in writing to allow a change. Any unauthorized change within the five years will necessitate the return of grant funds involved, plus interest if any to the department.



Signature of Authorized Grant Signer

(Individual Identified in Item 1)

Stan Stephens, Board of County Commissioners Chairman



Date

ATTEST: 

R. B. SHORE, CLERK OF CIRCUIT COURT

NOTE: Please check to insure that all required signatures have been made to Items 16, 17, and 18. The application will not be considered for funding without any required signature.



MANATEE COUNTY GOVERNMENT

OFFICE OF THE COUNTY ADMINISTRATOR

August 2, 1995

Mr. Alan Van Lewen, Manager
Matching Grants
State of Florida, Department
of Health and Rehabilitative Services
Office of EMS
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

Re: EMS Matching Grant Application/Marine Rescue Division

Dear Mr. Van Lewen:

On August 1, 1995, the Manatee County Marine Rescue Division received approval from the Manatee County Board of County Commissioners to submit the enclosed application package for Automatic Defibrillators. However, it was brought to our attention on this date that due to scrivener's errors, the Resolution authorizing the submittal of this application package must be corrected. Such corrections have been incorporated in Resolution R-95-211, which will be brought before the Board of County Commissioners on August 8, 1995.

As soon as the revised Resolution is officially adopted and recorded, a certified copy of Resolution #R-95-211 will be submitted to your office. I apologize for any inconvenience this situation may have caused and I much appreciate your cooperation and assistance in this matter.

Should you have any questions, please contact Maggie Marr, Grants Coordinator, (941) 745-3735; or, Jay Moyles, Chief, Marine Rescue Division, (941) 749-3022, both representing Manatee County with regard to this matter.

Sincerely,

Ernie Padgett
Ernie Padgett
County Administrator

EP:nh
Enclosure

cc: E. Michael Latessa, Director, Department of Public Safety
Jay Moyles, Marine Rescue Division
Maggie Marr, Grants Coordinator
Manatee County Board Records ✓

1124

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, CORRECTING A SCRIVENER'S ERROR IN THAT CERTAIN RESOLUTION (INCORRECTLY NUMBERED R-95-197), WHICH AUTHORIZED THE SUBMISSION OF A GRANT APPLICATION TO THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES BY OFFICE OF PUBLIC SAFETY DIVISION OF MARINE RESCUE FOR THE PURCHASE OF AUTOMATIC EXTERNAL DEFIBRILLATORS ADOPTED AUGUST 1, 1995; AND, AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES, OFFICE OF EMERGENCY MEDICAL SERVICES UNDER THE MATCHING GRANT PROGRAM.

WHEREAS, the State of Florida Department of Health and Rehabilitative Services, Office of Emergency Medical Services provides matching grant funding to assist public organizations improve and expand their EMS systems; and

WHEREAS, the Manatee County Department of Public Safety, Division of Emergency Medical Services is eligible to participate in the matching grant program, and

WHEREAS, the Manatee County Department of Public Safety Division of Marine Rescue has identified the need for automatic defibrillators which will help reduce response times to emergencies at the County guarded beaches

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that

- 1 The submission of a matching grant application under the State of Florida Department of Health and Rehabilitative Services, Office of Marine Rescue for automatic defibrillators on County guarded beaches is hereby authorized
- 2 The Chairman, or in his absence the Vice-Chairman, is authorized to execute the application and all related documents pursuant to the submission of the application

ADOPTED with a quorum present and voting this 8th day of August, 1995.

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA

By: Stan Stephen
Chairman

ATTEST: R. B. Shore
CLERK OF THE CIRCUIT COURT

By: Aileen A. Ramirez