

**SUMTER COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY**

SUBJECT: Resolution and Emergency Medical Services Grant Application FY 10-11 (Staff recommends approval)

REQUESTED ACTION: Approve Resolution and EMS Grant Application

Work Session (Report Only) **DATE OF MEETING:** 3/22/2011
 Regular Meeting Special Meeting

CONTRACT: N/A Vendor/Entity: Florida Department of Health

Effective Date: _____ Termination Date: _____
Managing Division / Dept: Financial Services

BUDGET IMPACT: \$8,925.00

Annual **FUNDING SOURCE:** EMS County Grant
 Capital **EXPENDITURE ACCOUNT:** 193-193-526-6400 & 6450
 N/A

HISTORY/FACTS/ISSUES:

Sumter County applies for EMS Grant Funds from the Florida Department of Health annually. This grant does not require County matching funds.

Historically, this grant has been paid in a single lump sum to be split equally between Sumter County Fire Rescue and The Villages Public Safety Department. Starting in FY 2010-2011, the grant is being split into two separate payments. The initial payment is in the amount of \$8,925.00. The second payment amount will be provided to Sumter County in July 2011. It will be for 45% of the Sumter County deposits into the EMS Trust Fund between January 1 and June 30, 2011.

Please see the attached grant application, resolution, and letter from the Florida Department of Health.

EMS COUNTY GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all Items

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

1. County Name: Sumter County Board of County Commissioners
Business Address: 7375 Powell Road
Wildwood, FL 34785
Telephone: 352-689-4400
Federal Tax ID Number (Nine Digit Number): VF 59-6000865

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:** _____
Printed Name: Don Burgess
Position Title: Chairman for Sumter County BOCC

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)
Name: Bradley S. Arnold
Position Title: County Administrator
Address: 7375 Powell Road, Wildwood, FL 34785
Telephone: 352-689-4400 | **Fax Number:** 352-689-4401
E-mail Address: Bradley.arnold@sumtercountyfl.gov

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.

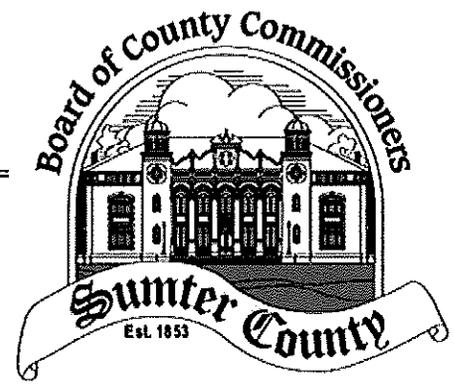
5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)

The Sumter County Fire Rescue and The Villages Public Safety Department will equally split the allotted awarded amount to Sumter County for the FY 10-11 EMS Grant.

Board of County Commissioners

Sumter County Fire Rescue

910 N. Main Street, Suite 319 • Bushnell, FL 33513 • Phone (352) 793-0212 • FAX: (352) 569-0118
http://sumtercountyfl.gov



Memo

To: Amanda Taylor, Procurement Coordinator
From: Leland Greek, Deputy Chief Operations
Date: February 14, 2011
RE: Purchase of EMS Equipment

I am recommending the following purchases with the funds available from the EMS grant, to equip the EMS training classroom, and provide equipment needed to be able to provide Advanced Life Support patient care in the near future.

The cost breakdown for the items requested is as follows:

Item	Vendor	Price		
Intraosseous Infusion Simulator	EMP	\$ 563.50	2	\$ 1,127.00
I/O Bones (10 pk)	PMI	\$ 102.00	2	\$ 204.00
I/O Skin replacement (2 pair/Pk)	EMP	\$ 64.75	2	\$ 129.50
Adult Injectable Training Arm	PMI	\$ 410.00	2	\$ 820.00
Veins for Arm	Boundtree	\$ 28.04	1	\$ 28.04
Arm Skin & Veins	Boundtree	\$ 111.43	1	\$ 111.43
OB Manikin	PMI	\$ 585.00	1	\$ 585.00
IV Pole	Miami Med	\$ 72.00	1	\$ 72.00
Exam Table	Lifeline Med	\$ 261.63	1	\$ 261.63
Mega Movers	EMP	\$ 21.95	15	\$ 329.25
Air Splint Kit	PMI	\$ 54.95	2	\$ 109.90
Traction Splint Adult	Boundtree	\$ 182.81	2	\$ 365.62
Extrication Vest	PMI	\$ 99.00	1	\$ 99.00
				\$ 4,361.87

Exam Table Shipping \$ 119.50

Bill Gulbrandsen
Fire Services Director
(352) 793-0212

Mary Alderman
Administrative Assistant
(352)793-0212

Bradley S. Arnold,
County Administrator
(352) 793-0200

Please see attached spreadsheet for Quotes for the requested items. The lowest vendor is indicated for each item with bolded text.

Sumter Fire Quotes

Item	Vendor	Price	Vendor	Price	Vendor	Price
Intraosseous Infusion Simulator	Boundtree	\$ 595.00 2 \$ 1,190.00	PMI	\$ 575.00 2 \$ 1,150.00	EMP	\$ 563.50 2 \$ 1,127.00
I/O Bones (10 pk) I/O Skin replacement (2 pair/Pk) Adult Injectable Training Arm	Boundtree	\$ 119.95 2 \$ 239.90	PMI	\$ 102.00 2 \$ 204.00	EMP	\$ 111.75 2 \$ 223.50
Veins for Arm	Boundtree	\$ 69.95 2 \$ 139.90	PMI	\$ 71.95 2 \$ 143.90	EMP	\$ 64.75 2 \$ 129.50
Arm Skin & Veins	Boundtree	\$ 470.00 2 \$ 940.00	PMI	\$ 410.00 2 \$ 820.00	EMP	\$ 549.59 2 \$ 1,099.18
OB Manikin	Boundtree	\$ 28.04 1 \$ 28.04	PMI	2 \$ -	EMP	2 \$ -
IV Pole	Boundtree	\$ 111.43 1 \$ 111.43	PMI	2 \$ -	EMP	2 \$ -
Exam Table	Boundtree	\$ 585.00 1 \$ 585.00	PMI	\$ 585.00 1 \$ 585.00	EMP	\$ 599.80 1 \$ 599.80
Mega Movers	Miami Medical	\$ 72.00 1 \$ 72.00	Med. Prod. Direct	\$ 86.00 1 \$ 86.00	Quick Medical	\$ 110.00 1 \$ 110.00
Air Splint Kit Traction Splint Adult	Miami Medical	\$ 433.82 1 \$ 433.82	Lifeline Medical	\$ 261.63 1 \$ 261.63	Quick Medical	\$ 385.63 1 \$ 385.63
Extrication Vest	Boundtree	\$ 22.05 15 \$ 330.75	PMI	\$ 22.95 15 \$ 344.25	EMP	\$ 21.95 15 \$ 329.25
	Boundtree	\$ 74.74 2 \$ 149.48	PMI	\$ 54.95 2 \$ 109.90	EMP	\$ 64.44 2 \$ 128.88
	Boundtree	\$ 182.81 2 \$ 365.62	PMI	\$ 219.00 2 \$ 438.00	EMP	\$ 238.60 2 \$ 477.20
	Boundtree	\$ 139.75 1 \$ 139.75	PMI	\$ 99.00 1 \$ 99.00	EMP	\$ 98.95 1 \$ 98.95
		\$ 2,904.54 \$ 4,725.69		\$ 2,487.48 \$ 4,241.68		\$ 2,808.96 \$ 4,708.89
			Exam Table Shipping	119.5		185.6
		\$ 4,361.87				



Quotation

Making Precious Minutes Count...™

PHONE (800) 533-0523 FAX (800) 257-5713
www.boundtree.com

Quote Number	93606679
Date	1/31/2011
Page	1 of 1
Expiration Date	04/01/2011
Entered By	PSULLIVAN

Bill To 106595
VILLAGES PUBLIC SAFETY DEPT
1231 BONITA BLVD
THE VILLAGES, FL 32162-3798
US

Ship To SHIP001
VILLAGES DEPARTMENT OF
1231 BONITA DR
THE VILLAGES, FL 32162
US

Customer Number	Account Manager	Shipping Method	Payment Terms	Ref Number	
106595	PATRICK SULLIVAN	NO FRT	NET 30	10040856	
Item Number	Description	Quantity	UofM	Unit Price	Ext Price
934-WMBIG-A1	WaisMed bone injection gun, B.I.G., adult, intraosseous infusion gun, 15 ga. needle, sterile, disp	24	EA	\$58.500	\$1404.00
934-WMBIG-C2	WaisMed bone injection gun, B.I.G., pediatric, intraosseous infusion gun, 18 ga. needle, 12ea/cs	24	EA	\$58.500	\$1404.00
934-WMTLEG	Training leg, B.I.G., includes 1 adult leg, life size with palpable anatomical landmarks	1	EA	\$202.130	\$202.13
934-DEMOKITA	Training kit, WaisMed adult bone injection gun, includes training unit, reload tool and instructions	1	EA	\$55.660	\$55.66
934-DEMOKITP	Training kit, WaisMed pediatric bone injection gun, incl training unit, reload tools, instructions	1	EA	\$55.660	\$55.66
F912602	SAFETY GLASSES SILVER INDOOR/OUTDOOR 10/CS MILLENNIA	40	EA	\$6.310	\$252.40
D2300	REGULATOR 1 DISS 1 BARB 0-25 L	5	EA	\$73.030	\$365.15
531900	CPAP OS BREATHING CIRCUIT W/ MEDIUM MASK 1/PK 10PK/CS	15	PK	\$33.520	\$502.80
121-9545C	Blood glucose monitoring system, Ascensia CONTOUR, does not require coding or calibration	6	EA	\$0.000	\$0.00
2763-09950	ASCENSIA CONTOUR BLOOD GLUCOSE STRIPS 50/BX 24BX/CS	6	BX	\$36.500	\$219.00

Thank you for the opportunity to provide this quotation. If you have any questions or are seeking additional products, please contact your Account Manager or visit www.boundtree.com.

Subtotal	\$4,460.80
Freight	\$0.00
Tax	\$0.00
Total	\$4,460.80

Villages Public Safety Dept Quotes

Item #?	Description	QTY	Boundtree	PMI	PerSys Medical (actual distributor)	LSS	Southeastern Emergency Equipment
934-WMBIG-A1	WaisMed bone injection gun, B.I.G., adult, intraosseous infusion gun, 15 ga. needle, sterile, disp	24	\$58.50	Not available	\$74.00		
934-WMBIG-C2	WaisMed bone injection gun, B.I.G., pediatric, intraosseous infusion gun, 18 ga. needle, 12ea/cs	24	\$58.50	Not available	\$74.00		
934-WMTLEG	Training leg, B.I.G., includes 1 adult leg, life size with palpable anatomical landmarks	1	\$202.13	Not available	\$238.00		
934-DEMOKITA	Training kit, WaisMed adult bone injection gun, includes training unit, reload tool and instructions	1	\$55.66	Not available	\$99.00		
934-DEMOKITP	Training kit, WaisMed pediatric bone injection gun, incl training unit, reload tools, instructions	1	\$55.66	Not available	\$99.00		
F912602	SAFETY GLASSES SILVER INDOOR/OUTDOOR 10/CS MILLENNIA	40	\$6.31	Not available	N/A	\$8.70	
D2300	REGULATOR 1 DISS 1 BARB 0-25 L	5	\$73.03	41.45			
531900	CPAP OS BREATHING CIRCUIT W/ MEDIUM MASK 1/PK 10PK/CS	15	\$33.52	Not available	N/A		\$58.40

Villages Public Safety Dept Quotes

Item #?	Description	QTY	Boundtree	PMI	PerSys Medical	LSS	Southeastern Emergency
121-9545C	Blood glucose monitoring system, Ascensia CONTOUR, does not require coding or calibration	6	\$0.00		0 N/A		
2763-09950	ASCENSIA CONTOUR BLOOD GLUCOSE STRIPS 50/BX 24BX/CS	6	\$36.50		26.65 N/A		

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(a), F. S., 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: Sumter County Board of County Commissioners

Mailing Address: 7375 Powell Road
Wildwood, FL 34785

Federal Identification number 59-6000865

Authorized Official: _____
Signature Date

Don Burgess, Chairman
Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID: Code: _____

Approved By : _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____

Organization Code E.O. OCA Object Code
64-42-10-00-000 750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

Sumter County Resolution

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF SUMTER COUNTY, FLORIDA, CONCERNING AN
EMERGENCY MEDICAL SERVICES GRANT

WHEREAS, Sumter County has available to it an Emergency Medical Services Grant pursuant to Florida Statute Chapter 401, and,

WHEREAS, Grant requires the board to make certain assurances,

NOW, THEREFORE, be it resolved by the Board of County Commissioners of Sumter County, Florida, as follows:

1. The Board of County Commissioners of Sumter County, Florida, is hereby authorized to apply for an Emergency Medical Services Grant pursuant to Florida Statute Chapter 401. Sumter County has limited medical facilities and the Board does hereby certify that any funds received from this grant will improve and expand the County's pre-hospital emergency medical services system. In addition, the funds to be received will not supplant existing EMS budget allocations. The current plan is to use such funds to purchase medical equipment for ambulance which is not presently budgeted nor available to the citizens and residents of Sumter County.

This Resolution shall be spread among the minutes of this board and a certified copy furnished to designated agencies and officials.

DONE AND RESOLVED this 22nd day of March 2011.

Attest: GLORIA R. HAYWARD
CLERK & AUDITOR

BOARD OF COUNTY COMMISSIONERS
SUMTER COUNTY, FLORIDA

BY _____

BY _____
Don Burgess, Chairman



Rick Scott
Governor

January 10, 2011



Chairman
Sumter County Board of
County Commissioners
910 N. Main Street
Bushnell, Florida 33513

Dear Chairman:

On November 2, 2010, the Chief of the state Bureau of Emergency Medical Services (EMS) sent you a letter that explained a two payment process for your FY 2010-2011 county grant. You may now apply for the first of the two payments. The deadline is April 14, 2011, 5:00 PM, Eastern Daylight Saving Time.

The total for your budget must be \$8,925.00, which is 45 percent of the funds your county deposited between July 1, 2010 and December 31, 2010 into the state EMS Trust Fund under section 401.113(1), *Florida Statutes*.

We will send you the amount of the second payment in July 2011 so you may apply for this payment. It will be 45 percent of your deposits this year from January 1 through June 30, 2011.

All budgets must improve and expand EMS because replacement and continuation are not allowed for any county per section 401.113 (1), *Florida Statutes*. We are again using the same grant booklet and forms, but if you need a copy please obtain them at <http://www.fl-ems.com/Grants/Grants.html> or contact me.

The forms to submit are pages 3-5 in the grant booklet. Item 4 in the application describes and requires a current resolution from you. Complete and return to us the signed originals plus one copy of: (1) the application (DH Form 1684), (2) Grant Fund Distribution page (DH Form 1767P) and, (3) the resolution.

Send your forms plus one copy to: EMS COUNTY GRANT PROGRAM
Attn: Alan Van Lewen
DOH Emergency Medical Services
4052 Bald Cypress Way, Mail Bin C18
Tallahassee, FL 32399-1738

Thank you for your cooperation and support to improve and expand quality EMS in Florida. Please contact me via telephone at (850) 245-4440, extension *2734, or by other means if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Alan Van Lewen".

Alan Van Lewen
Health Services and Facilities Consultant

cc: Mr. Bradley S. Arnold