



City of Coral Gables  
**CITY COMMISSION MEETING**  
January 22, 2013

**ITEM TITLE:**

Resolution authorizing the acceptance and execution of the Fiscal Year 2011-2012 Emergency Medical Services (EMS) County Grant #C1013 Letter of Understanding and Agreement from the Miami-Dade County Board of County Commissioners and the State of Florida Department of Health; and amending the Fiscal Year 2012-2013 Annual Budget to recognize the grant award as revenue and appropriate such funds to cover the cost of the grant expenditures.

**DEPARTMENT HEAD RECOMMENDATION:**

Approval.

**BRIEF HISTORY:**

The Florida Department of Health is authorized by Chapter 401, Part II, Florida Statutes to provide grants to Boards of County Commissioners for the purpose of improving and expanding pre-hospital emergency medical services. Grants are awarded only to Boards of County Commissioners, but may subsequently be distributed to municipalities and other agencies or organizations involved in the provision of EMS pre-hospital care.

Miami-Dade County is responsible for the application and distribution process of the State EMS County Grant. The distribution of grant funds to each participating department is based on the percentage of combined total EMS calls for the calendar year prior to the new grant's fiscal year. The application for the FY 2011-2012 EMS County Grant #C1013 was approved by the Miami-Dade County Board of County Commissioners and the Florida Department of Health-Bureau of EMS. The grant in the amount of two thousand ninety-five dollars (\$2,095) has been approved for the City of Coral Gables' 2011-2012 work plan projects.

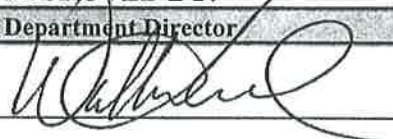

In order to qualify for the grant, the City of Coral Gables must approve a Letter of Understanding / Agreement which provides the basis for the disbursement and reporting responsibilities.

A budget amendment to the Fiscal Year 2012-2013 Annual Budget to recognize the \$2,095 grant award as revenue and appropriate such funds to cover the cost of the grant expenditures.

**FINANCIAL INFORMATION: (If Applicable)**

No.	Amount	Account No.	Source of Funds
1.	\$2,095	001-5500-522-8201	Florida Department of Health
Total:		APPROVED BY: 	

**APPROVED BY:**

Department Director	City Attorney	City Manager
		

**ATTACHMENT(S):**

1. Draft Resolution
2. Letter of Understanding/Agreement
3. Copy of State Award Letter to the County
4. Distribution of Expected New Revenue Schedule
5. Request for Grant Distribution form
6. M-D County's Work Plan, revised 8-15-12