



C-7

**City of Coral Gables**  
**CITY COMMISSION MEETING**  
**July 13, 2010**

**ITEM TITLE:**

Resolution authorizing the acceptance and execution of Emergency Medical Services (EMS) County Grant #C9013 Letter of Understanding and Agreement in the amount of \$4,760 from the Miami-Dade County Board of County Commissioners and the State of Florida Department of Health for fiscal year 2009-2010, to fund the expansion and/or improvements of pre-hospital emergency medical services.

**DEPARTMENT HEAD RECOMMENDATION:**

Approval.

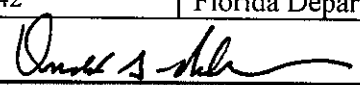
**BRIEF HISTORY:**

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. County 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.


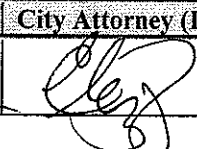

Miami-Dade County is responsible for the application and distribution process of the State EMS County Grant. The distribution of grant funds to each participating department is based on the percentage of combined total EMS calls for the calendar year prior to the new grant's fiscal year. The application for the EMS County Grant #C9013 for FY 2009-2010 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 \$4,760 has been approved for the City of Coral Gables' 2009-2010 work plan projects.

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

**FINANCIAL INFORMATION: (If Applicable)**

No.	Amount	Account No.	Source of Funds
1.	\$4,760.00	001-5500-522-6442	Florida Department of Health
Total:		APPROVED BY: 	

**APPROVED BY:**

Department Director	City Attorney (If Applicable)	City Manager
		

**ATTACHMENT(S):**

1. Resolution
2. Letter of Understanding/Agreement
3. Copy of State Award Letter to the County
4. Distribution of Expected New Revenue Schedule
5. Completed Grant Application