



City of Coral Gables
CITY COMMISSION MEETING
 January 24, 2012

ITEM TITLE:

Resolution authorizing the acceptance and execution of Emergency Medical Services (EMS) County Grant #C0013 Letter of Understanding and Agreement in the amount of one thousand six hundred and thirty five dollars (\$1,635) (the second of two payments) from the Miami-Dade County Board of County Commissioners and the State of Florida Department of Health for fiscal year 2010-2011, 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. 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 #C0013 for FY 2010-2011 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 one thousand six hundred and thirty five dollars (\$1,635) (the second of two payments) has been approved for the City of Coral Gables' 2010-2011 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.

FINANCIAL INFORMATION: (If Applicable)

| No. | Amount | Account No. | Source of Funds |
|--------|---------|---------------------------------|------------------------------|
| 1. | \$1,635 | 001-5500-522-6442 | Florida Department of Health |
| Total: | | APPROVED BY: <i>[Signature]</i> | |

APPROVED BY:

| Department Director | City Attorney (If Applicable) | City Manager |
|---------------------|-------------------------------|--------------------|
| <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |

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 9-27-11