



City of Coral Gables
CITY COMMISSION MEETING
September 25, 2025

ITEM TITLE:

A Resolution authorizing the acceptance and execution of the Fiscal Year 2025-2026 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 authorizing an amendment to the Fiscal Year 2025-2026 Annual Budget to recognize the \$2,961.47 grant as revenue and to appropriate such funds to cover 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 2025-2026 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 \$2,961.47 has been approved for the City of Coral Gables' 2025-2026 work plan projects. The allocation will be allowed to purchase Emergency Medical Services Equipment, Materials, Supplies & Services, Conferences, Seminars & Training Sessions. An amendment to the Fiscal Year 2025-2026 Annual Budget is required to recognize the \$2,961.47 grant as revenue and to appropriate such funds to cover the grant expenditures.

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.	\$2,961.47	001-5500-522-8201	Florida Department of Health
Total:		APPROVED BY:	

ATTACHMENT(S):

1. Draft Resolution
2. Letter of Understanding/Agreement
3. Copy of State Award Letter to the County