



City of Coral Gables  
**CITY COMMISSION MEETING**  
 February 23, 2016

**C-1**

**ITEM TITLE:**

A Resolution authorizing the acceptance and execution of the Fiscal Year 2015-2016 Emergency Medical Services (EMS) County Grant #C4013 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 2015-2016 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 2015-2016 EMS County Grant #C4013 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 nine hundred forty eight dollars (\$1,948) has been approved for the City of Coral Gables' 2015-2016 work plan projects. Three hundred dollars (\$300) are allocated to purchase Emergency Medical Services Equipment, Materials, Supplies & Services and one thousand six hundred forty eight dollars (\$1,648) are allocated to pay for Conferences, Seminars & Training Sessions.

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 2015-2016 Annual Budget is required to recognize the \$1,948 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.	\$1,948	001-5500-522-8201	Florida Department of Health
Total:		APPROVED BY: <i>[Signature]</i>	<i>[Signature]</i>

**APPROVED BY:**

Department Director	City Attorney	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. Work Plan Projects Summary per New Revenue Expected from State
5. Work Plan Projects Detail
6. M-D County's Projects Work Plan, revised 9-21-15