




BOARD OF COUNTY COMMISSIONERS



**Brevard County Fire Rescue**  
Timothy J. Mills Fire Rescue Center  
1040 S. Florida Avenue  
Rockledge, Florida 32955

## Inter-Office Memo

**TO:** Mr. Frank Abbate, County Manager  
**THRU:** Mr. Matthew Wallace, Public Safety Director  
**FROM:** Fire Chief Mark Schollmeyer   
**DATE:** October 20, 2020

Wallace,  
Matthew

Digitally signed by  
Wallace, Matthew  
Date: 2020.10.29 10:23:18  
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**SUBJECT:** Approval of the 2020-2021 Resolution RE: The State EMS County Trust Grant

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It is requested that the County Manager approve the submission of the 2020-2021 State Bureau of Emergency Medical Services (EMS) County Trust Grant, and authorize the Fire Rescue Department Director to execute any additional follow up documentation and amendments necessary to secure these funds. This is a continuation of a previous grant program. These funds are available to the County with no match of any kind required.

The Florida Department of Health makes available to every Florida county an annual Trust Award/Grant of funds to expand and enhance countywide Emergency Medical Services (EMS).

Brevard County Fire Rescue has applied and received approval for these funds in the past. The Bureau of Emergency Medical Services application requires an original resolution from Brevard County. The amount of funds available for the 2020-2021 grant period will be \$38,463.00. This is 45 percent of the court fees the County deposited into the state EMS Trust Fund under Section 401.113(1).

The EMS County Grant funds received shall be dispersed by Brevard County Fire Rescue. These funds will be used to improve and expand Emergency Medical Services within Brevard County and the grant monies will not be used to supplant existing EMS budget allocations.

FY Impact: FY 20-21 - \$38,463.00, EMS County Trust Grant Award  
Fund 1351 Cost Center 284620



FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Section  
EMS County Grant Application

ID Code (The State EMS Program will assign the ID Code – leave this blank) \_\_\_\_\_

<b>1. County Name:</b> Brevard County
<b>Business Address:</b> 1040 S Florida Ave Rockledge FL 32955
<b>Telephone:</b> 321-633-2056
<b>Federal Tax ID Number (Nine Digit Number):</b> VF 59-6000523

**2. Certification:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the county shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

**Signature:** *Frank Abbate* **Date:** 11/2/20  
**Printed Name:** Frank Abbate  
**Position Title:** County Manager

**3. Contact Person:** (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)

**Name:** Cindy Paulin  
**Position Title:** Special Project Coordinator III  
**Address:** 1040 S Florida Ave  
Rockledge FL 32955  
**Telephone:** 321-633-2056 **Fax Number:** 321-637-5383  
**Email Address:** cindy.paulin@brevardfl.gov

**4. Resolution:** Attach a resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures. We cannot process for funds without this resolution.

**5. Organization List:** Complete a budget page(s) for each organization, which at your option you will provide funds. List the organization(s) below. (Use additional pages if necessary)

**Brevard County Fire Rescue**

**BUDGET PAGE****A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries =	\$ 0.00
TOTAL FICA & Other Benefits =	
<b>Total Salaries &amp; Benefits =</b>	<b>\$ 0.00</b>

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
<b>Total Expenses =</b>	<b>\$ 0.00</b>

**C. Vehicles, equipment, and other** operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
<b>Total Vehicles &amp; Equipment =</b>	<b>\$ 0.00</b>
<b><u>Grand Total =</u></b>	<b><u>\$ 0.00</u></b>



FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

## REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of section 401.113(2) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

The county name, address, and corresponding federal ID number must be in the state MyFloridaMarketPlace (MFMP) system. A finance person in your organization who does business with the state must provide these.

Name of County: Brevard County Board of County Commissioners

Mailing Address: 1040 S Florida Ave

Rockledge FL 32955

Federal 9-digit Identification number: 59-6000523 3-digit seq. code \_\_\_\_\_

Authorized County Official: Frank Abbate 11/2/20  
Signature Date

Frank Abbate, County Manager  
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health  
Emergency Medical Services Unit, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722

**Do not write below this line. For use by State Emergency Medical Services Section**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Unit Supervisor Date

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2020-2021

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	05	SF005	751000	059998

Federal Tax ID: VF \_\_\_\_\_ Sequence Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

## RESOLUTION

**WHEREAS**, the Florida Department of Health makes available to the Brevard County Board of County Commissioners an annual Trust/Grant of monies to improve and expand Emergency Medical Services within Brevard County and the State of Florida; and

**WHEREAS**, Brevard County wishes to provide Emergency Medical Service to citizens and visitor to Brevard County; and

**WHEREAS**, Brevard County finds it fair and equitable that the County should share in the EMS County Grant program, and there is no cost to the County to participate;

**NOW, THEREFORE, BE IT ORDAINED BY THE COUNTY MANAGER OF BREVARD COUNTY, FLORIDA;**

**SECTION 1.** That Brevard County will apply for and accept the EMS County Grant for Fiscal Year 2020/2021.

**SECTION 2.** That the EMS County Grant funds received shall be dispersed by Brevard County Fire Rescue to improve and expand Emergency Medical Services within Brevard County and that the grant monies will not be used to supplant existing County EMS budget allocations.

**SECTION 3.** The Brevard County EMS Grant Review Committee shall, when appropriate, make recommendations to the Brevard County Fire Chief on programs appropriate for Trust/County money.

**DONE, ORDERED, AND APPROVED** this 2<sup>nd</sup> day of November 2020.

Brevard County Board of County Commissioners  
BREVARD COUNTY, FLORIDA

By: Frank Abbate  
Frank Abbate, County Manager

2020-2021 Payments to County Governments Required by 401.113 (2) (a), Florida Statutes			
County	Total Award	New Funds	Previously Not Paid
Alachua	\$31,811.00	\$31,811.00	
Baker	\$3,802.00	\$3,802.00	
Bay	\$17,595.00	\$17,595.00	
Bradford	\$17,459.00	\$17,459.00	
Brevard	\$38,463.00	\$38,463.00	
Broward	\$94,010.00	\$94,010.00	
Calhoun (b)	\$10,048.00	\$8,581.00	\$1,467.00
Charlotte	\$18,146.00	\$18,146.00	
Citrus	\$12,399.00	\$12,399.00	
Clay	\$25,393.00	\$25,393.00	
Collier	\$63,731.00	\$63,731.00	
Columbia	\$9,755.00	\$9,755.00	
Desoto (a)	\$10,352.00	\$5,380.00	\$4,972.00
Dixie (c)	\$5,153.00	\$1,354.00	\$3,799.00
Duval	\$79,491.00	\$79,491.00	
Escambia	\$29,561.00	\$29,561.00	
Flagler	\$8,738.00	\$8,738.00	
Franklin	\$813.00	\$813.00	
Gadsden	\$4,921.00	\$4,921.00	
Gilchrist	\$1,975.00	\$1,975.00	
Glades	\$9,208.00	\$9,208.00	
Gulf	\$3,429.00	\$3,429.00	
Hamilton (a)	\$7,022.00	\$2,986.00	\$4,036.00
Hardee	\$7,856.00	\$7,856.00	
Hendry	\$9,484.00	\$9,484.00	
Hernando	\$16,831.00	\$16,831.00	
Highlands	\$16,968.00	\$16,968.00	
Hillsborough	\$91,833.00	\$91,833.00	
Holmes	\$2,546.00	\$2,546.00	
Indian River	\$18,951.00	\$18,951.00	
Jackson	\$6,855.00	\$6,855.00	
Jefferson	\$5,432.00	\$5,432.00	
Lafayette (d)	\$7,741.00	\$5,290.00	\$2,451.00
Lake	\$38,376.00	\$38,376.00	
Lee	\$84,207.00	\$84,207.00	
Leon	\$26,821.00	\$26,821.00	
Levy	\$5,970.00	\$5,970.00	
Liberty (a)	\$2,850.00	\$1,515.00	\$1,335.00
Madison	\$7,504.00	\$7,504.00	

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- (a) County did not apply for previous award.  
 (b) County did not apply for previous two awards.  
 (c) County did not apply for previous three awards  
 (d) County did not apply for previous four awards.

Note that these payments return to each county 45 percent of the county's annual deposits into the state EMS Trust Fund for traffic surcharges specified by 401.113 (1), Florida Statutes.