COUNTY AGENDA REQUEST

Department:	Fire and Emergency Services	Presenter(s):	M. Allen McCullough
Meeting Date:	Thursday, August 23, 2012	Type of Request:	Consent

Wording for the Agenda:

Approval of staff's request to submit an application to the Georgia Association of Emergency Medical Services for a Georgia Trauma Care Network Commission Grant, for the purchase of any equipment that will enhance the care of trauma patients, and authorization for the Chairman to sign the grant application contingent upon the County Attorney's review.

Background/History/Details:

The Department of Fire and Emergency Services is requesting authority to submit an application for a grant opportunity to purchase trauma related equipment from funds provided by the Georgia Trauma Care Network Commission. This grant, if awarded, will allow the department to purchase any equipment that would enhance the care of trauma patients.

All 911 zoned EMS providers in Georgia are eligible to apply for this grant. This grant will be awarded in an equal amount for each licenses ambulance used to provide emergency patient care as part of a 911 zone. Each eligible ambulance will receive the same dollar amount in this grant. Fayette County has six (6) eligible ambulances. The exact amount of money to be allocated to each 911 zoned ambulances will be determined after the grant application deadline has passed on September 1, 2012.

This is a non-competitive grant, and there are no matching funds required from Fayette County.

What action are you seeking from the Board of Commissioners?

Approval of staff's request to submit an application to the Georgia Association of Emergency Medical Services for a Georgia Trauma Care Network Commission Grant, for the purchase of any equipment that will enhance the care of trauma patients, and authorization for the Chairman to sign the grant application contingent upon the County Attorney's review.

If this item requires funding, please describe:

No matching funds are required.

Has this request been considered within the past two years?	No	If so, when?	
Is Audio-Visual Equipment Required for this Request?*	No	Backup Provided with Request?	Yes

**** All audio-visual material must be submitted to the County Clerk's Office no later than 48 hours prior to the meeting. It is also your department's responsibility to ensure all third-party audio-visual material is submitted at least 48 hours in advance.***

Approved by Finance	Yes	Reviewed by Legal	
Approved by Purchasing	Not Applicable	County Clerk's Approval	Yes
Administrator's Approval	Yes		

Staff Notes:

Georgia Association of Emergency Medical Services, Inc.
Office of Executive Director
P.O. Box 836
Fitzgerald, Georgia 31750
Phone (229)423-3379
Fax (229)423-3385
Website: www.ga-ems.com

Memorandum:

To: **All EMS Directors of Zoned 911 Services**
From: **The Georgia Association of EMS**
Date: **July 27, 2012**
Subject: **Grant Opportunities**

The Georgia Trauma Care Network Commission has awarded the EMS community a grant to be used to purchase trauma related equipment for 911 zoned ambulance providers. The total amount of this money is $388,641.20. In addition the GAEMS has surplus funds from the FY2011 grant that were not claimed by the EMS agencies that had previously been awarded these funds. The surplus amount is $49,005.22. The Trauma Commission has given GAEMS permission to add these surplus funds to the FY2012 trauma equipment grant. The total amount of money to be dispersed is **$437,646.42.**

Additionally, this year the Trauma Commission has agreed to allow the service to purchase any equipment that will enhance your ability to care for trauma patients.

All 911 zoned EMS providers in Georgia are eligible to apply for this grant. **Please take a few minutes to read this entire document to insure your success in these opportunities.**

Eligibility for this funding requires applications to be completed and mailed to GAEMS at the address listed above and be post marked on or before September 15, 2012, or you may send your application electronically to Kim Littleton, Executive Director of GAEMS, at kimberly0630@gmail.com.

The Equipment Grant – total amount to be expended $437,646.42

This grant will be awarded in an equal amount for each licensed ambulance used to provide emergency patient care as part of a 911 zone. This is a non-competitive grant. Each eligible ambulance will receive the same dollar amount in this grant. The exact amount of money to be allocated to each 911 zoned ambulance will be determined after the grant application deadline of September 1, 2012. **The amount awarded per each ambulance will be determined by dividing the total grant amount by the number of 911 zoned ambulances that we have received applications for by the grant application deadline of September 15, 2012.**

While every 911 ambulance is eligible for the funding ***you must apply for these funds to be awarded the money. GAEMS will send only one check to your service to reimburse for the grant.***

THE GEORGIA ASSOCIATION OF EMS THE GEORGIA TRAUMA CARE NETWORK COMMISSION DISTRIBUTION OF TRAUMA RELATED EQUIPMENT GRANT APPLICATION		
Applicant Organization: Fayette County Fire/EMS		
Address of Organization (street address): 140 Stonewall Avenue W. Ste 214		
City: Fayetteville	State: GA	Zip Code 30214
Phone: 770-305-5173	Fax 770-305-5190	
E-mail address: This is how the GAEMS will communicate with you concerning this grant. Please insure it is correct and you monitor this address:	E-mail Sfolden@fayettecountyga.gov	
DIRECTOR OF THE 911 ZONED AMBULANCE SERVICE:		
Name/Title M. Allen McCullough, PhD Director of Public Safety		
Address 140 Stonewall Ave. W Ste 214		
City: Fayetteville	State GA	Zip Code 30214
Phone: 770-305-5170	Fax 770-305-5190	Cell Phone
PLEASE INDICATE THE NUMBER OF 911 ZONED AMBULANCES PER ZONE		
Zone location Fayette County	# of 911 Ambulances in this zone 6	Region # 4
Zone location	# of 911 Ambulances in this zone	Region #
Zone location	# of 911 Ambulances in this zone	Region #
Zone location	# of 911 Ambulances in this zone	Region #
Zone location	# of 911 Ambulances in this zone	Region #
Zone location	# of 911 Ambulances in this zone	Region #
Zone location	# of 911 Ambulances in this zone	Region #

"The organization receiving these funds agrees to participate in Georgia Trauma Care Network Commission-sponsored programs and initiatives when requested including Regional Trauma Advisory Committees or Councils, Automatic Vehicle Location System (AVLS) program and the Georgia Trauma Communications Center."

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THIS APPLICATION ON THE BEHALF OF THE APPLICANT ORGANIZATION. I UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE MISREPRESENTED OR FALSIFIED THE APPLYING ORGANIZATION WILL BE INELIGIBLE FOR PARTICIPATION IN THIS GRANT.

Signature	Printed name M. Allen McCullough	Date: 7/27/2012