

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION: PLANNING

2. MEETING DATE:
3/8/16

3. REQUESTED MOTION/ACTION:

Approve corrections providing technical clarification to County's Local Housing Assistance Plan (LHAP) Fiscal Years 2013/2014, 2014/2015 and 2015/2016, with corrections retroactive to FY 2013/2014. Staff respectfully requests the Board's approval of Resolution 2016-10.

4. IS THIS ITEM BUDGETED (IF APPLICABLE) ? : Yes No IF NO, STATE ACTION REQUIRED

BUDGET ACTION: NONE

FINANCIAL IMPACT SUMMARY STATEMENT:

DETAILED ANALYSIS ATTACHED?: YES NO BUDGET OFFICER APPROVAL _____ DATE _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The attached is a required technical revision to an Exhibit C of the County LHAP to correct a scrivener's error. This existing chart is entitled, *Exhibit C: Housing Delivery Goals Chart #2002*. The chart covers three fiscal years: 2013-2014, 2014-2015 and 2015-2016. The recommendation for the clarifying revision comes as a result of a review of the LHAP in accordance with the County State Housing Initiatives Partnership *SHIP* Program. The changes to the chart will bring them into compliance/conformity with the existing LHAP. The proposed changes to the chart in Exhibit C are indicated in underline and ~~strikethrough~~ text. Once approved, the document will then be transmitted to the Florida Housing Coalition for their records.

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	REVIEW ONLY COUNTY ATTORNEY	COUNTY COORDINATOR
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			
				APB 3-3-16	

7. COMMISSION ACTION:

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

**RESOLUTION
2016-010**

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, AMENDING THE LEVY COUNTY STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) LOCAL HOUSING ASSISTANCE PLAN COVERING STATE FISCAL YEARS 2013/2014, 2014/2015, AND 2015/2016, PREVIOUSLY ADOPTED BY RESOLUTION 2013-11 AND AMENDED BY RESOLUTIONS 2013-29 AND 2015-27; ADOPTING TECHNICAL AMENDMENTS TO EXHIBIT C OF SUCH PLAN; PROVIDING AN EFFECTIVE DATE.

WHEREAS, on May 7, 2013, the Board of County Commissioners Levy County ("the Board") adopted Resolution 2013-11, which adopted the County's Local Housing Assistance Plan for fiscal years 2013/2014, 2014/2015 and 2015/2016; and

WHEREAS, on July 16, 2013, the Board adopted Resolution 2013-29, amending the County's Local Housing Assistance Plan for fiscal years 2013/2014, 2014/2015 and 2015/2016, incorporating technical amendments proposed by the Florida Housing Finance Corporation to the Local Housing Assistance Plan adopted by Resolution 2013-11; and

WHEREAS, on July 7, 2015, the Board adopted Resolution 2015-27, amending the County's Local Housing Assistance Plan for fiscal years 2013/2014, 2014/2015 and 2015/2016, incorporating technical amendments to the Local Housing Assistance Plan adopted by Resolution 2013-11 and amended by Resolution 2013-29; and

WHEREAS, the Board now desires to amend the Local Housing Assistance Plan for fiscal years 2013/2014, 2014/2015 and 2015/2016 to incorporate technical amendments as described in s. 420.9071(22), Fla. Stat., which the Board desires for clarification as a result of a compliance review of the LHAP to correct a scrivener's error;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, LEVY COUNTY, FLORIDA:

Section 1. Exhibit C of Levy County Local Housing Assistance Plan for fiscal years 2013/2014, 2014/2015, and 2015/2016 adopted by Resolution 2013-11 as amended by Resolution 2013-29 and Resolution 2015-27 ("prior LHAP"), is hereby amended to include the technical amendments shown on the attached Exhibit C (additions shown as underlined, deletions shown as ~~crossed-through~~). The exhibits to the prior LHAP, other

than Exhibit C, and all other sections of the prior LHAP shall continue in full force and affect.

Section 2. This Resolution and the attached Local Housing Assistance Plan amendment will be forwarded to the Florida Housing Finance Corporation upon adoption.

Section 3. Since the technical amendments to the LHAP adopted by this Resolution only clarify the policy intended by the Board and carried out in the implementation of the prior LHAP and correct a scrivener's error, such technical amendments adopted by this Resolution shall take effect retroactively to the date of adoption by the Board of County Commissioners of the prior LHAP with Resolution 2013-29.

DULY PASSED AND ADOPTED this the 8th day of March, 2016.

**BOARD OF COUNTY COMMISSIONERS
LEVY COUNTY, FLORIDA**

ATTEST: Clerk of the Circuit Court
And Ex Officio Clerk to the Board
Of County Commissioners

John Meeks, Chair

Danny J. Shipp

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

Anne Bast Brown

Anne Bast Brown, County Attorney

**FLORIDA HOUSING FINANCE CORPORATION
HOUSING DELIVERY GOALS CHART#2002**

STRATEGIES FOR THE LOCAL HOUSING ASSISTANCE PLAN FOR STATE FISCAL YEAR: 2013/2014

Project chart approved by: X
 Amendment: _____
 Fiscal Yr. Closedout: _____

Name of Local Government: Levy County

Available Funds: \$350,000.00

Strategy # From Plan Text	A			B			C			D			E			F				
	New Construction SHIP Dollars	Rehab/Repair SHIP Dollars	Without Construction SHIP Dollars	Total SHIP Dollars	Max. SHIP Award	Units	Max. SHIP Award	Units	Max. SHIP Award	Units	Total SHIP Dollars	Total Percentage	Total SHIP Dollars	Total Percentage	Total Units					
A Purchase Assistance	3	\$30,000	\$44,600	4	\$20,000	4	\$20,000	4	\$20,000	4	\$20,000	4	\$20,000	4	\$20,000	4	61.86%	\$216,500.00	61.86%	16
B Owner Occupied Rehabilitation	2	\$15,000	\$42,250	3	\$30,000	3	\$30,000	3	\$30,000	3	\$30,000	3	\$30,000	3	\$30,000	3	18.29%	\$64,000.00	18.29%	9
C Disaster Mitigation	4		\$8,625														9.85%	\$34,500.00	9.85%	4
D																	0.00%	\$0.00	0.00%	0
																	0.00%	\$0.00	0.00%	0
																	0.00%	\$0.00	0.00%	0
																	0.00%	\$0.00	0.00%	0
Subtotal 1 (Home Ownership)	9			7													90.00%	\$315,000.00	90.00%	25

RENTAL STRATEGIES	A			B			C			D			E			F				
	New Construction SHIP Dollars	Rehab/Repair SHIP Dollars	Without Construction SHIP Dollars	Total SHIP Dollars	Max. SHIP Award	Units	Max. SHIP Award	Units	Max. SHIP Award	Units	Total SHIP Dollars	Total Percentage	Total SHIP Dollars	Total Percentage	Total Units					
Subtotal 2 (Non-Home Ownership)	0			0													0.00%	\$0.00	0.00%	0
Administration Fees																	0.00%	\$0.00	0.00%	0
Admin. From Program Income																	0.00%	\$0.00	0.00%	0
Home Ownership Counseling																	0.00%	\$0.00	0.00%	0
GRAND TOTAL	9			7													100.00%	\$350,000.00	100.00%	25

Percentage Construction/Rehab	Maximum Allowable Purchase Price:	
	New	Existing
	\$150,000	\$140,000
		86%

Allocation Breakdown	Amount		%
	Very-Low Income	Low Income	
Very-Low Income	\$130,500.00	\$112,000.00	37.3%
Low Income	\$112,000.00	\$87,000.00	32.0%
Moderate Income	\$87,000.00	\$312,500.00	19.1%
TOTAL	\$312,500.00	\$350,000.00	68.4%

*Levy County Board of County Commissioners
Agenda Item Summary*

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

DEPARTMENT OF PUBLIC SAFETY

2. MEETING DATE:

March 8, 2016

3. REQUESTED MOTION/ACTION:

The Department of Public Safety is requesting the Board to ratify submission of four (4) applications for the 2016 Department of Health (DOH) EMS Matching Grant.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: Yes ___ No ___ IF NO, STATE ACTION REQUIRED

DETAILED ANALYSIS ATTACHED?: YES ___ NO ___ BUDGET OFFICER APPROVAL _____ DATE: _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The Department of Public Safety is requesting the Board to ratify submission of four (4) applications for the 2016 Department of Health (DOH) EMS Matching Grant.

- 12 Stretcher Auto Load Systems; \$301,168.56
 - Federal mandate requiring cot restraining devices in ambulances manufactured after July 1, 2015
 - Maximum County Share: \$75,292.14 if all 12 are awarded
 - 90/10: \$271,051.70/\$30,116.86 75/25: \$225,876.42/\$75,292.14
- 6 Vents; \$44,284.80
 - 2 of our 7 frontline ambulances currently have this equipment
 - Maximum County Share: \$11,071.20 if all 6 are awarded
 - 90/10: \$39,856.32/\$4,428.48 75/25: \$33,213.60/\$11,071.20
- 4 LUCAS CPR Devices; \$98,128.00
 - 4 of our 7 frontline ambulances currently have this equipment
 - Maximum County Share: \$24,532.00 if all 4 are awarded
 - 90/10: \$88,315.20/\$9,812.80 75/25: \$73,596.00/\$24,532.00
- 2 High Fidelity Simulation Manikins; \$171,168.69
 - 1- Adult Simulator & 1 Child Simulator to provide advanced training to all Emergency Responders in Levy County
 - Maximum County Share: \$42,792.17 if both are awarded
 - 90/10: \$154,051.82/\$17,116.87 75/25: \$128,376.52/\$42,792.17

DEPARTMENT DIRECTOR YES <input checked="" type="checkbox"/> NO	BOCC CHAIR YES <input checked="" type="checkbox"/> NO	OTHER YES ___ NO	OTHER YES ___ NO	COUNTY ATTORNEY YES <input checked="" type="checkbox"/> NO	COUNTY COORDINATOR YES <input checked="" type="checkbox"/> NO
--	--	---------------------	---------------------	--	---

7. COMMISSION ACTION:

- APPROVED
 DENIED
 DEFERRED DATE TO BRING BACK:
 OTHER SPECIFY:



EMS MATCHING GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank) _____

1. Organization Name: Levy County Board of County Commissioners

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: John Meeks

Position Title: Chairman of the Board of County Commissioners

Address: 355 S Court Street

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5219	Fax Number: 352-486-5167
E-Mail Address:	

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

Name: David Knowles

Position Title: Director, Department of Public Safety

Address: PO Box 448

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5209	Fax Number: 352-486-5401
E-Mail Address: dknowles@levydps.com	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private For Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number): VF 59-6000717 ___

6. EMS License Number: 3849 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 14 ALS Transport; _____ ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: Jason Jones MD Date: 2/16/16

Print/Type: Name of Director Jason Maury Jones

FL Med. Lic. No. ME 115097

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Purchase Equipment and Accessories	immediately	60 days
Training	60 days	90 days
Complete Installation	90 days	120 days

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

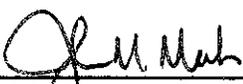
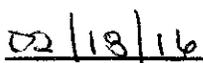
We do not receive enough funds from the County Awards Grant to fund such a project. We are using this year's County Awards Grant for EMS education.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
Power Load Equipment and Accessories (12)	\$251,922.96	Key component of project
Service Agreement	\$49,245.60	For proper maintenance and repair
TOTAL:	<u>\$301,168.56</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program) <input type="checkbox"/> Matching: 75 Percent <input checked="" type="checkbox"/> Rural: 90 Percent	 <u>\$ 0.00</u>	 Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program) <input type="checkbox"/> Matching: 25 Percent <input checked="" type="checkbox"/> Rural: 10 Percent	 <u>\$271,051.70</u>	 Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	 <u>\$30,116.86</u> <u>\$301,168.56</u>	 Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:
My signature below certifies the following:
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, Florida Statutes (F.S.), when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Register</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  <hr/> Signature of Authorized Grant Signer (Individual Identified in Item 2) </div> <div style="width: 30%; text-align: right;">  <hr/> MM / DD / YY </div> </div>

DH FORM 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO FORM AND LEGAL
 SUFFICIENCY Anne Bast Brown
 Anne Bast Brown, County Attorney

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Levy County Emergency Medical Services

Mailing Address: PO Box 448

Bronson, FL 32621

Federal Identification Number 59-6000717

Authorized Agency Official: _____

Signature

John Meeks

2/18/16

Date

John Meeks, Chairman of the Board of County Commissioners
Type Name and Title

Sign and return this page with your application to:

*DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____
Signature of State EMS Grant Officer

_____ Date

State Fiscal Year: 2014 - 2015

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-61-70-30-000	03	SF003	750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

10. Justification Summary

A) Problem Description

The risk for back injuries as an EMS provider is high. The Centers for Disease Control and Prevention monitors injuries of EMS workers; in the most recent data set available, more than 20,200 EMS workers experienced on-duty injuries and illnesses. 32% of the injuries involved overexertion and bodily reactions; more than half of those events were specifically identified as overexertion during lifting. Levy County EMS utilizes hydraulic stretchers on our transport units and needs to upgrade these units with a standardized auto loading system to avoid the risk of lifting injuries. Since the implementation of the hydraulic stretchers we have seen a decrease in the number of Worker's Compensations claims resulting from having to lift the stretcher however, we continue to have concern regarding the potential for injuries related to loading and unloading the stretcher in the back of the unit.

B) Present Situation

Levy County EMS uses Stryker Power Pro hydraulic stretchers in our transport units. The Power Pro stretcher weighs 125 pounds by itself and during loading and unloading it requires personnel to support the end of the stretcher. This takes approximately 15-20 seconds to raise or lower the legs in a safe manner. According to Florida Charts, 64.1% of the adult population in Levy County is considered overweight or obese. Additionally, Levy County is a rural community with a plethora of unpaved roads and driveways presenting difficult terrain for loading stretchers. This data overwhelmingly reflects the high potential for back, arm, leg, and abdomen injuries or sprains to crew members while loading or unloading a patient. According to the May 2014 article *Preventing Back Injuries in EMS*, found in EMS World, "Back injuries account for more than 20% of all workplace injuries in the U.S. and are a particular problem in EMS, where at any given time nearly 10% of the workforce is out of work from injury." The CDC monitors on the job EMS injuries and reports in the most recent data available, 20,200 EMS workers experienced on duty injuries, 37% were trunk injuries. As well, 67% of all pre-hospital provider sprain

and strain injuries affected the trunk of the body. The financial burden is significant as well; nearly 40% of the annual medical bills and lost revenue associated with back injuries are related to the healthcare profession. The estimated cost of each back sprain is over \$18,000, including lost income and employer costs.

Our biggest asset is our employee(s) and the facts are daunting; according to NAEMT, EMS workers are seven (7) times more likely than the average worker to miss work as result of injury; half of all EMS personnel suffer back pain annually; back injury is the number one reason for leaving EMS; back injuries are often the result of cumulative wear and tear.

C) Proposed Solution

After reviewing our community needs and conducting an inventory of our equipment, Levy County EMS is requesting funding to outfit twelve (12) of our transport units with a power load hydraulic stretcher system. Prevention is key in reducing the exposure of high Worker's Compensation claims. Outfitting the entire fleet would ensure standardization and improve safety for patients we transport and our personnel. The power load system supports the weight of the stretcher during loading and unloading until the wheels are on the ground. With 62.5% of our EMS operations personnel under age 40, the power load system has the potential to considerably reduce the change of cumulative trauma injury to our personnel over the span of their career and improve patient safety by reducing the potential for patient drops.

D) Consequences if not Funded

If grant funding is not allotted for this proposal, the risk for Levy County EMS incurring costs associated with Worker's Compensation claims for injuries sustained from current stretcher loading and unloading operations is likely. The risk of employees missing work due to injuries will remain. In addition, the potential for law suits due to dropping a stretcher will remain. It is expected that stretcher fasteners meeting dynamic crash standards will soon be mandated; our current fasteners do not meet this

requirement. The County could be forced to utilize funds budgeted for other needed equipment and training to instead purchase these future mandated, updated fasteners meeting these standards.

E) Geographic Area to be Addressed

Levy County EMS serves rural Levy County in its entirety; including 40,801 citizens in 1,118 square miles (2010 census data) on the Gulf Coast of North Central Florida. Levy County is a mostly agricultural community with a large elderly population. The Department operates seven (7) frontline ALS transport units 24/7/365 to provide for the citizens and visitors of Levy County. Additionally, we respond to mutual aid requests for the surrounding counties of Marion, Dixie, Gilchrist, Alachua, and Citrus. In 2015 Levy County EMS responded to 7,595 requests for EMS response resulting in 5,100 transports with ALS transport units staffed with a minimum of one (1) Paramedic and one (1) EMT.

F) Proposed Timeframe

If grant funding is awarded, the power load equipment, accessories, warranties, and maintenance will be purchased immediately. Upon receipt of the equipment, staff members will receive training on safe and efficient use. It is estimated that training will take up to 30 days. Immediately thereafter, the equipment will be installed on all transport units for use.

G) Data Sources

Data obtained for this project was retrieved from the U.S. Census Data for 2010, Florida Charts, EMS World, Centers for Disease Control and Prevention, NAEMT, Levy County Human Resources, and Levy County EMS reporting software.

H) Statement

This proposal is not a duplication of any previous efforts by Levy County for funding this project under this grant program.

11. Outcome for Projects that Provide or Effect Direct Services to Emergency Victims

A) In the past year, Levy County EMS responded to 7,595 requests for EMS response resulting in 5,100 patient transports; this represents 67.1% of the total EMS incidents. This is an 8.6% increase in the number of EMS transports from 2013 data. In 2015 there was one (1) incident reported where a stretcher was dropped with a patient on it. The uneven terrain on rural roads and natural sugar sand landscaping within the County make the risk of injuries or malfunctions while loading or unloading patients very real. Additionally, there was at least one (1) incident reported where an ambulance collided with a deer during a patient transport; stretcher fasteners meeting dynamic crash standards are also included with the power load system and would be an added safety initiative.

B) Recent articles reveal a reduction in overall musculoskeletal injuries when using a patient lift assist device and power stretchers. Levy County EMS data further supports this information by the reduction of injuries sustained by our personnel due to manually lifting and lowering the stretcher with the implementation of hydraulic stretchers. We would expect to see continued positive results in reducing our potential for overall injuries related to patient lifting and moving through the use of the power load device and are hopeful that with continued safety training we can accomplish a practice of maintaining a reduced risk of stretcher drops and injuries to both our patients and our employees. In addition, by outfitting all of our fleet with the power load systems which come standard with the stretcher fasteners that meet dynamic crash standards we would be enhancing the safety of 100% of the patients we transport.

C) By removing the need for our staff to manually load the stretcher we reduce the risk of injury due to lifting tremendously; that's over 10,000 times that an employee would not have to lift a loaded stretcher into or out of the ambulance. As well, our current, standard fasteners do not meet any dynamic crash standards; the implementation of this equipment would mean that all of our units would meet a higher safety standard resulting in a safer transport for our patients.

Data referenced above was retrieved from Levy County Human Resources, Levy County EMS report documentation software, and XX1st Annual International Occupational Ergonomics and Safety Conference *The Impact of Gurney Design on EMS Personnel*.

D) In addition to the above mentioned projected outcomes and the ability to meet potential mandated crash standards, we expect to see an increase in patient comfort and safety due to the smoother and faster loading and unloading functionality of the auto load equipment. This system could also reduce the need for additional lift personnel, both at the scene and at the hospital. By reducing this need we free up units (from both our agency and surrounding agencies) faster from calls to enable them to answer additional emergency response requests.

E) This project compliments the Department's five year plan by ensuring the safety and wellness of the employees and the avoidance of work related injuries. It also helps support the Department's Vision. The Vision of Levy County EMS is to develop, manage, and operate a comprehensive emergency response organization to serve the citizens and visitors of Levy County. The Department will embrace new technologies and techniques, focusing on training and education to provide the highest level of customer service and satisfaction in a professional and caring manner. This project will enable Levy County EMS to meet our goals in providing quality care to the citizens and visitors of the County by prudent utilization of public funds for purchase of equipment that meets or exceeds industry standards of care.

15. Statutory Considerations and Criteria

A) This project will provide the needed risk protection to all Levy County EMS personnel and serve the entire population as well as visitors of Levy County through the safe transport of all patients we respond to.

B) The power load system complies with the minimum equipment requirements in Florida Administrative Code 64J and exceeds our current system in patient safety as it has been dynamically crash tested for maximized occupant safety (an expected future mandate), which our current mounting systems do not.

C) As stated above, the power load system complies with the minimum equipment requirements in Florida Administrative Code 64J and exceeds our current system in patient safety as it has been dynamically crash tested for maximized occupant safety (an expected future mandate), which our current mounting systems do not.

D) N/A

E) 1) Levy County EMS will be improved by reducing the potential for injuries to both patients and crew members. As well as allowing for more qualified personnel to be available to respond to other emergency response requests.

2) The implementation of this project would reduce the need for additional lift personnel, both at the scene and at the hospital. By reducing this need we free up units (from both our agency and surrounding agencies) faster from calls to enable them to answer additional emergency response requests.

3) N/A



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank) _____

1. Organization Name: Levy County Board of County Commissioners

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)
Name: John Meeks

Position Title: Chairman of the Board of County Commissioners

Address: 355 S Court Street

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5219	Fax Number: 352-486-5167
E-Mail Address:	

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

Position Title: Director, Department of Public Safety

Address: PO Box 448

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5209	Fax Number: 352-486-5401
E-Mail Address: dknowles@levydps.com	

4. **Legal Status of Applicant Organization (Check only one response):**

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private For Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. **Federal Tax ID Number (Nine Digit Number).** VF 59-6000717 ___

6. EMS License Number: 3849 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 14 ALS Transport; _____ ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. **Medical Director of licensed EMS provider:** If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: Jason Jones MD Date: 2/16/11

Print/Type: Name of Director Jason Maury Jones

FL Med. Lic. No. ME 115097

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. **Justification Summary:** Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Purchase equipment	within 30 days	90 days
Refresher Training for Staff	60 days	120 days
Routine use on ALL frontline units	120 days	continuous

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

We do not receive enough funds from the County Awards Grant to fund such a project. We are using this year's County Awards Grant for EMS training.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:	
My signature below certifies the following:	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, Florida Statutes (F.S.), when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.	
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Register</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 <hr/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	 <hr/> MM / DD / YY

DH FORM 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY Anne Bast Brown
 Anne Bast Brown, County Attorney

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Levy County Emergency Medical Services

Mailing Address: PO Box 448

Bronson, FL 32621

Federal Identification Number 59-6000717

Authorized Agency Official: _____

Signature

John Meeks

2/18/16

Date

John Meeks, Chairman of the Board of County Commissioners
Type Name and Title

Sign and return this page with your application to:

DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____
Signature of State EMS Grant Officer

_____ Date

State Fiscal Year: 2014 - 2015

Organization Code
64-61-70-30-000

E.O.
03

OCA
SF003

Object Code
750000

Federal Tax ID: VF _____

Grant Beginning Date: _____

Grant Ending Date: _____

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY Anne Bast Brown
Anne Bast Brown, County Attorney

10. Justification Summary

A) Problem Description

Mechanical ventilation equipment is often needed to provide continuous support for ventilation patients. Ventilators enhance the service's ability to accurately deliver the proper respirations to intubated patients during long transports. Ventilators for emergency services are also used while transporting inter-facility patients already on ventilators; transporting these patients without a portable ventilator is difficult and can be very traumatic for the patient. Without mechanized portable ventilators, these types of patients would require manual ventilation using equipment such as a bag-valve mask (BVM). This manual method of ventilation is not as accurate and the pace can be irregular.

Variables in pressure, tidal volume, rate, and oxygen concentration as a result of manual ventilation can present complications for patients in the pre-hospital setting. Mechanical ventilators however, allow for control of all of these components as well as continuous monitoring of carbon dioxide and oxygen levels. According to a 2015 Boundtree University article, "Mechanical ventilators provide more consistent minute volume than traditional positive pressure ventilation with a bag-valve device." The article also cited that lengthy manual ventilation with a bag-valve device is detrimental and often increases patient mortality. Delivering effective BVM ventilations can be difficult; while a proven intervention for respiratory failure, the ability to provide consistent, accurate tidal volume manually is limited.

Levy County EMS currently has only two (2) portable ventilators in our inventory with seven (7) frontline transport units. Pre-hospital emergency care often requires the delivery of ventilation to a patient over extended periods of time. The use of mechanized portable ventilators is a more accurate method of delivering ventilations in terms of both rate and volume.

B) Present Situation

Currently, Levy County EMS only has two (2) portable ventilators. This means that paramedics on more than two thirds of our frontline units must manage ventilator patients with the use of manual ventilation devices such as AMBU bags. While this method is acceptable, portable ventilators are preferred for a more accurate delivery and less traumatic patient experience.

Transports in Levy County can be as far as 70 miles and last up to two (2) hours; this is an extensive amount of time crews would be required to provide manual ventilation. In 2015, Levy County EMS had 751 calls (9.9% of the total call volume) for response to a residential institution or healthcare facility; it is typically these types of facilities that house

patients who require ventilation. Also in 2015, crews documented 157 intubations where only 44 airway interventions involved a mechanical ventilator.

Apart from freeing the hands of a provider, the mechanical ventilator affords patients a higher and more specialized level of care. Whereas manual ventilations suffice for short periods, the mechanical ventilator offers uniform and finely adjusted breaths needed for prolonged care. As multiple respiratory etiologies exist, the ability to contour ventilations leads to better patient outcomes. The imprecision of manual ventilations is compounded over long transports and with certain populations (high number of COPD patients in Levy County). Metabolic derangements and barotrauma are much more likely to occur when performing extended manual ventilations without the adjustments and monitored alarms of a mechanical ventilator.

C) Proposed Solution

Levy County EMS is requesting grant funding for the purchase of six (6) portable ventilators. These ventilators will be placed for use on all remaining frontline transport units not currently stocked with one, with one (1) device for use as a backup. The acquisition of these devices will solve delays in transports due to waiting for additional manpower to respond. Typically, when transporting a patient in need of ventilation assistance we have to request additional manpower to drive the ambulance or assist with patient care since someone has to be committed to providing manual ventilation. The addition of ventilators on all of our frontline units will bring our service up-to-date with equipment capable of delivering ventilations at an exact rate and volume through the duration of our lengthy transports and will reduce transport times. Levy County has a high per capita intubation rate and routinely performs post-intubation care exceeding one hour. Automated ventilators should be considered a standard in Levy County ambulances.

D) Consequences if not Funded

If grant funding is not allotted for this proposal, Levy County EMS will be forced to continue providing manual ventilation for all ventilator patients transported on units that are not stocked with a portable ventilator; potentially inadequate care. According to a study completed by Health Technology Inquiry Service, transport ventilators can provide more reliable ventilator support than bag-valve (manual) ventilation devices. The use of manual ventilation devices often requires additional manpower resulting in potential delayed emergency transport of the patient while requesting such resources; this delay could range from a few seconds to several minutes depending on nearby availability of personnel.

E) Geographic Area to be Addressed

Levy County EMS serves rural Levy County in its entirety; including 40,801 citizens in 1,118 square miles (2010 census data) on the Gulf Coast of North Central Florida. Levy County is a mostly agricultural community with a large elderly population. The Department operates seven (7) frontline ALS transport units 24/7/365 to provide for the citizens and visitors of Levy County. Additionally, we respond to mutual aid requests for the surrounding counties of Marion, Dixie, Gilchrist, Alachua, and Citrus. In 2015 Levy County EMS responded to 7,595 requests for EMS response resulting in 5,100 transports with ALS transport units staffed with a minimum of one (1) Paramedic and one (1) EMT.

According to the U.S. Census, 19.4% of our population is aged 65 or older. There are four (4) healthcare facilities located in Levy County; one (1) is a hospital that is typically not suitable to treat trauma, stroke, or STEMI alert patients requiring them to be transferred to other, regional hospitals up to 70 miles away. Due to the lack of resources available in the County, transports typically last up to two (2) hours. These statistics reveal the high potential for a Levy County EMS patient requiring ventilation.

F) Proposed Timeframe

If grant funding is awarded, the ventilators, accessories, warranties, and maintenance package will be purchased immediately. Upon receipt of the equipment, staff members will receive refresher training for safe and efficient use. It is estimated that training will take up to 30 days. Immediately thereafter, the equipment will be placed on all frontline units for use.

G) Data Sources

Data obtained for this project was retrieved from the U.S. Census Data for 2010, Health Technology Inquiry Service September 2010 Study: *Ventilation During Patient Transport*, Boundtree University; *How EMS Use of Ventilators has Evolved*, and Levy County EMS reporting software.

H) Statement

This proposal is not a duplication of any previous efforts by Levy County for funding this project under this grant program.

11. Outcome for Projects that Provide or Effect Direct Services to Emergency Victims

A) In the past 12 months, Levy County EMS has provided transports requiring ventilation, most were transports from the local hospital that is not suitable to treat the patient's diagnosis to a more appropriate facility, up to 70 miles away. In 2015, Levy County EMS provided 575 treatments that would require ventilation. With only 44 of those treatments being confirmed mechanical ventilation, that's potentially 531 patients that were at the risk of crew fatigue, delayed transport times, and lack of adequate ventilation.

B) The estimated number of patients requiring ventilation is expected to increase slightly due to aging residents in the area. In the 12 months following implementation of this project, 100% of all patients requiring ventilation would receive reliable, accurate ventilation from a mechanical device. This would reduce the chance of inadequate ventilation due to inconsistent rate and volume and crew fatigue during extended transport times. The overall result would be better pre-hospital patient care provided to all Levy County EMS patients in need of ventilation or breathing assistance.

C) Data referenced above was retrieved from Levy County EMS report documentation software. Estimates for the increase in the number of patients requiring ventilation were derived after analyzing Census statistics.

With all frontline units stocked with a mechanical ventilator crews would have access to this standard treatment/level of care to provide to all patients required ventilation.

D) The result of this project will be reliable, accurate ventilation to all ventilator patients. Additionally, the vents we are considering also offer an added feature; CPAP and Bi-PAP. In 2015, 69 patients received CPAP as a treatment in our ambulances. These features will allow for even better treatment for those patients who might not need ventilation, but still need assistance to breathe more regularly and effectively. Thus, providing an increase in the quality of services provided to the citizens and visitors of Levy County.

E) The Vision of Levy County EMS is to develop, manage, and operate a comprehensive emergency response organization to serve the citizens and visitors of Levy County. The Department will embrace new technologies and techniques, focusing on training and education to provide the highest level of customer service and satisfaction in a professional and caring manner. This project will enable Levy County EMS to meet our goals in providing quality care to the citizens and visitors of the County by prudent utilization of public funds for purchase of equipment that meets or exceeds industry standards of care.

15. Statutory Considerations and Criteria

A) This project will allow Levy County EMS to provide proper treatment to patients requiring ventilation. The proposed equipment will provide for better functionality than manual methods; this, combined with continuous training, will lead to better outcomes for ventilated patients.

B) N/A

C) N/A

D) N/A

E) 1) Levy County EMS will be improved by removing the potential for fatigue to play a part in the outcome of the patient due to ventilation management. This will also allow for better use of our resources as additional manpower would not typically be required with the use of a portable ventilator versus manual methods.

2) N/A

3) N/A



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code -- leave this blank) _____

1. Organization Name: Levy County Board of County Commissioners

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: John Meeks

Position Title: Chairman of the Board of County Commissioners

Address: 355 S Court Street

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5219	Fax Number: 352-486-5167
E-Mail Address:	

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

Name: David Knowles

Position Title: Director, Department of Public Safety

Address: PO Box 448

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5209	Fax Number: 352-486-5401
E-Mail Address: dknowles@levydps.com	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private For Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number): VF 59-6000717 __ __

6. EMS License Number: 3849 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 14 ALS Transport; _____ ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: Jason Jones MD Date: 2/16/16

Print/Type: Name of Director Jason Maury Jones

FL Med. Lic. No. ME 115097

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five year plan?

Skip item 14 and go to item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. **Work activities and time frames:** Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

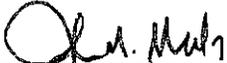
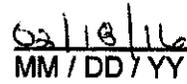
Work Activity	Number of Months After Grant Starts	
	Begin	End
Purchase Equipment	immediately	60 days
Mandatory refresher training	immediately	90 days
Implementation into service	90 days	120 days

17. **County Governments:** If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

We do not receive enough funds from the County Awards Grant to fund such a project. We are using this year's County Awards Grant for EMS education.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:	
My signature below certifies the following:	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, Florida Statutes (F.S.), when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.	
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Register</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 _____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	 _____ MM / DD / YY

DH FORM 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY 
 Anne Bast Brown, County Attorney

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Levy County Emergency Medical Services

Mailing Address: PO Box 448

Bronson, FL 32621

Federal Identification Number 59-6000717

Authorized Agency Official: _____

Signature

John Meeks

2/18/16
Date

John Meeks, Chairman of the Board of County Commissioners
Type Name and Title

Sign and return this page with your application to:

*DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____

Signature of State EMS Grant Officer

Date

State Fiscal Year: 2014 - 2015

Organization Code
64-61-70-30-000

E.O.
03

OCA
SF003

Object Code
750000

Federal Tax ID: VF _____

Grant Beginning Date: _____

Grant Ending Date: _____

DH FORM 1767p [2013]

9

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY Anne Bast Brown
Anne Bast Brown, County Attorney

10. Justification Summary

A) Problem Description

Levy County Emergency Medical Services (EMS) currently has seven (7) frontline advanced life support (ALS) transport units, only four (4) of which carry a mechanical cardiopulmonary resuscitation (CPR) device. Transport times for Levy County EMS range from just a few minutes to more than an hour; up to 70 miles. Performing compressions for an extended period of time leads to fatigue which can cause the quality to degrade. Other problems with manual CPR include physical abilities, interruptions during movement of the patient, variations in technique/training. As well, Levy County EMS relies on volunteer based Fire Departments in the area to assist with manpower when manual CPR is required; there are times this means there is no one left available to provide fire based or first responder coverage in a direct area due to long transport times, limited resources, and personnel availability.

CPR equipment has become the standard of care among rural EMS, vital to providing quality patient care during extended transports. According to a 2012 article in *JEMS*, "Manual chest compressions are often done incorrectly, especially in the back of a moving ambulance, and incorrect chest compression can negatively impact survival studies showed interruptions of chest compressions were common, averaging 24% to 57% of the total arrest time."

Levy County does not provide a large tax base and budgeting for such equipment would take away from other necessary expenditures including required equipment and training.

B) Present Situation

Currently, nearly half of Levy County EMS frontline transport units are *not* currently stocked with a mechanical CPR device. CPR equipment has become the standard of care among rural EMS providers. Transport times are typically at least an hour or more. Performing compressions for an extended period of time leads to fatigue; in addition to this and attempting proper CPR

while in the back of a moving ambulance or moving the patient, quality compressions are often not delivered. Although all EMS and first responder personnel are trained in CPR, the fact remains that different techniques do exist. The use of automatic mechanical CPR devices improves the quality of chest compressions by providing a consistent rate and depth of compression. Mechanical CPR can also allow for defibrillation during compressions; according to a 2012 article in *JEMS*, the LUCAS device showed that defibrillations did not compromise CPR and can be delivered during ongoing mechanical compressions without any pauses.

C) Proposed Solution

After conducting a needs assessment, grant funding is being requested for the purchase of four (4) Lund University Cardiopulmonary Assist Systems (LUCAS); one for each of our remaining frontline advanced life support (ALS) transport units and one backup. The LUCAS device has been found to be far superior to other, similar devices from its very first use in the field. The transfer from manual to mechanical CPR is much smoother and shorter than other, similar, devices by several seconds. Strong radial pulses were noted almost immediately upon starting the device which can be rare to find. There are also no disposal costs associated with the LUCAS device like there are with many others. Our longest transport distance is roughly 70 miles to the nearest appropriate hospital. Having the ability to provide the most adequate CPR possible for that distance can only be achieved with the use of a mechanical compression device. The device will allow crew members to perform other necessary ALS procedures while eliminating poor quality CPR due to fatigue.

D) Consequences if Not Funded

Without grant funding for this project, Levy County EMS will continue to operate and train with the current equipment. Without this equipment we will not be able to upgrade our standard of

care to *all* of our customers, the citizens and visitors of Levy County. If this funding is not made available we will continue to seek other options for funding.

E) Geographic Area to be Addressed

Levy County is a rural community with 40,801 residents in an 1,100 square mile area located on the West coast of North Central Florida. Additionally, Levy County EMS responds to mutual aid requests for the surrounding counties of Citrus, Marion, Dixie, Gilchrist, and Alachua. There is no facility available for invasive cardiac procedures within the County, requiring patients to be transferred to other, regional hospitals up to 70 miles away.

F) Proposed Time Frames

If awarded grant funding for this project, the purchase of the equipment would begin immediately. Once the equipment is received, an in-service refresher training and maintenance schedule will be established. All staff have already received training, but a mandatory refresher in-service training would be completed within 45 days of receipt of the equipment; the equipment would be put in service immediately thereafter.

G) Data Sources

Data obtained for this project was retrieved from the U.S. Census Data for 2010, the Journal for Emergency Medical Services (JEMS), Physio-Control, and the Levy County EMS reporting software.

H) Statement

The previous award granted for this project only awarded enough funds for four (4) of our frontline transport units. This proposal is not a duplication of any previous efforts by Levy County for funding under this grant program.

11) Outcome for Projects that Provide or Effect Direct Services to Emergency Victims

A) In 2015, Levy County EMS responded to 66 calls for service that required CPR. These patients were served by our frontline units, nearly half of which do not have mechanical chest compression devices; the current standard of care in rural EMS. The mechanical CPR device was used for 19 of those 66 patients. In all instances where the mechanical device was available and used, personnel provided positive feedback regarding their experience using the device. Family members of patients present while the device was being used to help their loved ones have approached us to tell us how important they feel the mechanical CPR devices are for our rural community.

B) In the 12 months following the implementation of this project, raw data for the number of patients requiring CPR may vary. However, the County EMS system will be better prepared to handle potential increases in these statistics. Use of a mechanical CPR device will remove fatigue as a factor in performing proper CPR 100% of the time during extensive transport times displayed in the rural community of Levy County.

C) In addition to reducing the physical stress on EMS providers, simple logic reflects that the use of a mechanical device over physical performance would provide a more consistent delivery and a higher potential of a better patient outcome.

During station open houses, patient family members have described their pleasure with the availability of the mechanical CPR devices and hope for all Levy County EMS frontline units to have the same capabilities.

Data referenced above was retrieved from Levy County EMS report documentation software.

D) If grant funding is made available for this project, Levy County EMS will be able to equip every frontline ALS transport unit with a LUCAS device. Interruptions in CPR will be limited to

shear seconds (during placement of the device). As well, with the use of the mechanical device, additional personnel would not necessarily be needed on every transport where the patient experiences cardiac arrest allowing them to respond to other emergency calls for help. This would reduce our requests for mutual aid for personnel response from surrounding agencies.

E) The Vision of Levy County EMS is to develop, manage, and operate a comprehensive emergency response organization to serve the citizens and visitors of Levy County. The Department will embrace new technologies and techniques, focusing on training and education to provide the highest level of customer service and satisfaction in a professional and caring manner. This project will enable Levy County EMS to provide quality care to the citizens and visitors of the County by prudent utilization of public funds for purchase of equipment that meets or exceeds industry standards of care.

15) Statutory Considerations and Criteria

A) The addition of the mechanical compression devices will enable Levy County EMS to enhance the capabilities of our frontline units and allow us to provide quality CPR during long distance transports. These devices will also increase the level of care and chances of survival for citizens in need of lifesaving CPR by eliminating fatigue on the crew(s).

B) N/A

C) N/A

D) N/A

E) 1) These devices will enable our organization to improve the level of care and chances of survival for the citizens and visitors of Levy County who are in need of lifesaving CPR. Experimental studies have shown that compressions by the LUCAS device sustain a higher blood flow to the brain and heart when compared to manual compressions; to avoid neurological damage this is necessary. These devices are functional in providing the same quality regardless of transport conditions or crew fatigue. The Mission of Levy County EMS is to preserve life and property, promote public safety, and foster economic growth. Our Vision states that we will embrace new technologies and techniques; funds for the purchase of these devices will improve the EMS services provided to the citizens and visitors of Levy County.

2) The use of the mechanical CPR devices would alleviate the need for multiple personnel to be added to the crew to perform life saving techniques. This would allow other personnel to remain available to respond to other requests for emergency response.

3) N/A



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code - leave this blank) _____

1. Organization Name: Levy County Board of County Commissioners

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)
Name: John Meeks

Position Title: Chairman of the Board of County Commissioners

Address: 355 S Court Street

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5219	Fax Number: 352-486-5167
E-Mail Address:	

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

Position Title: Director, Department of Public Safety

Address: PO Box 448

City: Bronson	County: Levy
State: Florida	Zip Code: 32621
Telephone: 352-486-5209	Fax Number: 352-486-5401
E-Mail Address: dknowles@levydps.com	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
(2) Private For Profit
(3) City/Municipality/Town/Village
(4) County
(5) State
(6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number): VF 59-6000717 __

6. EMS License Number: 3849 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 14 ALS Transport; _____ ALS non-transport.

8. Type of Service (check one): Rescue; Fire; Third Service (County or City Government, nonfire); Air ambulance; Fixed wing; Rotowing; Both; Other (specify) _____

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: Jason Jones MA Date: 2/16/16

Print/Type: Name of Director Jason Maury Jones

FL Med. Lic. No. ME 115097

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit items 10, 11, 12, 13, and skip to item Number 14. Otherwise, proceed to item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. **Work activities and time frames:** Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Order Equipment	immediately	120 days
Instructor Training	upon receipt	180 days
Implementation into trng program	180 days	continuous

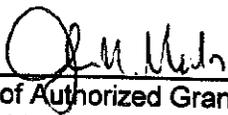
17. **County Governments:** If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

We do not receive enough funds from the County Awards Grant to fund such a project. We are using this year's County Awards Grant for EMS training.

18. Budget:

Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:	
My signature below certifies the following:	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, Florida Statutes (F.S.), when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.	
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Register</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 _____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	02/23/16 _____ MM / DD / YY

DH FORM 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY Anne Bast Brown
 Anne Bast Brown, County Attorney

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Levy County Emergency Medical Services

Mailing Address: PO Box 448

Bronson, FL 32621

Federal Identification Number 59-6000717

Authorized Agency Official: _____

Signature

Date

John Meeks, Chairman of the Board of County Commissioners
Type Name and Title

Sign and return this page with your application to:

*DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____
Signature of State EMS Grant Officer

_____ Date

State Fiscal Year: 2014 - 2015

Organization Code
64-61-70-30-000

E.O.
03

OCA
SF003

Object Code
750000

Federal Tax ID: VF _____

Grant Beginning Date: _____

Grant Ending Date: _____

DH FORM 1767p [2013]

9

APPROVED AS TO FORM AND LEGAL
EFFICIENCY Anne Bast Brown
Anne Bast Brown, County Attorney

10. Justification Summary A) Problem Description: Levy County EMS strives to provide monthly in-service training to all staff members. This was accomplished throughout 2015, but due to funding limitations, it has been difficult to maintain up-to-date or cutting edge training in-house for our Emergency Responders. The current EMS training inventory includes old, time worn, intubation mannequins and out-of-date training aids; the majority of our training equipment is ten (10) or more years old. The goal of Levy County EMS is to have contemporary, all encompassing training aids to be used as part of regular training for staff members.

In February 2015 the SIM-Lab from the College of Central Florida in Ocala, Florida, approximately 42 miles or one hour away, was made available for use at our location. Due to staffing demands and other commitments, only 34 of our members were able to attend training with the SIM-Lab and some of those were cut short due to a high number of calls for service in the area. We hope to continue our relationship with the college and be able to use the SIM-Lab in the future although there is high demand for its use and as such, limited availability.

It has become apparent that traditional training does not adequately prepare Emergency Responders for the wide range of emergencies they are likely to encounter in the field. Research has shown that teaching critical thinking and assessment skills is much more effective when training scenarios achieve a level of realism that engages and challenges the trainee. Medical advances in airway management, such as the introduction of Rapid Sequence Intubation and Capnography, have made teaching these vital skills increasingly difficult with the educational tools currently in our inventory. Advanced technology is available to bring critical thinking of assessment and treatment to a new level of effectiveness not currently achievable with our obsolete training equipment.

B) Present Situation: Currently, in order to provide training on more realistic training aids, Levy County EMS must coordinate with other agencies in the surrounding region to facilitate the use of their simulators or training devices. Because the County must rely on other agencies, training is often limited to specific days or times and as a result, all staff members do not have the opportunity to attend training. Additionally, most (approximately 85%) of the training equipment in our inventory is ten (10) years old or older.

Providing adequate advanced training has proven to be difficult due to the unavailability of those resources within the County. Levy County EMS has been using basic simple didactic training paired with patient manikins with limited capabilities. These training aids are antiquated and do not simulate realistic patient care situations. In the past eighteen (18) months, we have had two (2) employees that were required to complete remediation based training due to skill interaction

issues. We continue to provide all members with didactic learning and some interactive teaching (table top scenarios) but are unable to provide realistic simulation based scenario training to enhance their skills. Additionally, none of our new hires have been able to utilize interactive scenario manikins during the pre employment evaluation process; table top style scenarios continue to be the only option.

C) Proposed Solution: After a review of our community needs and conducting an inventory of our current equipment, Levy County EMS is requesting grant funding for the purchase of high fidelity, human patient simulators. Levy County Emergency Medical Services is committed to creating a high fidelity simulation training experience to improve the quality of care in our service area. Training will encompass ALS and BLS emergencies for all age groups. This type of high fidelity patient simulator is capable of reproducing signs and symptoms associated with life threatening medical conditions including pupil response, lung sounds, 12 lead EKG results, and much more. It also has the ability to alter its physiology in response to staff treatments all while recording the staff members' actions for detailed review and after-action discussions. It is capable of simulating a myriad of significant airway complications including laryngospasm, upper airway swelling, tension pneumothorax, and many others that are difficult or impossible to expose staff to in our current, traditional educational setting.

This resource will afford us the opportunity to create multiple realistic clinical experiences for all staff and provide them with the opportunity to improve and refine their skills without compromising the safety of real patients. The new equipment will be used to advance training during regular, mandatory monthly in-service training sessions as well as mandatory quarterly training. Additional training to advance skills will also be scheduled on a regular basis. In working with remediation training, we will be able to provide interactive scenario training to meet the needs of the student and allow evaluation on improvement or reflect additional training. This will be an increase from 0% to 100% of the time. In regards to new hire staff, skills will be evaluated and necessary training can be performed prior to full duty status with patients. The equipment will also be available to surrounding agencies to strengthen the skills and performance of all first responders in the Tri County area. Acquiring these resources will allow us to also set up scenarios around our response area instead of just a classroom setting to bring real issue training to our staff. With the assortment of the different simulators we will also be able to perform scenarios with multiple patient interactions.

D) Consequences if Not Funded: If grant funding is not allotted for this proposal, Levy County EMS will be forced to continue to train staff using our current, outdated training models while pursuing other methodologies to improve our training

until funding is made available for necessary upgrades. If staff is not able to utilize updated equipment for training, skills degradation could ensue. The lack of training on new techniques and technologies could potentially lower the skill level of the members, thus lowering the quality of care provided. It is our opinion that with the limited amount of scenario interactive training available, our staff is not getting the full potential of training, likely affecting the quality of pre-hospital care received by our patients. This project would provide the improved training to improve the quality of patient care in Levy County and surrounding areas.

E) Geographic Area to be Addressed: Levy County EMS serves rural Levy County in its entirety; including 40,801 citizens in 1,100 square miles (2010 census data) on the West Coast in North Central Florida. We currently operate seven (7) frontline advanced life support (ALS) transport units and two (2) supervisor non-transport units out of seven (7) stations and one (1) headquarters location based strategically throughout the rural county. If grant funding is made available for this project, the simulator training will be made available to other surrounding agencies, including surrounding, Gilchrist, Dixie, Alachua, Marion, and Citrus Counties as well as local fire departments in Levy and surrounding Counties who respond as mutual aid for us; the geographic area covered by this request would be widespread.

F) Proposed Time Frames: If grant funding is awarded, the equipment will be purchased within 60 days. Initiation of programming of the simulators will commence immediately upon receipt of the equipment followed by training of staff instructors for proper use of the equipment. Integration of the high fidelity simulation into our training program will be initiated immediately upon the successful completion of staff instructor training, within 180 days of grant funding.

G) Data Sources: Levy County EMS Training Records

Hall, RE et al "Human patient simulation is effective for teaching paramedic students endotracheal intubation" Academic Emergency Medicine. 2006 Feb; 13(2) 232

Gordon, DL et al "Stroke training of pre-hospital providers: an example of simulation-enhanced blended learning and evaluation." Medical Teacher. 2005; 27 (2) 114-121

Steadman, RH et al. "Simulation-based training is superior to problem-based learning for the acquisition of critical assessment and management skills." Critical Care Medicine 2006 January; 34(1) 151-157

H) Duplication: This proposal is not a duplication of any previous efforts by Levy County for funding this project under this grant program.

12. Outcome for Training Projects A) The College of Central Florida, located in adjacent Marion County has a Mobile Training Unit equipped with high fidelity training simulators similar to that requested. Although this training opportunity has been available in years past, in the past twelve months, Levy County EMS staff members' opportunity to attend training sessions with the College's Mobile Training Unit has been limited due to availability of the College's resources. If awarded, 100% of employees requiring remediation will receive interactive scenario review and evaluation; two (2) members in the past eighteen (18) months received remediation training utilizing didactic and tabletop exercises with antiquated equipment. Additionally, 100% of applicants for field positions with Levy County EMS will be evaluated on a more realistic scale by use of interactive scenarios versus didactic table top style scenarios being used currently. Surrounding agencies would also be invited to participate in our training typically held each month. This multi-agency training will promote better crew interactions and ultimately improve patient care in Levy and surrounding Counties. The ultimate goal of this grant is to improve overall training available to all of the Paramedics, EMTs, and First Responders of Levy County and surrounding agencies.

B) In addition to one (1) hour per month of on-duty in-service training, Levy County currently provides thirty-two (32) hours per year of in-house, mandatory staff training per EMS member, the majority of which is simple didactic learning. Obtaining this equipment will improve the training by offering interactive scenario based training on a regular basis. Additionally, monthly interactive training will be offered at each of our stations throughout the County with the new equipment. In 2015, our IV success rate was 69.4% (unimproved from 2014). With our past practice of didactic training and with the addition of scenario based interactive training we project that we will be able to increase our success rate in this and other field skills drastically. In regards to remediation or needed training found through our QA program, we cannot give an exact number of the people that will receive this training or what subjects we will need to train; however, we now know that currently they are receiving no form of interactive scenario review. With the award of this grant, however, 100% of all staff as well as 100% of the staff that require remediation training will receive some form of improved, modern, interactive scenario evaluation.

If awarded this grant, Levy County EMS will be able to provide an even higher level of quality service to our patients. All of our members and surrounding agency members that the County oversees will be required to complete high fidelity simulation training at least once per month. This will be possible by rotating on-duty crews through mandatory training at our headquarters in Bronson, Florida, a central location in Levy County and by offering training at each of our stations throughout the County.

C) Research into the use of high fidelity simulators in critical assessment and patient management training has shown that they produce statistically significant improvements in performance when compared to traditional training methods. A 2006 study published in the *Journal of Critical Care Medicine* showed that students trained on these simulators performed at a much higher level than students trained by traditional learning methods. Mean score improvements were 25% for high fidelity human patient

simulator trained students versus only 8% higher for traditionally trained students suggesting that high fidelity patient simulation will significantly improve the knowledge, skills, and abilities of First Responders providing patient care on critical patients like cardiac arrest patients; in 2015 Levy County EMS was dispatched to 838 cardiac patients (11.03% of our patients).

In a 2005 study published in the *Medical Teacher* which involved teaching emergency medical responders how to properly diagnose and treat stroke patients using high fidelity simulation, students demonstrated a 28% increase in overall performance. Last year, 96 pre-hospital patients with symptoms of strokes were identified in Levy County. While it is difficult to translate improved scores on assessment tests in the training room to improved success rates in the field, it is inherently obvious that these improvements in performance will have a positive effect on patient outcomes in the pre-hospital setting.

The training opportunities provided by high fidelity simulators are designed to improve success rates in advanced airway placement, patient assessment, and critical diagnostic skills in the pre-hospital setting. Research has shown that the overall intubation success rate is at least 3% higher among students who receive advanced airway training using high fidelity simulation versus students who receive traditional training. These translate into increased chances of survival for the citizens and visitors of Levy County. This simulator will enable members of Levy County EMS to provide a higher level of service to the citizens and visitors of Levy County by improving the recognition of disease and injury and their presentation as well as treatment.

D) Figures used are estimates based on information from;

Intubation research data is from, "Human Patient Simulation is Effective for Teaching Paramedic Students Endotracheal Intubation," which appeared in *Academic Emergency Medicine* in February of 2006. Stroke management research is from Gordon, et al, *Medical Teacher*, Vol. 27, No. 2, 2005, pp. 114-121.

Advanced airway insertion, cardiac arrest, and stroke data were derived from Levy County Emergency Medical Services' Documented statistical database.

E) The Vision of Levy County EMS is to develop, manage, and operate a comprehensive emergency response organization to serve the citizens and visitors of Levy County, Florida. It also states that the Department will embrace new technologies and techniques, focusing on training and education to provide the highest level of customer service and satisfaction in a professional and caring manner. This project integrates into the Levy County EMS five year plan by helping the organization meet our Vision as a result of providing all staff with advanced training thus improving the care provided to the citizens and visitors of our County.

15. Statutory Considerations and Criteria

A) The life-like qualities of simulators combined with the ability to playback audio and visual will implement a much needed program into the training regimen for our staff. It will allow staff to face more advanced training scenarios with a more realistic model while also giving them the opportunity to review their performance and evaluate their strengths and weaknesses immediately following the scenario. The initiative will put a vital program and equipment into place where outdated training material currently exists.

Research suggests that using high fidelity patient simulation will significantly improve pre-hospital practitioner performance on critical patients like cardiac arrest patients; in 2015 Levy County EMS was dispatched to 838 cardiac patients (11.03% of our calls) and 791 breathing problems (10.41% of our calls). Just the potential increase in care to this sample set of patients should represent the need for this advanced training in our rural setting.

B) Does not apply to vehicles, staff only. The monthly training opportunities given to all Levy County EMS crew members will give them the chance to earn continuing education credits toward the renewal of their EMT and/or Paramedic license as required by state law.

C) N/A

D) N/A

E) 1) High fidelity simulators have proven to be a valuable training asset in providing a more realistic learning environment. By giving our crews the opportunity to enhance their skills by using more realistic models it will only result in improved care and service provided to the citizens and visitors of Levy County. In addition, the equipment will be available for use by surrounding agencies to ensure equality in the level of care across the region as well as on mutual aid calls.

2) N/A

3) N/A

*Levy County Board of County Commissioners
Agenda Item Summary*

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

DEPARTMENT OF PUBLIC SAFETY

2. MEETING DATE:

March 8, 2016

3. REQUESTED MOTION/ACTION:

The Department of Public Safety is requesting approval from the Board to disassemble and remove the Henry Beck and Spillway radio towers.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES ___ NO ___ IF NO, STATE ACTION REQUIRED

DETAILED ANALYSIS ATTACHED?: YES ___ NO ___ BUDGET OFFICER APPROVAL _____ DATE: _____

FUNDING SOURCE: _____ ACCOUNT NUMBER: _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The Department of Public Safety is requesting approval from the Board to disassemble and remove the Henry Beck and Spillway radio towers.

The Towers are not operational and repairs would be cost prohibitive.
Neither tower is currently being used and are considered a safety hazard as trees are growing through the guy wires.

DEPARTMENT DIRECTOR YES <u>X</u> NO	BOCC CHAIR YES <u>X</u> NO	OTHER YES ___ NO	OTHER YES ___ NO	COUNTY ATTORNEY YES <u>X</u> NO	COUNTY COORDINATOR YES <u>X</u> NO
---	-------------------------------	---------------------	---------------------	---------------------------------------	--

7. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED DATE TO BRING BACK:
- OTHER SPECIFY:

Henry Beck

Available Layers

- Parcels
- Parcel Numbers
- Lakes & Rivers
- Roads
- Railroads
- Yearly Sales
- Sec-Twp-Rng
- Block
- Lot
- Dimensions
- Voting Precincts
- Commissioner Districts
- School Board Districts
- Aerials (2013)
- Aerials (2011)

Reports

Parcel

View as: [Google Earth](#) | [Bird's Eye](#) | [Google Maps & Street View](#)

Parcel Number	025920600
Property Class	8600-COUNTY
Taxing District	SUWANNEE RIVER WT (SR)
Acres	87.7
Physical Address	3770 SE COUNTY ROAD 343 HONOLISTON, FL 32024
Owner	LEVY BECK BECK PARK-RALDIN TOWER PO BOX 310 BRONSON, FL 32621
Building Value	0
Extra Feature Value	\$ 87,898
Market Land Value	\$ 461,600
Ag Land Value	\$ 461,600
Dist Value	\$ 929,188
Assessed Value	\$ 929,188
Taxable Value	0
Improvements on Parcel	0
Total Improvement Area (sq ft)	0

Two most recent parcel sales

Date	Price	Qual	Reason
Generate Owner List by Radius			

Website last updated February 28, 2016
GIS Maps last updated February 28, 2016

Parcel List
Legend
Measure

Levy County makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll.

Spillway

Available Layers

- Parcels
- Parcel Numbers
- Lakes & Rivers
- Roads
- Railroads
- Yearly Sales
- Sec-Twp-Rng
- Block
- Lot
- Dimensions
- Voting Precincts
- Commissioner Districts
- School Board Districts
- Aerials (2013)
- Aerials (2011)

Reports

Parcel

View as: [Google Earth](#) | [Bird's Eye](#) | [Google Maps & Street View](#)

Parcel Number	035670000
Property Class	8600-COUNTY
Taxing District	SW FLORIDA WT MG (BW)
Acres	81
Physical Address	8786 HIGHWAY 40 S INGLIS 34448
Owner	LEVY COUNTY PORT AUTHORITY RECREATION FACILITY PO DRAWER 310 BRONSON, FL 32621
Building Value	0
Extra Feature Value	0
Market Land Value	\$ 244,896
Ag Land Value	\$ 244,896
Dist Value	\$ 244,896
Assessed Value	\$ 244,896
Taxable Value	0
Improvements on Parcel	0
Total Improvement Area (sq ft)	0

Two most recent parcel sales

Date	Price	Qual	Reason
Generate Owner List by Radius			

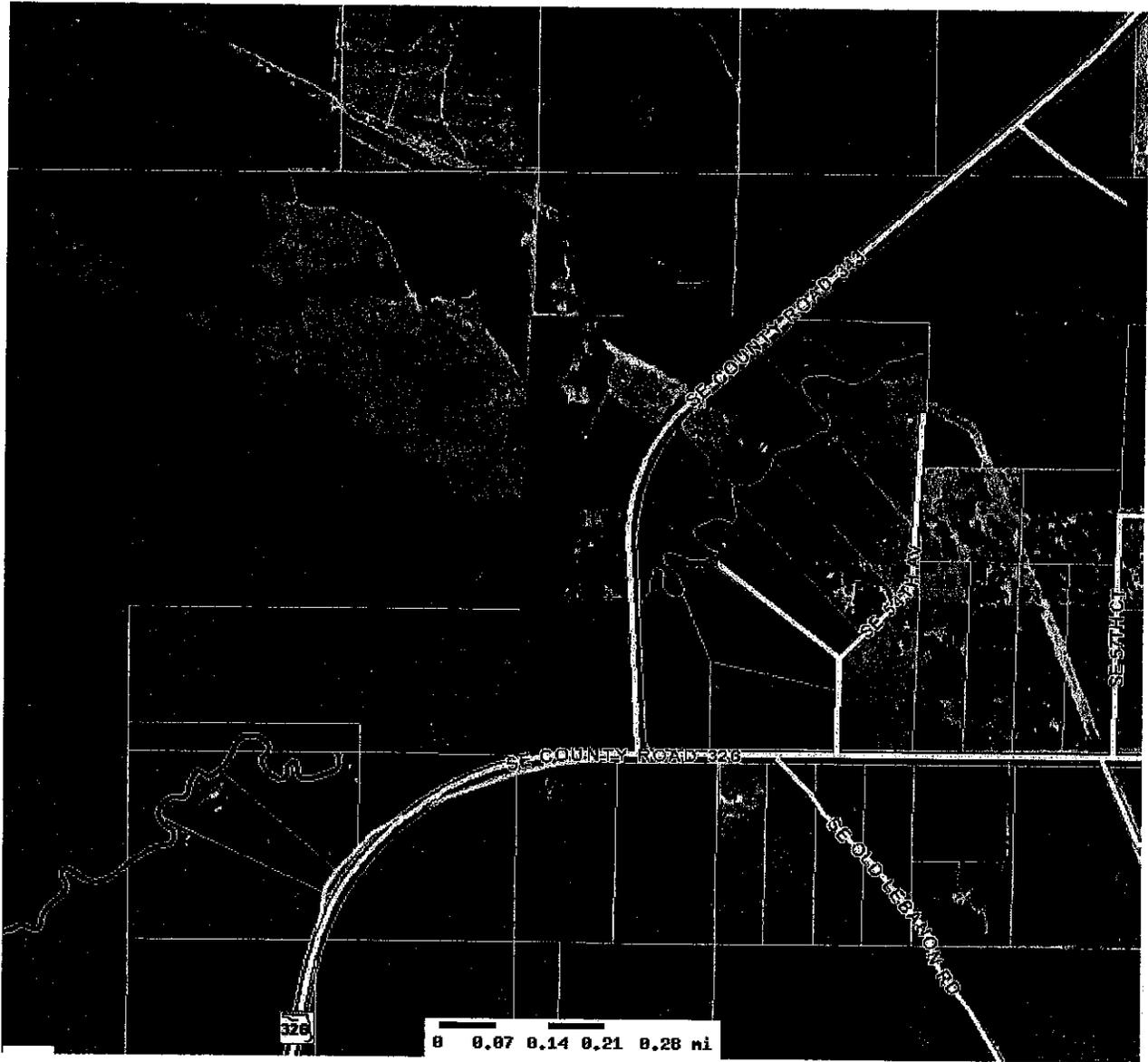
Website last updated February 28, 2016
GIS Maps last updated February 28, 2016

Parcel List
Legend
Measure

Levy County makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll.



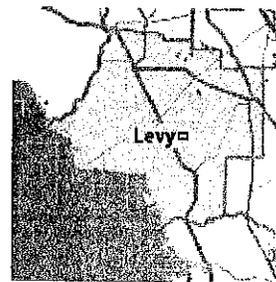
Henry Beck



Levy County Property Appraiser

Parcel: 0259202600 Acres: 57.7

Name:	LEVY BOCC	Building Value	0
Site:	SE COUNTY ROAD 343 MORRISTON 32	Extra Feature Val	\$ 67,595
Sale:		Market Land Val.	\$ 461,600
	PO BOX 310	Ag Land Value	\$ 461,600
Mail:		Just Value	\$ 529,195
	BRONSON, FL 32621	Assessed Value	\$ 529,195
		Taxable Value	0



The Levy County Property Appraiser's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll. PLEASE NOTE THAT THE PROPERTY APPRAISER MAPS ARE FOR ASSESSMENT PURPOSES ONLY NEITHER LEVY COUNTY NOR ITS EMPLOYEES ASSUME RESPONSIBILITY FOR ERRORS OR OMISSIONS —THIS IS NOT A SURVEY—

Date printed: 03/02/16 : 08:32:37

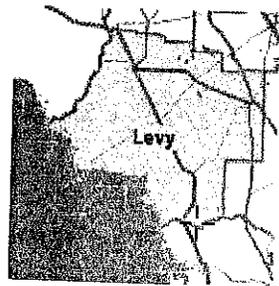
Spillway



0 0.03 0.06 0.09 0.12 mi

Levy County Property Appraiser

Parcel: 0396700100 Acres: 51	
Name:	LEVY COUNTY PORT AUTHORITY
Site:	8786 HIGHWAY 40 E INGLIS 34449-
Sale:	
Mail:	PO DRAWER 310
	BRONSON, FL 32621
Building Value	0
Extra Feature Val	0
Market Land Val.	\$ 244,596
Ag Land Value	\$ 244,596
Just Value	\$ 244,596
Assessed Value	\$ 244,596
Taxable Value	0



The Levy County Property Appraiser's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll. PLEASE NOTE THAT THE PROPERTY APPRAISER MAPS ARE FOR ASSESSMENT PURPOSES ONLY NEITHER LEVY COUNTY NOR ITS EMPLOYEES ASSUME RESPONSIBILITY FOR ERRORS OR OMISSIONS --THIS IS NOT A SURVEY--

Date printed: 03/02/16 : 08:31:39

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

DEPARTMENT OF PUBLIC SAFETY

2. MEETING DATE:

March 8, 2016

3. REQUESTED MOTION/ACTION:

The Department of Public Safety is providing the Board with the results of the quality assurance (QA) from Regional General Hospital of Williston (RGHW) concerns.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES ___ NO ___ IF NO, STATE ACTION REQUIRED

DETAILED ANALYSIS ATTACHED?: YES ___ NO ___ BUDGET OFFICER APPROVAL _____ DATE: _____

FUNDING SOURCE :

ACCOUNT NUMBER:

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The Department of Public Safety is providing the Board with the results of the QA review from RGHW concerns discussed at the Board Meeting on February 16, 2016.

DEPARTMENT DIRECTOR YES <input checked="" type="checkbox"/> NO	BOCC CHAIR YES <input checked="" type="checkbox"/> NO	OTHER YES ___ NO	OTHER YES ___ NO	COUNTY ATTORNEY YES <input checked="" type="checkbox"/> NO	COUNTY COORDINATOR YES <input checked="" type="checkbox"/> NO
--	--	---------------------	---------------------	--	---

7. COMMISSION ACTION:

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

LEVY COUNTY DEPARTMENT OF PUBLIC SAFETY

P.O. BOX 448
BRONSON, FL 32621
(352) 486-5209
CHIEF DAVID KNOWLES, DIRECTOR

Informational Bulletin

To: BOCC
From: David Knowles
Date: March 2, 2016
Ref: QA Review

On February 16, 2016, Regional General Hospital of Williston (RGHW) provided five (5) written documents and two (2) verbal incidents which initiated a quality assurance (QA) review of LCDPS (EMS) transports.

Of the seven (7) total incidents provided;

- Three (3) did not provide enough information for staff to determine which patient care reports should be reviewed
- One (1) patient provided consent to be transported to Shands/UF
- One (1) patient requested to be transported to Citrus Memorial Hospital and once treatment commenced the patient refused all treatment and transport, signing a refusal against medical advice (AMA)
- One (1) patient experienced a head injury with a loss of consciousness (LOC) requiring transport to a hospital that could provide the appropriate level of care not found at RGHW
- One (1) patient has a pending legal case against the County and we are unable to comment on the incident at this time

DLK/amr

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:
ALICE LALONDE, OFFICE MANAGER

2. MEETING DATE:
March 8, 2016 at 9:00 a.m.

3. REQUESTED MOTION/ACTION:

Adoption of Resolution 2016-05 approving the petition to vacate, abandon, and close portions of SW 123rd Avenue a/k/a Palm Avenue, and SW 122nd Terrace, a/k/a Walnut Avenue, located in Cedar Key Heights Section B Subdivision, as requested by petitioners, James G. Mason, II and Nancy K. Mason, and Robert E. Palmer and Jamie Palmer.

4. AGENDA

Presentation
time requested

15 minutes

(Request will be granted if possible)

5. IS THIS ITEM BUDGETED (IF APPLICABLE)? Yes ___ No IF NO, STATE ACTION REQUIRED

BUDGET ACTION: NONE
FINANCIAL IMPACT SUMMARY STATEMENT:
NOT APPLICABLE

DETAILED ANALYSIS ATTACHED?: Yes ___ No ___ BUDGET OFFICER APPROVAL ___ DATE _____

FUNDING SOURCE: _____ ACCOUNT NUMBER: _____

6. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

This is a public hearing to consider the petition submitted by James G. Mason, II and Nancy K. Mason, and Robert E. Palmer and Jamie Palmer, to vacate, abandon and close that portion of SW 123rd Avenue, a/k/a Palm Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 111 and 112, and that portion of SW 122nd Terrace, a/k/a Walnut Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 112 and 113, all in Cedar Key Heights Section B Subdivision, Plat Book 2, Page 16 in the public records of Levy County, Florida, all subject to the Petitioner's provision of Unity of Title Instruments.

The Road staff committee recommends approval of the request by the petitioners. Notice of the public hearing has been properly advertised.

7. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	REVIEW ONLY COUNTY ATTORNEY	COUNTY COORDINATOR
YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES <input checked="" type="checkbox"/> NO ___	YES ___ NO ___
				ABB 1-26-16	

8. COMMISSION ACTION:

APPROVED
 DENIED
 DEFERRED DATE TO BRING BACK: _____
 OTHER SPECIFY: _____

**RESOLUTION
NUMBER 2016-05**

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, APPROVING A PETITION TO VACATE, ABANDON, AND CLOSE A PORTION OF SW 123RD AVENUE, A/K/A PALM AVENUE, AND A PORTION OF SW 122ND TERRACE, A/K/A WALNUT AVENUE, LOCATED IN CEDAR KEY HEIGHTS SECTION B SUBDIVISION, IN LEVY COUNTY, FLORIDA.

RECITALS

WHEREAS, a petition has been made to vacate, abandon, discontinue and close: That portion of SW 123rd Avenue, a/k/a Palm Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 111 and 112, and that portion of SW 122nd Terrace, a/k/a Walnut Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 112 and 113, all in Cedar Key Heights Section B Subdivision, Plat Book 2, Page 16 in the public records of Levy County, Florida; and

WHEREAS, the Board of County Commissioners ("the Board") set a public hearing to hear said petition and notice thereof was published as required by law; and

WHEREAS, Sections 336.09, 336.10, and 336.12, Florida Statutes, authorize the vacating, abandonment, discontinuance, and closing of streets and roads, and any right of the County and of the public in and to any land or interest therein, by the Board; and

WHEREAS, the property owners adjacent to the subject right-of-way, James G. Mason, II and Nancy K. Mason, and Robert E. Palmer and Jamie Palmer, have indicated that they are the fee simple owners of all parcels of property abutting the right-of-way sought to be vacated, abandoned, discontinued and closed; and

WHEREAS, this vacation, abandonment, discontinuance, and closing of the portions of SW 123rd Avenue and SW 122nd Terrace, as described herein, may affect the ownership but will not affect the right of convenient access of persons owning properties in the area, provided that Unity of Title documents are recorded to preserve access to lots in Blocks 111, 112, and 113 in said Cedar Key Heights Section B Subdivision; and

WHEREAS, the Board has found that the right-of-way which is the subject of this petition no longer serves a public purpose and is a proper subject for vacation, abandonment, discontinuance, and closing pursuant to Chapter 336, Florida Statutes, provided the afore-mentioned Unity of Title documents are provided by Petitioners.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Levy County, Florida:

1. The Board of County Commissioners hereby approves the Petition of James G. Mason, II and Nancy K. Mason, and Robert E. Palmer, and Jamie Palmer, and hereby vacates, abandons, discontinues and closes the public right-of-way known as: That portion of SW 123rd Avenue, a/k/a Palm Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 111 and 112, and that portion of SW 122nd Terrace, a/k/a Walnut Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 112 and 113, all in Cedar Key Heights Section B Subdivision, Plat Book 2, Page 16 in the public records of Levy County, Florida.

2. The vacation, abandonment, discontinuance and closures of the portions of right of way described herein shall not become effective until after recordation of the Unity of Title Instruments submitted to the Board on even date herewith affecting Block 111, the North ½ of Block 112, the South ½ of Block 112, the North ½ of Block 113, and the South ½ of Block 113, all in Cedar Key Heights Section B Subdivision as recorded in Plat Book 2, Page 16.

3. Notice of adoption of this resolution shall be published one (1) time, within thirty (30) days following its effective date, in one issue of a newspaper of general circulation published in Levy County. The proof of publication of notice of public hearing, this resolution as adopted, and the proof of publication of the notice of the adoption of this resolution shall be recorded in the deed records of Levy County.

PASSED AND DULY ADOPTED this 8th day of March, 2016.

**BOARD OF COUNTY COMMISSIONERS
OF LEVY COUNTY, FLORIDA**

ATTEST:
Clerk of the Circuit Court
and Ex-Officio Clerk to the
Board of County Commissioners

John Meeks, Chairman

Danny J. Shipp, Clerk

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

Anne Bast Brown

Anne Bast Brown, County Attorney

**NOTICE OF ADOPTION OF RESOLUTION
VACATING PUBLIC ROAD**

NOTICE IS HEREBY GIVEN that the BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, at its regular scheduled meeting on Tuesday, March 8, 2016, approved a petition to vacate, abandon and close those roadways generally described as: That portion of SW 123rd Avenue, a/k/a Palm Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 111 and 112, and that portion of SW 122nd Terrace, a/k/a Walnut Avenue, from the South right of way line of SW 77th Place, a/k/a Seventh Street, Southward to the North right of way line of SW 78th Lane, a/k/a Suwannee Blvd., lying between Blocks 112 and 113, all in Cedar Key Heights Section B Subdivision, Plat Book 2, Page 16 in the public records of Levy County, Florida; and more particularly described in records available at the County Road Department at 620 North Hathaway Avenue, Bronson, FL, and the office of the Board of County Commissioners at 355 South Court Street, Bronson, FL.

A Resolution vacating said road was duly adopted.

John Meeks, Chairman
Board of County Commissioners

Pub. March 17, 2016

This instrument prepared by:
James and Nancy Mason
P.O. Box 33
Cedar Key, FL 32625

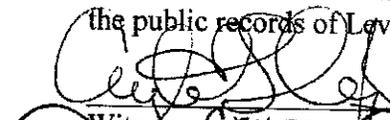
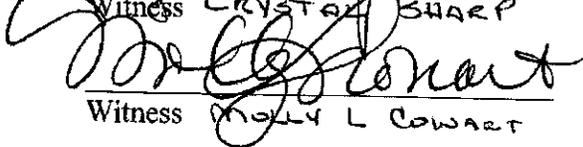
UNITY OF TITLE INSTRUMENT

In consideration of Levy County treating the following described real property as a single parcel for purposes of issuing an approval for a vacation, abandonment and closure of a road adjacent to such real property, and for other good and valuable consideration, the undersigned, James G. Mason, II & Nancy K. Mason, hereby agrees to restrict the use of that property described as follows:

Block 111, CEDAR KEY HEIGHTS, SECTION B SUBDIVISION, as per plat recorded at Plat Book 2, page 16, public records of Levy County, Florida. Together with the West 1/2 of Palm Street, (AKA SW 123rd Avenue), lying adjacent thereto.

all in the public records of Levy County, Florida, in the following manner:

1. That no portion of the property described above shall hereafter be sold, transferred, devised or assigned separately, except in its entirety as one plot or parcel of land; and
2. That this condition, restriction, and limitation shall be deemed a covenant running with the land and shall remain in full force and effect, and be binding upon the property owner, the property owner's heirs and assigns, until such time as the same may be released in writing by the Board of County Commissioners of Levy County.
3. The undersigned further agrees that this instrument shall be recorded in the public records of Levy County.


Witness CRYSTAL SHARP

Witness MOLLY L. COWART


James G. Mason, II

Nancy K. Mason

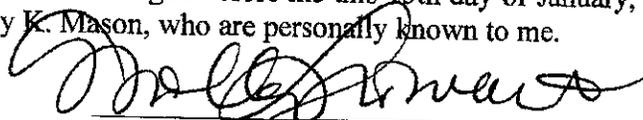
STATE OF FLORIDA
COUNTY OF LEVY

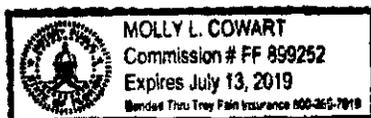
The foregoing instrument was acknowledged before me this 15th day of January, 2016, by James G. Mason, II & Nancy K. Mason, who are personally known to me.

My Commission Expires:

7-13-19

SEAL


Notary Public MOLLY L. COWART



This instrument prepared by:

James and Nancy Mason
P.O. Box 33
Cedar Key, FL 32625

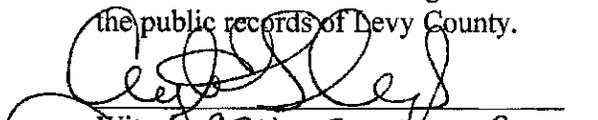
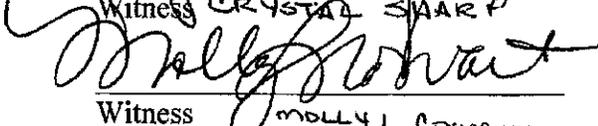
UNITY OF TITLE INSTRUMENT

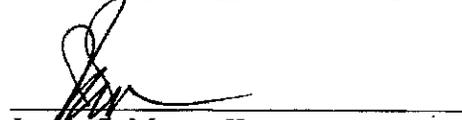
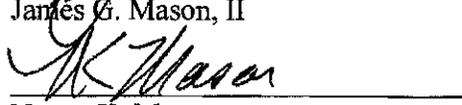
In consideration of Levy County treating the following described real property as a single parcel for purposes of issuing an approval for a vacation, abandonment and closure of a road adjacent to such real property, and for other good and valuable consideration, the undersigned, James G. Mason, II & Nancy K. Mason, hereby agrees to restrict the use of that property described as follows:

The North 1/2 of Block 112, CEDAR KEY HEIGHTS, SECTION B SUBDIVISION, as per plat recorded at Plat Book 2, page 16, public records of Levy County, Florida. Together with the West 1/2 of Walnut Street, (AKA SW 122nd Terrace), lying adjacent thereto; and together with the East 1/2 of Palm Street, (AKA SW 123rd Avenue), lying adjacent thereto.

all in the public records of Levy County, Florida, in the following manner:

1. That no portion of the property described above shall hereafter be sold, transferred, devised or assigned separately, except in its entirety as one plot or parcel of land; and
2. That this condition, restriction, and limitation shall be deemed a covenant running with the land and shall remain in full force and effect, and be binding upon the property owner, the property owner's heirs and assigns, until such time as the same may be released in writing by the Board of County Commissioners of Levy County.
3. The undersigned further agrees that this instrument shall be recorded in the public records of Levy County.

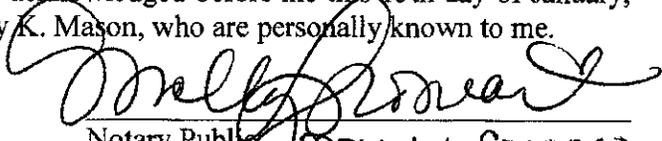

 Witness CRYSTAL SHARP

 Witness MOLLY L. COWART


 James G. Mason, II

 Nancy K. Mason

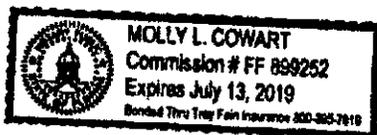
STATE OF FLORIDA
COUNTY OF LEVY

The foregoing instrument was acknowledged before me this 15th day of January, 2016, by James G. Mason, II & Nancy K. Mason, who are personally known to me.

My Commission Expires:
7-13-19


 Notary Public MOLLY L. COWART

SEAL



This instrument prepared by:
James and Nancy Mason
P.O. Box 33
Cedar Key, FL 32625

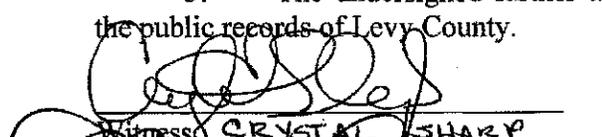
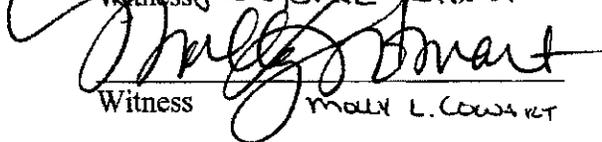
UNITY OF TITLE INSTRUMENT

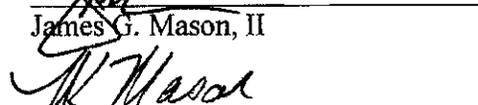
In consideration of Levy County treating the following described real property as a single parcel for purposes of issuing an approval for a vacation, abandonment and closure of a road adjacent to such real property, and for other good and valuable consideration, the undersigned, James G. Mason, II & Nancy K. Mason, hereby agrees to restrict the use of that property described as follows:

The South 1/2 of Block 112, CEDAR KEY HEIGHTS, SECTION B SUBDIVISION, as per plat recorded at Plat Book 2, page 16, public records of Levy County, Florida. Together with the West 1/2 of Walnut Street, (AKA SW 122nd Terrace), lying adjacent thereto; and together with the East 1/2 of Palm Street, (AKA SW 123rd Avenue), lying adjacent thereto.

all in the public records of Levy County, Florida, in the following manner:

1. That no portion of the property described above shall hereafter be sold, transferred, devised or assigned separately, except in its entirety as one plot or parcel of land; and
2. That this condition, restriction, and limitation shall be deemed a covenant running with the land and shall remain in full force and effect, and be binding upon the property owner, the property owner's heirs and assigns, until such time as the same may be released in writing by the Board of County Commissioners of Levy County.
3. The undersigned further agrees that this instrument shall be recorded in the public records of Levy County.

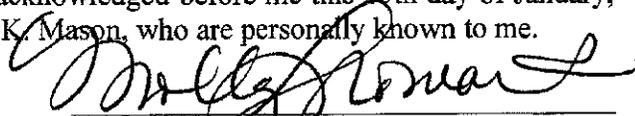

Witness CRYSTAL SHARP

Witness MOLLY L. COWART

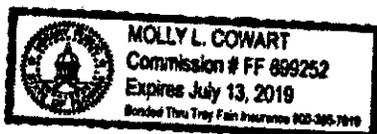

James G. Mason, II

Nancy K. Mason

STATE OF FLORIDA
COUNTY OF LEVY

The foregoing instrument was acknowledged before me this 15th day of January, 2016, by James G. Mason, II & Nancy K. Mason, who are personally known to me.

My Commission Expires:
7-13-19
SEAL


Notary Public MOLLY L. COWART



This instrument prepared by:
Robert and Jamie Palmer
P.O. Box 519
Cedar Key, FL 32625

UNITY OF TITLE INSTRUMENT

In consideration of Levy County treating the following described real property as a single parcel for purposes of issuing an approval for a vacation, abandonment and closure of a road adjacent to such real property, and for other good and valuable consideration, the undersigned, Robert E. Palmer & Jamie Palmer, hereby agrees to restrict the use of that property described as follows:

The North 1/2 of Block 113, CEDAR KEY HEIGHTS, SECTION B SUBDIVISION, as per plat recorded at Plat Book 2, page 16, public records of Levy County, Florida. Parcel No. 0903011300 (Portion of)

Together with the East 1/2 of Walnut Street, (AKA SW 122nd Terrace), lying adjacent thereto.

all in the public records of Levy County, Florida, in the following manner:

1. That no portion of the property described above shall hereafter be sold, transferred, devised or assigned separately, except in its entirety as one plot or parcel of land; and

2. That this condition, restriction, and limitation shall be deemed a covenant running with the land and shall remain in full force and effect, and be binding upon the property owner, the property owner's heirs and assigns, until such time as the same may be released in writing by the Board of County Commissioners of Levy County.

3. The undersigned further agrees that this instrument shall be recorded in the public records of Levy County.

N. K. Mason
Witness (Printed) N. K. Mason

Robert E. Palmer
Robert E. Palmer

James Mason
Witness (Printed) JAMES MASON

Jamie Palmer
Jamie Palmer

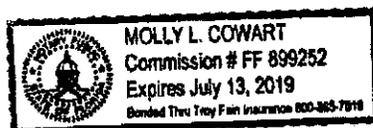
STATE OF FLORIDA
COUNTY OF LEVY

The foregoing instrument was acknowledged before me this 22nd day of December, 2015, by Robert E. Palmer and Jamie Palmer, who are personally known to me.

My Commission Expires:
July 13, 2019

Molly L. Cowart
Notary Public- Molly L. Cowart

SEAL



This instrument prepared by:
Robert and Jamie Palmer
P.O. Box 519
Cedar Key, FL 32625

UNITY OF TITLE INSTRUMENT

In consideration of Levy County treating the following described real property as a single parcel for purposes of issuing an approval for a vacation, abandonment and closure of a road adjacent to such real property, and for other good and valuable consideration, the undersigned, Robert E. Palmer & Jamie Palmer, hereby agrees to restrict the use of that property described as follows:

The South 1/2 of Block 113, CEDAR KEY HEIGHTS, SECTION B SUBDIVISION, as per plat recorded at Plat Book 2, page 16, public records of Levy County, Florida. Parcel No. 0903011300 (Portion of)

Together with the East 1/2 of Walnut Street, (AKA SW 122nd Terrace), lying adjacent thereto.

all in the public records of Levy County, Florida, in the following manner:

1. That no portion of the property described above shall hereafter be sold, transferred, devised or assigned separately, except in its entirety as one plot or parcel of land; and

2. That this condition, restriction, and limitation shall be deemed a covenant running with the land and shall remain in full force and effect, and be binding upon the property owner, the property owner's heirs and assigns, until such time as the same may be released in writing by the Board of County Commissioners of Levy County.

3. The undersigned further agrees that this instrument shall be recorded in the public records of Levy County.

NK Mason
Witness (Printed) NK Mason

JAMES MASON
Witness (Printed) JAMES MASON

Robert E. Palmer
Robert E. Palmer

Jamie Palmer
Jamie Palmer

STATE OF FLORIDA
COUNTY OF LEVY

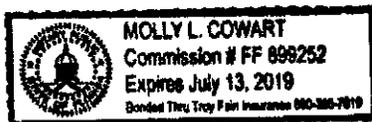
The foregoing instrument was acknowledged before me this 22nd day of December, 2015, by Robert E. Palmer and Jamie Palmer, who are personally known to me.

My Commission Expires:

July 13, 2019

SEAL

Molly L. Cowart
Notary Public- Molly L. Cowart



**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

ROAD/BRIDGE- CASEY DUQUETTE X3358

2. MEETING DATE:

3/8/16

3. REQUESTED MOTION/ACTION:

Request Approval of Resolution Number 2016-007 Granting Temporary Easement to FDOT for Bridge # 340010 on CR 456 at Daughtry Bayou In Levy County, FL

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: Yes_ No_ If NO, STATE ACTION REQUIRED

BUDGET ACTION:

FINANCIAL IMPACT SUMMARY STATEMENT:

DETAILED ANALYSIS ATTACHED?: Yes_ No_ BUDGET OFFICER APPROVAL _____ DATE

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

FDOT has made application to Levy County to execute and deliver to FDOT a temporary construction easement for the Project ID# 4152521 (Bridge # 340010 on CR 456 at Daughtry Bayou in Cedar Key, FL) in favor of FDOT for the purpose of completion of the Project, including but not limited to constructing a temporary bridge and detour roadway, reconstructing the permanent bridge, and tying in and harmonizing the Project property and driveways and walkways in Levy County, FL. Attached Temporary Easement has a more detailed description.

6. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
Yes_ No	YES_ NO	YES_ NO	YES_ NO	YES <u>X</u> NO	YES_ NO

7. COMMISSION ACTION:

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

**RESOLUTION
NUMBER 2016-007**

**A RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF LEVY COUNTY, FLORIDA,
GRANTING TEMPORARY EASEMENT TO FLORIDA
DEPARTMENT OF TRANSPORTATION FOR
CONSTRUCTION PURPOSES, LOCATED AT BRIDGE
#340010, ON COUNTY ROAD 456 AT DAUGHTRY BAYOU,
IN LEVY COUNTY, FLORIDA.**

RECITALS

WHEREAS, the Florida Department of Transportation ("FDOT") proposes to construct or improve County Road 456, including Bridge #340010 along such County Road 456 at Daughtry Bayou, FDOT Financial Project 4152521 ("the Project"), in Levy County, Florida; and

WHEREAS, FDOT has made application to Levy County to execute and deliver to FDOT a temporary construction easement for the Project in favor of FDOT for the purpose of completion of the Project, including but not limited to constructing a temporary bridge and detour roadway, reconstructing the permanent bridge, and tying in and harmonizing the Project property and the driveways and walkways, which request has been considered by Levy County; and

WHEREAS, the use by FDOT of the Levy County-owned lands is in the best interest of Levy County; and

WHEREAS, it is desired by the Board of County Commissioners of Levy County, on behalf of the public to grant the requested temporary easement to FDOT for the Project.

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners, of Levy County, Florida, that:

1. The application by FDOT for a temporary construction easement for the Project is for transportation purposes which are in the public or community interest and for the public welfare.
2. The Temporary Easement, a form of which is attached hereto as Exhibit "A", in favor of the FDOT is hereby approved. The Chair of the Board of County Commissioners is hereby authorized to execute such Temporary Easement on behalf of

the Board of County Commissioners. Consideration for the grant of such easement shall be One Dollar (\$1) and other good and valuable consideration.

3. The grant of easement reflected by this Resolution of is limited to the legal description of the property described in the exhibits to Exhibit "A" located in Levy County, Florida, enumerated above and is not intended to operate as a general grant of easements, or of streets, roads and other similar rights-of-way.

4. The Clerk of the Circuit Court of Levy County, and Ex-Officio Clerk to the Board of County Commissioners, is hereby directed to record the original of the Temporary Easement attached hereto as Exhibit "A" when presented for recordation.

PASSED AND DULY ADOPTED this 8th day of March, 2016.

BOARD OF COUNTY COMMISSIONERS
OF LEVY COUNTY, FLORIDA

John Meeks, Chairman

ATTEST: Danny J. Shipp, Clerk of
Circuit Court and Ex-officio
Clerk to the Board of County
Commissioners

Danny J. Shipp, Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

Anne Bast Brown, County Attorney

z:\eases\res.grant.easement.fdot.daughtry.doc
LR2009-156
3/1/16

08-TE.11-Date: February 15, 2016

This instrument prepared by
or under the direction of:
Melissa K. Blackwell
As Interim Chief Counsel District Two
Florida Department of Transportation
1109 South Marion Avenue
Lake City, Florida 32025-5874

PARCEL NO. 704.1
SECTION NO. 34500
F.P. NO. 4152521
COUNTY ROAD NO. 456
COUNTY OF Levy

TEMPORARY EASEMENT

THIS EASEMENT, made this _____ day of _____, 2016, by and between LEVY COUNTY, a political subdivision of the State of Florida, 355 South Court Street, Bronson, Florida 32621, grantor, and the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION, 1109 South Marion Avenue, Lake City, Florida 32025-5874, its successors and assigns, grantee.

WITNESSETH that for and in consideration of the sum of One Dollar (\$1.00) and other valuable considerations, receipt and sufficiency of which is hereby acknowledged, the grantor hereby gives, grants, bargains and releases to the grantee, a temporary construction easement for the purpose of constructing a temporary bridge, detour roadway, reconstructing permanent bridge, tying in and harmonizing said property and the driveways and walkways, thereon with the construction to be undertaken by the Department, in County Road No. 456 adjacent thereto, in, upon, over and through the following described land in Levy County, Florida, to-wit:

SEE Exhibit "A", attached hereto and by reference made a part hereof.

THIS EASEMENT shall be for a period of sixty-six (66) months commencing on the date the State of Florida Department of Transportation becomes the owner of this easement.

EXHIBIT "A"

IN WITNESS WHEREOF, the said grantor has caused these presents to be executed in its name by its Board of County Commissioners acting by the Chairperson or Vice-Chairperson of said Board, the day and year aforesaid.

ATTEST: _____

Levy County, Florida
by Its Board of County Commissioners

Print Name: _____
Ex-Officio Clerk (or Deputy Clerk)

By: _____
John Meeks
Its Chairperson

STATE OF FLORIDA

COUNTY OF LEVY

The foregoing instrument was acknowledged before me this _____ day of _____, 2016, by John Meeks Chairperson, who is personally known to me.

Print Name: _____
Notary Public
My Commission Expires: _____

(Notary Seal)

Approved as to form:

Anne Bast Brown
Anne Bast Brown
County Attorney

Exhibit "A"

Section 34500
F.P. No. 4152521

County Road No. 456

Levy County

Parcel No. 704

Temporary Easement

Part "A"

That Part Of County Road No. 456 (Airport Road) (A Variable Width Right Of Way As Per Florida Department Of Transportation Right Of Way Map, Section 34500, F.P. No. 4152521), Being Located In Section 31, Township 15 South, Range 13 East, Levy County, Florida, More Particularly Described As Follows:

Commence At A 4" X 4" Concrete Monument With Disk Stamped "PRM 2548", Marking The Southernmost Corner Of Lot 4 As Per The Plat Of Cedar Point As Recorded In Plat Book 9, Page 9 Of The Public Records Of Levy County, Florida; Thence North 88°43'06" East, Along The South Line Of Said Lot 4, And Along An Easterly Extension Of Said South Line, A Distance Of 72.76 Feet To A Nail And Disk Stamped "PRM 2548"; Being On The Baseline Of Survey Of County Road No. 456 (Airport Road) (A Variable Width Right Of Way As Per Florida Department Of Transportation Right Of Way Map, Section 34500, F.P. No. 4152521); Thence South 11°29'13" West, Along Said Baseline Of Survey, A Distance Of 540.81 Feet To The Mean High Water Line Of Daughtry Bayou As Established Per Florida Department Of Environmental Protection) And To The **Point Of Beginning**; Thence Along Said Mean High Water Line The Following Two (2) Bearings And Distances: (1) South 75°27'36" East, 18.35 Feet; (2) South 48°30'31" East, 13.49 Feet To The Easterly Existing Right Of Way Line Of Said County Road No. 456 (Airport Road); Thence South 11°29'13" West, Along Said Easterly Existing Right Of Way Line, A Distance Of 34.66 Feet To The Point Of Curvature Of A Curve To The Left Having A Radius Of 428.37 Feet; Thence Along Said Easterly Existing Right Of Way Line And Curve, Through An Angle Of 12°26'20", An Arc Distance Of 93.00 Feet, And A Chord Bearing And Distance Of South 05°16'03" West, 92.82 Feet To The Point Of Tangency; Thence South 00°57'07" East, Along Said Easterly Existing Right Of Way Line, A Distance Of 11.11 Feet To The Point Of Curvature Of A Curve To The Right Having A Radius Of 229.24 Feet; Thence Along Said Easterly Existing Right Of Way Line And Curve, Through An Angle Of 38°19'43", An Arc Distance Of 153.35 Feet, And A Chord Bearing And Distance Of South 18°12'45" West, 150.51 Feet; Thence South 49°33'27" East, Along Said Easterly Existing Right Of Way Line, A Distance Of 7.55 Feet To The Beginning Of A Curve To The Right Having A Radius Of 236.77 Feet; Thence Along Said Easterly Existing Right Of Way Line And Curve, Through An Angle Of 30°32'56", An Arc Distance Of 126.24 Feet, And A Chord Bearing And Distance Of South 52°44'56" West, 124.75 Feet; Thence North 21°58'36" West, Along Said Easterly Existing Right Of Way Line, A Distance Of 7.53 Feet; Thence South 68°01'23" West, Along Said Easterly Existing Right Of Way Line, A Distance Of 147.11 Feet; Thence North 21°58'36" West, A Distance Of 60.00 Feet To The Westerly Existing Right Of Way Line Of Said

County Road No. 456 (Airport Road); Thence North 68°01'23" East, Along Said Westerly Existing Right Of Way Line, A Distance Of 147.11 Feet; Thence South 21°58'36" East, Along Said Westerly Existing Right Of Way Line, A Distance Of 7.79 Feet To The Beginning Of A Curve To The Left Having A Radius Of 177.03 Feet; Thence Along Said Westerly Existing Right Of Way Line And Curve, Through An Angle Of 31°33'07", An Arc Distance Of 97.49 Feet, And A Chord Bearing And Distance Of North 52°14'50" East, 96.26 Feet; Thence North 49°33'27" West, Along Said Westerly Existing Right Of Way Line, A Distance Of 7.81 Feet To The Beginning Of A Curve To The Left Having A Radius Of 169.24 Feet; Thence Along Said Westerly Existing Right Of Way Line And Curve, Through An Angle Of 37°14'24", An Arc Distance Of 110.00 Feet, And A Chord Bearing And Distance Of North 17°40'05" East, 108.07 Feet To The Point Of Tangency; Thence North 00°57'07" West, Along Said Westerly Existing Right Of Way Line, A Distance Of 11.11 Feet To The Point Of Curvature Of A Curve To The Right Having A Radius Of 488.37 Feet; Thence Along Said Westerly Existing Right Of Way Line And Curve, Through An Angle Of 12°26'20", An Arc Distance Of 106.02 Feet, And A Chord Bearing And Distance Of North 05°16'03" East, 105.82 Feet To The Point Of Tangency; Thence North 11°29'13" East, Along Said Westerly Existing Right Of Way Line, A Distance Of 40.35 Feet To Said Mean High Water Line Of Daughtry Bayou; Thence Along Said Mean High Water Line The Following Three (3) Bearings And Distances: (1) North 68°33'13" East, 2.14 Feet; (2) North 83°03'07" East, 6.46 Feet; (3) South 75°27'36" East, 22.10 Feet To The **Point Of Beginning**.

Containing 0.747 Acres, More Or Less.

ALSO:

Part "B"

That Part Of County Road No. 456 (Airport Road) (A Variable Width Right Of Way As Per Florida Department Of Transportation Right Of Way Map, Section 34500, F.P. No. 4152521), Being In Sections 30 And 31, Township 15 South, Range 13 East, Levy County, Florida, Lying Within The Following Described Boundaries:

Commence At A 4" X 4" Concrete Monument With Disk Stamped "PRM 2548", Marking The Southernmost Corner Of Lot 4 As Per The Plat Of Cedar Point As Recorded In Plat Book 9, Page 9 Of The Public Records Of Levy County, Florida; Thence North 88°43'06" East, Along The South Line Of Said Lot 4, And Along An Easterly Extension of Said South Line, A Distance Of 72.76 Feet To A Nail And Disk Stamped "PRM 2548"; Being On The Baseline Of Survey Of County Road No. 456 (Airport Road) (A Variable Width Right Of Way As Per Florida Department Of Transportation Right Of Way Map, Section 34500, F.P. No. 4152521); Thence North 11°29'13" East, Along Said Baseline Of Survey, A Distance Of 117.88 Feet To The **Point Of Beginning**; Thence South 78°30'47" East, A Distance Of 30.00 Feet To The Easterly Existing Right Of Way Line Of Said County Road No. 456 (Airport Road); Thence South 11°29'13" West, A Distance Of 32.99 Feet To The Mean High Water Line Of The Gulf Of

Mexico As Established Per Florida Department Of Environmental Protection; Thence Along Said Mean High Water Line The Following Three (3) Bearings And Distances: (1) South 15°58'04" West, 25.88 Feet; (2) South 09°24'49" West, 41.59 Feet; (3) South 07°52'05" West, 8.20 Feet To Said Easterly Existing Right Of Way Line; Thence South 11°29'13" West, Along Said Easterly Existing Right Of Way Line, A Distance Of 408.39 Feet To The Mean High Water Line Of Daughtry Bayou As Established Per Florida Department Of Environmental Protection; Thence Along Said Mean High Water Line Of Daughtry Bayou The Following Five (5) Bearings And Distances: (1) South 48°43'33" West, 3.73 Feet; (2) South 80°53'36" West, 8.13 Feet; (3) North 77°35'10" West, 37.98 Feet; (4) North 72°59'02" West, 4.47 Feet; (5) North 43°37'45" West, 9.39 Feet To The Westerly Existing Right Of Way Line Of Said County Road No. 456 (Airport Road); Thence North 11°29'13" East, Along Said Westerly Existing Right Of Way Line, A Distance Of 516.35 Feet; Thence South 78°30'47" East, A Distance Of 30.00 Feet To The **Point Of Beginning.**

Containing 0.717 acres, More Or Less.

Levy County Board of County Commissioners
Agenda Item Summary

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:
ROAD/BRIDGE- CASEY DUQUETTE X3358

2. MEETING DATE:
3/8/16

3. REQUESTED MOTION/ACTION:
Request Approval of Resolution Number 2016-006 Granting Temporary Easement to FDOT for Bridge # 340011 on CR 456 at Lewis Pass In Levy County, FL

4. IS THIS ITEM BUDGETED (IF APPLICABLE) ? : YES _ NO _ IF NO, STATE ACTION REQUIRED

BUDGET ACTION:

FINANCIAL IMPACT SUMMARY STATEMENT:

DETAILED ANALYSIS ATTACHED?: YES _ NO _ BUDGET OFFICER APPROVAL _____ DATE

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

FDOT has made application to Levy County to execute and deliver to FDOT a temporary construction easement for the Project ID# 4152531 (Bridge # 340011 on CR 456 at Lewis Pass in Cedar Key, FL) in favor of FDOT for the purpose of completion of the Project, including but not limited to constructing a diversion to remove the existing bridge and construct a replacement bridge in the same location as the existing bridge, and tying in and harmonizing the Project property and the driveways and walkways in Levy County, FL. Attached Temporary Easement has a more detailed description.

6. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES _ NO	YES _ NO	YES _ NO	YES _ NO	YES <u>X</u> NO	YES _ NO

7. COMMISSION ACTION:

_ APPROVED

_ DENIED

_ DEFERRED DATE TO BRING BACK:

_ OTHER SPECIFY:

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

Anne Bast Brown, County Attorney, Ext. 3389

2. MEETING DATE:

March 8, 2016

3. REQUESTED MOTION/ACTION:

Approval of Levy County Public Utility Crossing and Right-of-Way Use Agreement ("Agreement") with Sabal Trail Transmission, LLC ("Sabal Trail"), and authorize acceptance of permit fee when paid by Sabal Trail.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: Yes__ No X IF NO, STATE ACTION REQUIRED NONE

BUDGET ACTION:

DETAILED ANALYSIS ATTACHED?: Yes__ No__ BUDGET OFFICER APPROVAL NOT APPLICABLE DATE _____

FUNDING SOURCE: N/A ACCOUNT NUMBER: N/A

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The attached Agreement sets out the parameters for County issuance of driveway and right-of-way use permits for the installation of Sabal Trail's natural gas pipeline facilities across the County rights-of-way along the approved pipeline corridor. Sabal Trail will work with the County Road Department to obtain permits for each of the right-of-way crossings required. The total fee for the permit review and for the right of use of the County rights-of-way will be \$130,000. Attorney fees of \$25,000 for outside counsel related to extensive negotiations for the Agreement will also be paid by Sabal Trail. Sabal Trail will submit a check to the County for the total fee after approval of the Agreement by both parties, no later than the submittal of the initial application for a permit under the Agreement. County staff has reviewed the Agreement and supports Board approval of the Agreement and acceptance of the permit fee when submitted.

6. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES__ NO__	YES__ NO__	YES__ NO__	YES__ NO__	YES <u>X</u> NO__	YES__ NO__
				ABB 2-22-16	

7. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED DATE TO BRING BACK:
- OTHER SPECIFY:

**LEVY COUNTY PUBLIC UTILITY CROSSING and RIGHT-OF-WAY USE
AGREEMENT**

This Agreement is entered into between Levy County, a political subdivision of the State of Florida (hereinafter "County"), and Sabal Trail Transmission, LLC, a Delaware limited liability company, whose address is 5400 Westheimer Court, Houston, Texas 77056, (hereinafter "Sabal Trail") on this ____ day of _____, 2016.

WHEREAS, Sabal Trail intends to construct, operate and maintain an interstate natural gas pipeline project (the "Project") though portions of the County.

WHEREAS Sabal Trail and the Project are subject to regulation under the Natural Gas Act, 15 U.S.C. § 717, *et. seq.*, the Natural Gas Pipeline Safety Act, 49 U.S.C. § 60101 *et seq.*, and the Federal Energy Regulatory Commission.

WHEREAS, Sabal Trail has applied for crossing and driveway connection permits to construct the Project, and the County does desire to grant Sabal Trail the right and privilege to construct, install, maintain, and operate portions of Sabal Trail's facilities necessary for the Project within the County public rights-of-way and outside the confines of any incorporated city or town (referred to herein as "County rights-of-way" or "rights-of-way" or "public rights-of-way" with references occasionally being in singular form); and

WHEREAS, notice of the County's intent to enter into this Agreement will be duly given as required by law and the will be presented to the Board of County Commissioners; and

THEREFORE, in consideration of the mutual covenants contained herein, the County and Sabal Trail agree to the following:

Section 1. Grant of Permit. Sabal Trail is hereby authorized and empowered, on a non-exclusive basis, to use County public rights-of-way under the terms and conditions set forth herein, for the purpose of constructing installing, repairing, replacing, and maintaining its facilities for the Project. It is anticipated that 14 crossings across public right-of way and 24 driveway connections to public rights-of-way will be issued under this Agreement. The crossings and the driveway connections are listed in Exhibit "A", which is attached hereto and incorporated herein by this reference. Sabal Trail will have the ability to add driveway connections to the list contained on Exhibit "A", upon prior approval by County. Upon execution of this Agreement and the review and approval of each of the driveway connection and crossing plans, a separate permit will be issued for each driveway connection and each crossing. Each such permit shall adopt this Agreement as a condition of approval and such other conditions, to the extent not preempted by federal law, as the County may, at its discretion, include. Sabal Trail and/or its contractors are also permitted to use county roads for all construction activities, including equipment and pipe transport, without paying any additional fees or obtaining any additional permits from the County provided the use complies with all applicable highway and traffic ordinances After the

pipeline is placed in service Sabal Trail may conduct activities in the rights-of-way necessary to operate and maintain the facilities; provided that any non-emergency activity that requires excavation shall require a 7 day prior written notice to the County of the nature and extent of the activities.

Section 2. Permit Fee. Sabal Trail shall pay to County a single permit fee for the use of the County public rights of way as described herein and for necessary driveway connections. By entering into this Agreement the parties acknowledge the reasonableness of the one-time permit fee. No other permit fees shall apply.

Section 3. Regulation of County Rights-of-Way. All rights hereunder are granted under the express condition that County shall have the power at any time to impose reasonable restrictions and limitations, and to make regulations as to Sabal Trail's use of the County's rights-of-way as may be deemed best for the public interests, safety or welfare; provided County shall not impose any restrictions, limitations or regulations that conflict with federal regulation of Sabal Trail or are otherwise preempted as a matter of federal law.

Section 4. Property Rights. The parties acknowledge that the granting of a permit by virtue of this Agreement does not grant to Sabal Trail any right, or interest in and to the right-of-way of the County or any of the County's facilities in the rights-of-way.

Section 5. Alteration of Public Rights-of-Way. Nothing in this Agreement shall be construed to prevent County from altering, improving, adjusting, repairing, expanding or maintaining its facilities and public rights-of-way. In the event County needs to perform any of such acts, Sabal Trail shall, at its expense, adjust, remove, replace or relocate its facilities to accommodate or facilitate the County's use of its right-of-way and the performance of any of such acts.

Section 6. Non-Exclusive Use. The permits issued pursuant to this Agreement and the privileges granted herein shall be non-exclusive. The County expressly reserves the right to grant, at any time, similar franchises, licenses and privileges over the same highways, roads, streets, alleys, and thoroughfares, or any portion thereof, to any other persons, firms or corporations provided such grant does not unreasonably interfere with the rights granted to Sabal Trail. Sabal Trail agrees to cooperate and co-locate with other permit and license holders in connection the use of rights-of-way herein.

Section 7. Underground Facilities. All facilities to be constructed by Sabal Trail within the road right-of-way shall be underground; provided however, that Sabal Trail shall place and maintain pipeline markers and other necessary safety devices that will be installed at the edges of the County rights-of-way approximately over the center of Sabal Trail's pipeline. These markers shall be maintained pursuant to federal law.

Section 8. Restoration of Right-of-Way. Sabal Trail shall restore any damaged, disturbed, altered, or modified County right-of-way, real property and improvements to the condition in which they existed before being damaged, disturbed, modified, or altered. The restoration of County right-of-way, property and improvements shall be initiated promptly and completed

expeditiously by Sabal Trail. Any disturbed county road right-of-way shall be seeded and mulched upon completion of the work, unless otherwise directed by the County.

Section 9. Location of Facilities. Sabal Trail hereby agrees to deliver as-built plans to the County within 180 days of completion of construction of the Project. Those plans shall reflect precise and verifiable horizontal and vertical location information tied to an accepted County datum.

Section 10. Permit Application. Prior to or coincident with application for any permit, Sabal Trail shall provide County with a schedule of construction for the Project. Prior to the approval of any work in the County rights-of-way Sabal Trail shall submit to the County the following:

- (1) Engineering drawings for each driveway connection and crossing, sealed by a Florida professional engineer, depicting the existing improvements and the location of the facility to be constructed in the right-of-way. The permit application shall also include a maintenance of traffic plan consistent with the then current regulations adopted by the Florida Department of Transportation which will describe in detail Sabal Trail's plan for the maintenance of traffic at the driveway connection or crossing location.
- (2) The minimum vertical clearance above or below the pavement or improved road surface or right-of-way and any drainage ditches along the right-of-way must be depicted on the drawings.
- (3) The distance to all driveways, intersections, bridges or railroad crossings within 300 feet to the proposed construction site will be identified.
- (4) The payment of the Permit Fee.
- (5) For each temporary or permanent driveway connection or access point to the County right-of-way, Sabal Trail shall comply with the provisions of this subsection. This provision applies to both permanent and temporary driveway connections or access points. Sabal Trail shall not install or cause to be rebuilt, relocated, replaced, or otherwise improved, modified, or altered, any existing driveway, driveway connection, or drainage structure in, over or across any ditch, without first having obtained an installation permit therefor from the department. An application shall include the following information, at a minimum:
 - (a) A site plan showing:
 - i. The location of all existing and proposed access points, driveways, driveway connections, and drainage structures.
 - ii. Any existing and proposed physical features that would or could impact traffic circulation and sight distance on the road system. Examples of such physical features are walls, fences, trees, mail boxes, gates, utility poles, and other similar features.

- iii. Right-of-way, property lines, and ownership information of all property proposed to be crossed by the driveway, driveway connection, or drainage structure.
 - iv. All parcels abutting the subject parcel and ownership thereof.
 - v. A general description by type of the vehicles that will likely use the driveway during the construction activity.
- (b) The application fee for the driveway permit shall be in the amount determined by the County staff to allow for the review of the proposed connection and shall be adequate to address the impacts of the project including but not limited to public inspection of the connection, and the provision of services of any professional required to review the permit. The amount of the fee has been agreed to and is included in the fees paid hereunder.

Section 11. Design and Location of Facilities and Activities Related to the Project.

- (1) Sabal Trail shall use reasonable care at all times to avoid damage or injury to persons and property during the construction, adjustment, removal, relocation, repair, operation and maintenance of Sabal Trail's facilities.
- (2) The location and construction of Sabal Trail's facilities in public rights-of-way shall conform to the approved crossing and driveway connection designs as approved by the County.
- (3) *Conditions.* In addition to other terms of this Agreement, any crossing and driveway permit issued hereunder shall contain the following conditions:
 - (a) The authorization granted by the permit is granted only to the extent of the County's right, title and interest in the land to be entered upon by the Sabal Trail, and Sabal Trail will at all times assume all risks of and defend the County, and all of its officers, agents, employees, and volunteers from and against any and all loss, damage, cost, expense, claim, suit, or liability arising in any manner on account of the exercise or attempted exercise by Sabal Trail of the authorization granted by the permit.
 - (b) Sabal Trail acknowledges that the issuance of a permit does not relieve Sabal Trail of the need for obtaining any other applicable permits that may be required by other authorities.
 - (c) Sabal Trail acknowledges that the permit may be revoked by the County if the construction or any work or any action performed under the permit is found to be a safety hazard or otherwise detrimental to the public or not in compliance with the permit or any conditions of such permit. County may require Sabal Trail to suspend work at any road crossing or driveway

connection if in the opinion of the County, Sabal Trail is in violation of a permit condition at the permitted location.

- (d) Construction boring within road rights-of-way shall be conducted only between 7:00 a.m. to 7:00 p.m., Monday through Saturday, unless otherwise approved by the County. Any deviation from these hours requires specific approval from the County. The County shall be given two (2) working days' notice, in writing, requesting any such deviation from the normal working hours.
- (e) Unless otherwise specifically provided in the permit, Sabal Trail agrees to the following traffic-related requirements:
 - i. Sabal Trail shall keep all roads within the limits of the permit open, except for reasonable periodic construction equipment crossings, and safe for traffic at all times. If previously approved by the County, traffic may be bypassed over an approved detour route.
 - ii. Sabal Trail shall regulate traffic in accordance with the then-current standards for maintenance of traffic adopted by the Florida Department of Transportation upon approval by the County of the maintenance of traffic plan which, shall be made as part of the permit submittal.
 - iii. Sabal Trail shall not store materials or equipment on County right-of-way.
- (f) At any time when construction is underway, Sabal Trail shall be solely responsible for storm water runoff maintenance, so as to prevent adverse effects to the flow of storm water through existing drainage facilities and so as not to create any other adverse storm water impacts to public or private property. During construction or excavation in the public rights-of-way, Sabal Trail shall provide proper drainage consistent with its federal and state authorizations so that the public rights-of-way will be free from standing surface water and adequately drained so as not to cause flood or erosion damage to the facilities of the County or surrounding property. Any water used or relocated during the construction of the project may not be discharged on to or across County right-of-way without a separate water discharge permit. However, during the construction of the project Sabal Trail may discharge water from dewatering operation or hydrostatic testing into the existing County drainage ditches provided that appropriate erosion control is utilized and the point of discharge is agreeable with the County.
- (g) Any opening or obstruction in the public rights-of-way caused by Sabal Trail during the course of Sabal Trail's activities in the County rights-of-way shall be guarded and protected at all times by safety barriers erected

by Sabal Trail which shall be clearly designated by warning lights during periods of dusk and darkness. Any work performed by Sabal Trail in a public roadway open for travel shall be in accordance with the Florida Department of Transportation's Traffic Control Manual for Highway Construction and Maintenance.

Section 12. One Call. Sabal Trail shall be responsible for contacting the appropriate authorities to determine the location of underground utility lines, to register the Sabal Trail's new facilities pursuant to the applicable provisions of the Florida Statutes, and to comply with the One Call utility protection requirements contained in Florida Statutes. Sabal Trail shall accommodate and not interfere with the use of County rights-of way of other existing right-of-way users during installation, repair or maintenance of Sabal Trail's facilities.

Section 13. Insurance. Sabal Trail shall provide, pay for and maintain insurance satisfactory to the County. All insurance shall be from companies authorized to do business in the State of Florida with a rating of A or better. All liability policies shall name Levy County, a political subdivision of the State of Florida, its officers, elected officials, agents, employees, and volunteers, as an additional named insured as to the activities under the permit. The required coverages must be evidenced by properly executed certificates of insurance forms, signed by the authorized representative of the insurance company.

Section 14. Indemnification. Sabal Trail acknowledges its sole liability for its facilities installed in the public rights-of-way and for any activities it performs within the public rights-of-way. Sabal Trail shall, at its sole cost and expense, indemnify, hold harmless, and defend the County, its officers, elected officials, agents, employees and volunteers, against any and all claims, suits, causes of action, proceedings, judgments for damages or equitable relief, and costs and expenses incurred by the County arising out of the construction activities, or placement or maintenance of Sabal Trail's facilities in a right-of-way, provided, however, that Sabal Trail shall not be required to indemnify the County for the County's negligence, gross negligence, or wanton or willful acts of the County its officers, elected officials, agents, employees and volunteers. This provision includes, but is not limited to, the County's reasonable attorney fees incurred in defending against any such claim, suit or proceedings. The County will notify Sabal Trail in writing within a reasonable time of the County receiving notice of any issue it determines may require indemnification or other protection provided under this paragraph. Nothing in this section shall prohibit the County from participating in the defense of any litigation by its own counsel and at its own cost if in the County's reasonable belief there exists or may exist a conflict, or potential conflict, or appearance of a conflict. Nothing contained in this section shall be constructed or interpreted as denying either party any remedy or defense available to such party under the laws of the state; or as a waiver of sovereign immunity beyond the waiver provided in section 768.28, Fla. Stat., as the same may be amended.

Section 15. Notification. Sabal Trail shall provide prior written notice to the residents and owners of property adjoining the County rights-of-way subject to this Agreement of any activities of Sabal Trail on the Project which may temporarily interfere with access to or use of said adjoining property. In addition, Sabal Trail shall notify the County no less than twenty-four (24) hours prior to beginning any construction work, and immediately upon completion of the

construction. Upon notification of completion, the County may inspect the work to verify that it meets all conditions of the permit. Any items found not to be in compliance shall be immediately corrected by Sabal Trail. The County inspector's signature on the completion line on the permit closes the construction under the permit. The facilities of Sabal Trail may remain in the rights-of-way under this Agreement.

Section 16. Issuance of Permit not County Approval. County's review, approval or acceptance of plans or specifications or issuance of a permit for the installation, construction or location of a facility by Sabal Trail shall not be construed to be an authorization for or approval of a violation of any federal, state or local law or regulation, or any industry standard, pertaining to the location or construction of a federally authorized interstate facility in public rights-of-way.

Section 17. County Inspection. County, if it deems necessary, has the right to inspect any work by Sabal Trail in the public rights-of-way to insure proper performance of the terms of this Agreement and conformance with the approved crossing or driveway drawings and permits. The County's inspectors will adhere to all the Sabal Trail construction safety protocols concerning access to construction sites during its inspection activities.

Section 18. Notices. All notices or contact concerning this Agreement or any permit issued in accordance herewith shall be provided in writing to:

If to County: County Coordinator
310 South Court Street
Bronson, FL 32621

With a copy to: Administrative Superintendent
County Road Department
660 West Hathaway Avenue
Bronson, FL 32621

If to Sabal Trail: Kitty Maidens
Sabal Trail Right of Way Coordinator
5400 Westheimer Court
Houston, TX 77056

Section 19. Authorized Representatives. In connection with any decisions or determinations to be made in accordance with this Agreement, the County Coordinator, or his/her designee, shall have authority to make such decision or determination on behalf of the County. In connection with any decisions or determinations to be made in accordance with this Agreement, the Right-of-Way Manager, or his/her designee, shall have authority to make such decision or determination on behalf of Sabal Trail.

2/24/2016

**EXHIBIT A
ROAD CROSSINGS/DRIVEWAYS**

#	Levy County Road Crossings	STT Permit Drawing Number	Comments
1	CR 126 (NE 138th Lane)	FL-LE-001.500.CR Rev 2	Equipment crossing - see driveways listed below.
2	NE 120th Street	FL-LE-020.500.CR Rev 2	
3	CR 32 (NE 90th Street)	FL-LE-028.500.CR Rev 2	Equipment crossing - see driveways listed below.
4	CR 101 (NE 77th Avenue)	FL-LE-037.007.CR Rev 2	Equipment crossing - see driveways listed below.
5	CR 343 (Ercil Smith Road)	FL-LE-042.500.CR Rev 2	Equipment crossing - see driveways listed below.
6	CR 337	FL-LE-043.500.CR Rev 2	Equipment crossing - see driveways listed below.
7	CR 316 (NE 140th Street)	FL-LE-070.750.CR Rev 2	Equipment crossing - see driveways listed below.
8	NE 5th Street	FL-LE-080.500.CR Rev 2	Equipment crossing - see driveways listed below.
9	Unnamed Undeveloped Road	FL-LE-083.500.CR Rev 2	
10	CR 105 (E. Levy Street)	FL-LE-086.500.CR Rev 2	Equipment crossing - see driveways listed below.
11	SE 150th Avenue	FL-LE-088.500.CR Rev 2	Equipment crossing - see driveways listed below.
12	CR 326 (SE 30th Street)	FL-LE-105.500.CR Rev 2	Equipment crossing - see driveways listed below.
13	CR 464 (SE 60th Street)	FL-LE-117.500.CR Rev 2	Equipment crossing - see driveways listed below.
14	CR 543 (SE 80th Street)	FL-LE-121.500.CR Rev 2	Equipment crossing - see driveways listed below.

Sabal Trail Transmission, LLC

2/24/2016

**EXHIBIT A
ROAD CROSSINGS/DRIVEWAYS**

Levy County Driveways	STT Drawing Number	# Temporary Driveways	# Permanent Driveways	Comments
CR 126 (NE 138th Lane)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
NE 120th Street	1657-PL-DG-28151 Rev 3	0	0	
CR 32 (NE 90th Street)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 101 (NE 77th Avenue)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 343 (Ercil Smith Road)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 337	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 316 (NE 140th Street)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
NE 5th Street	1657-PL-DG-28158 Rev 3	2	1	2 Temporary Driveways at road crossing and 1 permanent driveway
Unnamed Undeveloped Road	1657-PL-DG-28151 Rev 3	0	0	
CR 105 (E. Levy Street)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
SE 150th Avenue	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 326 (SE 30th Street)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 464 (SE 60th Street)	1657-PL-DG-28158 Rev 3	2	0	2 Temporary Driveways at road crossing
CR 543 (SE 80th Street)	1657-PL-DG-28158 Rev 3	1	0	1 Temporary Driveway at road crossing

Sabal Trail Transmission, LLC

