



October 12, 2020

Joseph Kernell
County Administrator
301 University Ridge
Greenville County Square, Suite 2400
Greenville, SC 29601

Re: FY2020-2021 Grant-in-Aid fund

Dear Mr. Kernell:

The South Carolina Department of Health and Environmental Control ("DHEC"), in accordance with section 34.8 of the Part 1B Provisos of the **2020-2021 Appropriations Act**, will distribute state appropriated funds among Counties for the purpose of improving and upgrading the Emergency Medical Services system throughout the state. The funds are allocated in accordance with the following methodology or formula: 50% of the funds appropriated will be allocated equally among the 46 counties in SC and the remaining 50% will be allocated based on the proportion of the population in each county. **Greenville County's** allocation for Fiscal Year **2020-2021** is determined to be **\$31,993.47**.

By signing and returning this letter to DHEC, **Greenville County** agrees that it is entitled to a portion of funds and understands how the money was allocated. The funds will be used in accordance with Proviso 34.8 of the **2020-2021 Appropriations Act** and any applicable statutes and regulations.

Section 117.21 in the Miscellaneous Provisions section of the Act requires organizations receiving contributions from DHEC in the Appropriations Act to provide the following documentation by November 1st of the year that the funds are to be received:

1. An accounting of how the state funds will be spent;
2. Goals to be accomplished;
3. Proposed measures to evaluate success in implementing and meeting the goals;
4. A copy of your adopted budget for the current year; and
5. A copy of your organization's most recent operating financial statement.

It is further required, that by **June 30, 2021**, the following shall be provided:

1. An accounting of how the funds were spent;
2. Outcome measures used to determine the success of the stated goals

In addition to these requirements, Proviso 34.8 requires local matching funds to be provided by the recipients of the allocations. In order to meet these requirements, we will need the following:

1. Documentation that the receiving party meets the 5.5% matching amount and a description of the local Matching funds.

Disbursement of these funds will take place once this information has been received and processed by DHEC. If the funds are used in any way that is different from what was described in the submission under item #1, please submit a letter stating what was funded differently and how the funds were actually spent with a statement that the funds were spent in a manner appropriate to the requirements of the Proviso.

The above documentation must be sent by mailing paper copies to Mary Neely, Grant in Aid, Bureau of EMS at 2600 Bull Street, Columbia, SC 29201 or by **emailing electronic copies to emsgia@dhec.sc.gov.**

Please contact Mary Neely at (803) 545-4273 or **email at emsgia@dhec.sc.gov** if you have any questions or need further assistance.

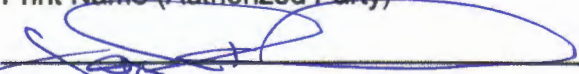


Gwen C. Thompson
Director, Healthcare Quality

I have reviewed the methodology provided by DHEC and I agree both that the method is reasonable, and this is the correct amount using this formula. I agree to provide the required documentation. I am an authorized party of **Greenville County** to legally commit this organization

JOSEPH M. KERNELL
Greenville County Administrator

Print Name (Authorized Party)



Signature (Authorized Party)

12-3-20

Date



**Greenville
County**

Ruth B. Parris, Budget Director
County of Greenville
Office of Management and Budget
www.greenvillecounty.org

December 1, 2020

Mary Neely
Grant in Aid
DHEC Bureau of EMS
2600 Bull Street
Columbia, SC 29201

Re: FY2020-FY2021 Grant in Aid Fund

Dear Mary:

Please find attached Greenville County's information for the FY2020-FY2021 Grant-in-Aid funds. This letters serves as documentation that the County meets the 5.5% matching amount for these funds. The total grant amount is \$33,855.52, of which \$31,993.47 (94.5%) is the State portion and \$1,862.05 (5.5%) is the County's portion. Local matching funds will come from the matching grants account in the County's general fund budget.

If you have any questions or need further information, please do not hesitate to call.

Thank you.

Sincerely,

Ruth B. Parris
Budget Director



**Emergency Medical Services
Community EMS Assistance Program**

1. Greenville County
2. 12/1/2020 Date of Application

3. Grant Project Period:
From: July 1, 2020
To: June 30, 2021

4. 1 Year 2 Year

| | | | |
|--------------------------|----|-----------|--|
| 5. State Funds Requested | \$ | 31,993.47 | Source of Local Funds |
| Total Local Cash | \$ | 1,862.05 | |
| Total Project Cash | \$ | 33,855.52 | <input checked="" type="checkbox"/> County <input type="checkbox"/> Community <input type="checkbox"/> Private |

6. Ambulance Service:

| | | |
|--|--|----------------------------------|
| <u>Greenville County EMS</u> Name | <u>301 University Ridge, Suite 1100</u> Mailing Address | <u>864-467-7009</u> Telephone |
| <u>jvercouteren@greenvillecounty.org</u> E-Mail Address | <u>Tom Blackwell</u> Director / Chief / Name | Signature |

7. County Authorization:

Choice of Funding Formula

The county has chosen a local formula for distribution of monies among the ambulance service and all the services have agreed in writing on this formula. The documentation of their agreement with signatures is attached.
If yes, initial here: _____

The county has chosen to fund each of the ambulance services based on the percentage of the county's total emergency runs which were run by each ambulance service.
If yes, initial here: JK

I certify that I understand and agree to comply with the general and fiscal requirements of this application and that I am duly authorized to commit the application to these requirements. I also understand that the funds available through this grant are not to be used to replace existing dollars now used for the EMS assistance through this grant program.

8. Authorizing Official

| | | |
|---|-------------------------------|--------------------------------------|
| <u>Greenville</u> County | <u>Joseph Kernell</u> Name | <u>County Administrator</u> Title |
| <u>301 University Ridge, Suite 2400</u> Street | <u>Greenville</u> City | <u>29601</u> Zip |
| <u>jkernell@greenvillecounty.org</u> Email Address | Signature | <u>12-3-20</u> Date |

Community EMS Assistance Program

1. Basic Life Support Equipment

| Quantity | Cost per Item | Item | Total |
|------------------|---------------|------|---------------|
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| BLS Total | | | \$0.00 |

2. Advanced Life Support Equipment

| Quantity | Cost per Item | Item | Total |
|------------------|---------------|-------------------------|--------------------|
| 45 | \$450.80 | Handtevy Pediatric Bags | \$20,286.00 |
| 1 | \$659.00 | Shipping | \$659.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| ALS Total | | | \$20,945.00 |

3. Extrication Equipment

| Quantity | Cost per Item | Item | Total |
|------------------------------------|---------------|------|---------------|
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| Extrication Equipment Total | | | \$0.00 |

| 4. Communications Equipment | | | |
|-----------------------------------|---------------|-------------------------|------------|
| Quantity | Cost per Item | Item | Total |
| 5 | \$594.00 | Protocol tablet for EMD | \$2,970.00 |
| 1 | \$1,186.69 | Training Computer | \$1,186.69 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| Communication Equipment Total | | | \$4,156.69 |
| 5. Training | | | |
| Quantity | Cost per Item | Item | Total |
| 4 | \$895.00 | EMD Instructor Academy | \$3,580.00 |
| 1 | \$3,500.00 | EMD Instructor Toolkit | \$3,500.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| Training Total | | | \$7,080.00 |
| 6. Other/ Describe (Ambulance) | | | |
| Quantity | Cost per Item | Item | Total |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| Other/ Describe (Ambulance) Total | | | \$0.00 |

Budget Justification

ONLY USE FOR EQUIPMENT NOT ON THE LIST OF ELIGIBLE ITEMS. Please provide your justification, attach brochure or vendor literature.

Greenville County EMS is excited to receive the Grant in Aid funds for the 2021 fiscal year. We have plans to use the funds to greatly improve our system through equipment and training as outlined.

First, Greenville County EMS is working to enhance our training in MedCom, our dispatch division. Medcom currently dispatches EMS for the entire county as well as providing dispatch service to fifteen area fire departments. We have earned accreditation as an Emergency Medical Dispatch Center of Excellence and the expanded training abilities will ensure MedCom continues to provide exceptional service to Greenville County and the surrounding area.

1. Greenville County EMS will be training four employees to be Emergency Medical Dispatch Instructors. This is one of the items that was planned for Grant in Aid funds last year but with the Covid 19 pandemic, we were unable to travel for the course. The courses are now offered virtually and we will be enrolling four of our staff to complete the course. This will enable Greenville County EMS to train and certify our new MedCom employees in EMD without having to wait for a class to be offered elsewhere. Furthermore, this will allow Greenville County EMS the ability to serve our greater community by offering EMD training to other dispatching agencies.

2. MedCom will be purchasing five protocol tablets to replace the card system that is being phased out. This purchase will allow for the replacement as well as add training tablets.

3. MedCom will be purchasing a laptop to facilitate training. This will be used in training to allow the trainees to mirror the input of calls while sitting at the console with their trainer.

Secondly, the other funds will be used to purchase Hantevy Pediatric Bags. These will upgrade and replace the existing pediatric bag that we are currently using. In 2019, Greenville County EMS implemented the Hantevy system. Pediatric patients present challenges to healthcare providers and the Handtevy system is a key component to making sure that we give our providers the best available tools and information to treat children. The purchase of the bags will provide our providers with one more tool to ensure the best possible care is given to the children we serve.

EVALUATION SHEET

LIST: 1. Goals to be Accomplished 2. Proposed Measures to Evaluate Success in Implementing and Meeting Goals

1. The goals to be accomplished in the first portion of the request are to enhance the training capabilities for MedCom as well as provide added opportunities to other area dispatch centers. The goal of the second portion will be to enhance the care provided to pediatric patients that require care from Greenville County EMS. 2. The first portion of the request will be measured by ongoing quality assurance checks as well as setting target numbers of dispatchers to be trained within and outside of our organization. The second portion will be measured by the number of staff that are trained to use the new equipment. We will also use quality assurance checks to measure the success of the pediatric bags.