



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.8.

1/14/2025

Subject:

Board approval, Award Emergency Medical Services (EMS) County Trust Grant Funds to local providers for 2024-2025.

Fiscal Impact:

None; \$49,332.77 in total grant funding was provided from the Florida Department of Health (FDOH) with no local match.

Dept/Office:

Public Safety Group: Brevard County Fire Rescue

Requested Action:

Request the BOCC to receive and award EMS County Trust Grant funds to local EMS Providers who have submitted grant applications. Funding for this request is provided to the County from the FDOH. It is also requested that the County Manager be delegated approval authority for any budget change requests or other administrative actions as required.

Summary Explanation and Background:

Annually, the Board of County Commissioners receives grant funding from the Florida Department of Health. The funds are to be used to improve emergency medical services to the citizens of Brevard County (F.S. 401.104). Local distribution of these funds is provided to county organizations who provide EMS services. Grant awards are in accordance with the EMS ordinance (Code of Ordinances, Chapter 42_108), which is attached.

Applications from local EMS providers were reviewed by an independent committee and received a numerical ranking. The committee consisted of members with EMS experience. All local organizations who submitted grants are being recommended to receive a portion of the funds.

Fire Rescue primary point of contact for action:

Contact: Patrick Voltaire, Fire Chief
Ph. (321) 633-2056

Clerk to the Board Instructions:

None



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

January 15, 2025

M E M O R A N D U M

TO: Chief Patrick Voltaire, Fire Rescue

RE: Item F.8., Board Approval to Award Emergency Medical Services (EMS) County Trust Grant Funds to Local Providers for Fiscal Year 2024-2025

The Board of County Commissioners, in regular session on January 14, 2025, received and awarded EMS County Trust Grant funds to local EMS providers who have submitted grant applications; authorized funding be provided to the County from the Florida Department of Health (FDOH); and delegated authority to the County Manager to approve any Budget Change Requests or other administrative actions as required.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell, Clerk to the Board

/kl

cc: County Manager
Public Safety
Finance
Budget

Sec. 42-108. - Local EMS grant.

- (a) *EMS trust award.* Annually, Florida counties are eligible to receive an emergency medical services (EMS) trust award from the State of Florida. The trust award funds received by the county do not have a local matching requirement. The funds are to be used to enhance local EMS services.
- (b) *Local EMS grant process.* Dispersal of the EMS trust award funds, when available from the State of Florida, will utilize a local nonmatching grant application process. County fire rescue department will administer the grant process.
 - (1) The county fire rescue department will notify local EMS providers of the open time period that grant applications will be accepted. The time period to submit grant applications will be 30 calendar days.
 - (2) A grant application form, approved by the county fire rescue chief, will be the only acceptable document form utilized for grant submittals.
 - (3) After the 30-day time period for submitting grant applications has closed, county fire rescue will have the grant applications evaluated and ranked by an experienced grant evaluator(s). The EMS advisory council will provide the county fire chief with a list of grant evaluator(s) to be used. The grant evaluator(s) will not have any affiliation with those agencies submitting grant applications, nor have a known interest with regard to the outcome of the grant process.
 - (4) The grant applications will be ranked in order of highest priority to lowest priority. The rank list of grant applications will be provided to the county fire rescue chief as a recommendation for approval.
 - (5) The county fire rescue chief will review the ranked list of grant applications and will render final approval.
 - (6) The county fire rescue chief, or designee, will facilitate the administration of the approved grant(s).
 - (7) Grant funds that are unexpended will be returned to the county fire rescue department for use in the next annual grant cycle.

(Ord. No. 2010-21, 10-26-10)

Ranking and score CR		Ranking and score JA	
1	64	1	70
2	63	2	69
3	60	3	68
4	59	4	67
5	58	5	66

Organization	Quantity	Request	Unit cost	Amount requested	Note	% of funding
BCFR - EMS #2	1	Eagles Global Alliance Symposium	\$ 14,400.00	\$ 14,400.00	\$ 14,400.00	29%
Rockledge Fire	3	Video Laryngoscopes	\$ 1,997.33	\$ 5,991.99	\$ 5,991.99	12%
IHBFD	1	EMS training and supplies	\$ 31,347.96	\$ 31,347.96	\$ 5,840.30	12%
Titusville FD	6	Ballistic Protection	\$ 850.08	\$ 5,100.48	\$ 5,100.48	10%
BCFR - EMS	1	1 yr pulse point	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	36%
				Total	\$ 49,332.77	100%

Requested funds	\$ 74,840.43
Funding available	49,332.77
Approved funds	\$ 49,332.77
Balance to carry	\$ -
Withdrawal -None	

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2024 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function</u> : <u>Brevard County Fire Rescue</u>	
2. <u>Grant Signer</u> : (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: <u>Orlando Dominguez</u>	
Position Title: <u>EMS Assistant Chief</u>	
Address: <u>1040 Florida Ave S</u>	
City: <u>Rockledge</u>	County: <u>Brevard</u>
State: <u>FL</u>	Zip Code: <u>32955</u>
Telephone: <u>321-863-3734</u>	Fax Number: <u>321-633-2057</u>
E-Mail Address: <u>Orlando.Dominguez@brevardfl.gov</u>	

3. <u>Contact Person</u> : (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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: <u>Stephanie Cotton</u>	
Position Title: <u>Special Projects Coordinator II</u>	
Address: <u>1040 Florida Ave S</u>	
City: <u>Rockledge</u>	County: <u>Brevard</u>
State: <u>FL</u>	Zip Code: <u>32955</u>
Telephone: <u>321-505-7246</u>	Fax Number: <u>321-633-2057</u>
E-mail Address: <u>Stephanie.Cotton@brevardfl.gov</u>	

4. <u>Type of Service (check one)</u> :	
Licensed EMS provider <input checked="" type="checkbox"/>	First Responder Organization <input type="checkbox"/> Emergency Department <input type="checkbox"/>
EMS Training Center <input type="checkbox"/>	EMS Academic Institution <input type="checkbox"/>
Other pre-hospital EMS service provider <input type="checkbox"/>	
Other (specify) <input type="text"/>	

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: _____

Date: _____

11/15/24

Print/Type: Name of Director _____

John McPherson, MD

FL Med. Lic. No. ME 58708

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.

6. 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 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, F.S. when received by Brevard County. This includes material which 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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 or 3)

MM / DD / YY: _____

11/15/24

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how this grant will impact/improve the current conditions or need);
- C) The proposed solution (what will be purchased with the grant funds);
- D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);
- E) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- F) Data Sources (Provide a complete list of data source(s) you cite);
- G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

7. Justification Summary

A) Problem description (Provide a narrative of the problem or need):

Brevard County Fire Rescue (BCFR) holds the sole transport Certificate of Public Convenience and Necessity (COPCN) within Brevard County Florida for 911 responses. BCFR runs approximately 90,000 EMS calls per year and transports around 55,000 of those patients. Brevard County is a unique County in the fact that it is 72 miles long and covers approximately 1557 square miles. Brevard County Fire Rescue currently operates 32 ALS transport units located throughout the County. As the sole provider of 911 emergency transports, Brevard County Fire Rescue strives to provide the best industry practices of EMS service delivery to its citizens and guests. However, with the rapidly expansion and development of the local economy in Brevard County, there are some aspects of service delivery that would be a significantly beneficial addition. Clinical education is critical to maintain these best practice standards. Expanding BCFR's training resources to provide instruction from the EMS Eagles Global Alliance, internationally recognized physicians and medical experts in Emergency Medical Services (EMS), will ensure consistency, continuity, and quality of care. The goal is to not only provide this opportunity within just our own department, but to include our municipal agency partners as well.

B) Present situation (Describe how this grant will impact/improve the current conditions or need):

Hosting the EMS Eagles Global Alliance Symposium will allow BCFR to gather experts, enthusiasts, and practitioners from the field of Emergency Medical Services to share knowledge, enhance skills, and encourage collaboration.

Currently there is very limited availability for first responders to attend to these types of events in Brevard County. This event will provide BCFR and other local agencies access to educational opportunities and insight from leading subject matter experts, culminating in Continuing Medical Education (CME) credits towards the medical license renewal of each attendee.

C) The proposed solution (what will be purchased with the grant funds):

BCFR is requesting \$14,400 Funding provided by the EMS Trust Award Grant would be used by BCFR to host the EMS Eagles Global Alliance Symposium for up to 100 attendees. This event will focus on innovative practices, mental health in first responders, and advancements in emergency care. Additionally, this will provide a platform for education through workshops and keynote speeches from industry leaders and foster networking opportunities among EMS professionals to share resources and best practices.

The agenda is comprised of 30 objectives delivered over the course of 8 hours. The faculty will tentatively include the current Chair of the Standards and Practice Committee for the National Association of EMS Physicians/NAEMSP (Dr. Chris Colwell from San Francisco); the current Chair of the Board of Directors for the American

College of Emergency Physicians (Dr. Jeffrey Goodloe from Oklahoma City); the current State EMS Medical Director for New Mexico and Albuquerque Fire Department (Dr. Kim Pruett); President of the Florida Chapter of NAEMSP; Dr. Peter Antevy, and Dr. Joelle Donofrio, one of the Medical Directors from San Diego and expert in neonatal resuscitation and Deputy Secretary of Health for the State of Florida, Dr. Ken Schepke.

Approximately \$9,900.00 of funding will be used to offset and travel costs (airfare, to and from ground costs, hotel, food) for the core faculty being brought in to speak and lead learning discussions as well as curriculum development and organization services costs.

- \$1200 each for Drs. Colwell, Goodloe, Donofrio, Pruett, Pepe (=\$6000).
They will each be given this flat fee to offset all costs (airfares averaging around 500-600, hotel 1 night about 150-200, ground Orlando to Brevard/home parking, 100 -200, 2 days meals 160) with ability to retain and leftover amount for services rendered.
- Dr Schepke must be funded by the State for official travel.
- In total, this remuneration for Dr. Pepe will be an additional \$3,900 (beyond the travel costs) using a discounted rate of \$125/hour professional time Dr. Pepe will be remunerated for providing all organizational aspects and multiple professional tasks including:
 - recruitment of top faculty
 - development of the curriculum covering about 30 topics

- establishing Objectives and Course Descriptions for physician CME for each of those 30 topics
 - organizing ground travel to Brevard County
 - establishing group accommodation arrangements
 - serving as main moderator and course director
 - interfacing with Brevard County officials to ensure all deliverables are met
 - providing the travel reimbursement dispersals to the other faculty five
- Approximately \$3000 of funding will be used to provide attendees coffee and lunch foods --- considering 100 attendees at \$30 each if unable to acquire sponsored catering service
 - Approximately \$1500 will be anticipated for location costs, equipment rental, AV-support and cleanup

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area):

Brevard County is part of the East Central Florida Atlantic Ocean Coastline known as the Space Coast. The county is approximately 72 miles long and 22 miles wide. It is the home of Federal, State and Local critical infrastructure including the Kennedy Space Center, Cape Canaveral Air Force Station, Patrick Air Force Base, and Port Canaveral, one of the busiest cruise ports in the world. The county is also home to Melbourne-Orlando International Airport, the USSSA Space Coast Stadium, The Brevard Zoo, a major railway,

several area hospitals, and countywide major utilities. The county also has miles of accessible beaches making them a popular tourist destination. The entire county encompasses 1,015 square miles which includes inland water bodies. The current population is 643,979 and experienced a growth of 7.8% over the last several years (United States Census Bureau, 2023). BCFR is a large metropolitan sized fire rescue department. The department consists of approximately 700 uniformed and civilian career service employees. BCFR provides professional fire and EMS from 35 stations located throughout the county.

E) The proposed time frames (Provide a list of the time frame(s) for completing this project):

The estimated time frame to schedule and host the EMS Eagles Global Alliance Symposium will be within the first quarter of 2025.

F) Data Sources (Provide a complete list of data source(s) you cite):

EMS Eagles Global Alliance - <https://useagles.org/>

United States Census Bureau - <https://www.census.gov/quickfacts/brevardcountyflorida>

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously):

Brevard County Fire Rescue has not previously received grant funding to host the EMS Eagles Global Alliance Symposium.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

The Eagles are a coalition of physician leaders who serve as the jurisdictional EMS medical directors from the most of the largest United States municipalities and many of their counterparts in Europe, New Zealand, Australia, and several Pacific Rim metropolitan cities. Objectives include but are not limited to:

- Explain how EMS continues to take on a public health leadership role in the State of Florida.
- Articulate the design and findings to date regarding the State's C.O.R.E. Initiative for opioid addiction.
- Report the proposed purposes and outcomes of the F.O.C.U.S. initiative for the State of Florida.
- Describe the specific relative value and successes of implementing a statewide AED program across a large supermarket chain.
- Recount the top five trauma-related papers published over the last year and how they may likely affect EMS practice.
- Recite the components of the new prehospital interventions for pediatric traumatic brain injury.

- Explain why the femoral route is the best choice for intraosseous infusions, especially in children.
- Delineate when to use tranexamic acid and what the dosing regimen should be.
- Argue the rationale, issues and the pros and cons of calcium infusions for patients with potential internal bleeding, especially those receiving transfusions
- Recall why active shooter events and other malicious assaults have changed in nature and why they deserve additional scrutiny.
- Acknowledge that critical malicious attacks often occur at the end of events and often in an unexpected manner.
- Describe how the recent evolution of active assaults has led to an increasing and extended psychological aftermath for public safety rescuers.
- Recount the experience of rescuers who have responded to several of the nation's worse malicious assaults, including on-going ramifications.
- Detail how various drug and alcohol overdoses manifest themselves at meandering, multi-day festival sites.
- Describe a list of necessary treatments to have available for various types of large festivals.
- Report the risks and benefits of the various prehospital pharmaceutical options to be used when dealing with agitated/combatative patients.

- Recount why ketamine is not only able to safely terminate benzodiazepine-resistant convulsions, but also can be protective in terms of resolving respiratory parameter aberrations due to the seizures.
- Report the latest advice on stroke identification, triage and transport destination decisions.
- Describe new technological approaches to rapidly identifying major strokes in a larger number of patients
- Articulate new approaches for dealing with stroke assessments in Spanish-speaking patients.
- Detail some of best approaches and considerations that EMS crews should take into account when encountering a pregnant patient having a precipitous delivery.
- Describe common complications of precipitous deliveries and how to manage them.
- Articulate the rationale for creating formal centers of excellence for resuscitation.
- Catalog some of the major issues facing EMS systems across the country.
- Describe some of the various considerations that EMS personnel should take into account in 2024 for fire ground operations.

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	4	⑤
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	⑤
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	⑤
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	⑤
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	⑥
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	⑤
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	③	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	⑥
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	⑤
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	3	④	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	④	5
TOTAL SCORE	64				

Applicant Name: BCFR-2

Grant Request Description: Eagles Alliance Global Symposium

Reviewer: Cory Richter

Signature: Cory S. Richter

Digitally signed by Cory S. Richter
DN: cn=Cory S. Richter, o=ou,
email=cricht296@att.net, c=US
Date: 2024.12.05 17:13:01 -0500

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

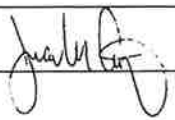
Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
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Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____



BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2024 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.
(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

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This includes:

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- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding**

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Applications shall be reviewed to determine that the applicant meets the following criteria:

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(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: City of Rockledge Fire Department; all-hazards response agency covering the City of Rockledge and surrounding areas.

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: Dr. Brenda Fettrow

Position Title: City Manager

Address: 1600 Huntington Lane

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: (321) 221-7540

Fax Number:

E-Mail Address: bfettrow@cityofrockledge.org

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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)

Name: James Wilson

Position Title: Deputy Chief of Fire and EMS

Address: 1776 Jack Oates Blvd.

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: (321) 221-7540

Fax Number:

E-mail Address: jwilson@cityofrockledge.org

4. Type of Service (check one):

Licensed EMS provider ☒ First Responder Organization _____ Emergency Department _____

EMS Training Center _____ EMS Academic Institution _____

Other pre-hospital EMS service provider _____

Other (specify) _____

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: Dr. Larissa Dudley MS Date: 11/4/24

Print/Type: Name of Director Dr. Larissa Dudley

FL Med. Lic. No. ME131434

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.

6. 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 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, F.S. when received by Brevard County. This includes material which 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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.

D. Brenda Fetterow

MM / DD / YY: 11/5/2024

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

7. **Justification Summary:** Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. **Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.** This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. **Explain how this grant will improve training projects** this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

7. a. Problem Description:

Rockledge Fire Department (RFD), located in Brevard County (America's Space Coast), is a licensed ALS Provider providing coverage for the City of Rockledge. As an all-hazards agency RFD is charged with responding to all types of emergency situations both within the city limits of Rockledge as well as outside of the city fulfilling mutual and automatic aid response agreements. The department is comprised of three fire stations strategically located throughout the city helping to ensure an average response time of just over 4 minutes. Each station has one engine assigned and all are ALS licensed with a minimum of one Paramedic on board at all times providing ALS services under the Medical Direction of Dr. Larissa Dudley.

In the most recent full calendar year the department responded to a total of 4782 calls for assistance. Of this number 59 were actual fire responses while 3145 were EMS. The remaining balance of the responses were comprised of lift assist, special events, investigations, false alarms and cancellations. (ESO, 2024) Of the EMS calls handled, 48 received advanced airway intervention in the form of endotracheal intubation or attempted intubation. The department realized a success rate of 81.25% (39) with 9 unsuccessful. (ESO, 2024) While these percentages are remarkable, it cannot be ignored that there is an additional breakdown regarding successful intubations, 29 were successful on first pass (60.4%), 9 were successful on the second attempt (18.75%) and 1 was successful on a third attempt (2.08%). This means that 10 patients successfully intubated took more than one attempt while the additional 9 were failed attempts. This represents a total of 19 patients of the 48 who either received delayed or no intubation. (39.5%)

Fortunately, there is a proposed solution to the number of patients who received either no endotracheal intubation or delayed; video laryngoscopy. Evidence clearly shows that video laryngoscopy, or VL, offers an opportunity to achieve successful intubation on the first pass more frequently. An article in the New England Journal of Medicine used a study that was concluded in 2023 demonstrated a clear increase in the success rate. In the study, 600 of 705 (85.1%) patients using VL were successfully intubated on first pass while 504 of 712 (70.8%) were successfully intubated on first attempt using standard tools and techniques. (NEJM Online, 2023) Given that the current Rockledge Fire Department first-pass intubation success rate is 60.4%, it is anticipated that both the first-time successful pass rate and the overall successful pass rate would improve. This statement is solidly founded on the studies performed in 2023, the numbers attained and a direct comparison of the two.

b. Present Situation.

RFD has an average response time of just over 4 minutes citywide (ESO, 2022) The dispatch services for the city are provided, via contract, by Brevard County Fire Rescue. This allows the simultaneous dispatch of the RFD licensed

non-transport ALS asset as well as the licensed ALS transport unit from the county. In nearly every case RFD arrives on scene first and initiates the first patient contact. In most cases RFD arrives over two minutes prior to BCFR. Immediately upon patient contact RFD personnel begin the utilization of their protocols with an emphasis on assessment and maintenance of a patent airway.

In addition to the 9-1-1 calls for assistance Rockledge Fire Department also performs Special Events stand-by services approximately 8 to 12 times per year. This includes no less than 4 events that take place in the Civic Hub, an event location designed to allow large numbers to gather for such events as car shows, food events and horticultural exposes. Also covered are local high school football games at least four times each year and, because of a close-knit community and tremendous support of the high school athletics locally, each game sees an attendance of some 500 to 1000 visitors. Each of these events represents opportunities for having to utilize vital life-saving skills including endotracheal intubation.

c. The Proposed Solution

The proposed solution centers on the purchase of video laryngoscopes in keeping with current trends in Emergency Medical Services and the wishes of our Medical Director to add this tool to our toolbox. The proposed solution is also in keeping with what almost every other licensed EMS provider in Brevard County has done to improve upon their first-pass success percentages.

d. Consequences if not funded:

Should this application fail to receive funding Rockledge Fire Department personnel will have to continue to utilize manual intubation tools and techniques. It is notable that the City of Rockledge has encumbered enormous expenses updating stations and purchasing a Quint Ladder Truck which means that the purchase of the VL devices has not been fit into the budget. The summary of the consequences is actually centered on patient outcomes. The science clearly shows that VL is a superior method of securing an airway via endotracheal intubation. If the devices are not purchased the current intubation success rates will remain unchanged.

e. Geographic Area:

The City of Rockledge is an incorporated city in Central Brevard County made up of 13.5 square miles. The latest complete census showed 29,134 citizens. (BEER, 2024) The city has several forms of industry and also includes two major north-to-south roadways (U S. Highway 1 and Interstate 95) as well as a major railroad. (Florida East Coast and Brightline) In addition to providing primary fire and ALS response coverage within the city limits of Rockledge, the department also has an automatic aid agreement with Brevard County Fire Rescue assisting in covering portions of

unincorporated Viera and a mutual-aid response compact with the neighboring City of Cocoa. In addition to single family residences, Rockledge includes several Assisted Living Facilities and Nursing Care Facilities, a large hospital (Orlando Health Rockledge) and several plans for expansion underway which will only serve to increase response numbers as both residential and industrial numbers increase in the years to come.

f. Proposed Time Frames:

The timeframe is as follows:

- | | |
|--|---|
| • Order VL from primary medical supplier | Within one week of receipt of grant award funds |
| • Receive VL | 4 to 6 weeks from time of order |
| • Provide extensive hands-on training | 2 weeks post receipt (completion) |
| • Deployment | Post training; within three weeks of receipt |
| • Evaluation | Ongoing post deployment |
| • Closure of grant | Immediately post receipt of devices |

g. Data Sources:

1) Rockledge Fire Department Response Data (ESO), 2018 – Present (ESO, 2024)

2.) Video versus Direct Laryngoscopy for Tracheal Intubation of Critically Ill Adults | New England Journal of Medicine Online (NEJM Online, 2023)

3.) Space Coast Regional EMS Protocols, Dr. David Williams, Updated 2023 (Williams, 2023)

4.) Bureau for Economic and Business Research, 2024 (BEBR, 2024)

h. Statement:

This grant application is in no way a duplicated effort of any other grant application or process.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

The City of Rockledge Fire Department has already realized incredible success rates for first-pass intubations. The addition of the VL will only serve to improve those numbers as has been demonstrated in multiple scientific tests centered on the comparison of manual versus the use of VL.



Quotation

Quotation#: QUO-38794-V8H7D9

Last Modified: 10/24/2024 11:26 AM

Customer PO #:

Account Number: 106140ESHIP002

Bill To:

CITY OF ROCKLEDGE FIRE DEPT ESHIP002

Ship Method: NO FRT

Payment Terms: NET 30

Ship To:

CITY OF ROCKLEDGE FIRE DEPT ESHIP002

1776 JACK OATES BLVD

ROCKLEDGE, FL 32955-2856

Line No.	Item	Description	UOM	QTY	List Price	Your Price	Ext. Price
1	2146-26785	OneScope Pro Video Laryngoscope	EA	3	\$3,189.99	\$1,997.33	\$5,991.99

Quote Total: \$5,991.99

Quote Expiration Date: 01/24/2025

Comments:

Charlie Phipps

Bound Tree | Account Manager

5000 Tuttle Crossing Blvd, Dublin OH 43016

Office Phone: (614) 401-4309 | Mobile Phone: 904-640-1752

Charlie.Phipps@boundtree.com

Sales Tax will be applied to customers who are not exempt.

Shipping charges will be prepaid and added to the invoice unless otherwise stated.

This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

To place an order, please visit our website at www.boundtree.com, login, and add to your shopping cart

or call (800) 533-0523

fax (800) 257-5713

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	⑤
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	⑤
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	⑤
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	④	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	⑤
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	④	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	⑤
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	⑤
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	3	④	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	④	5
TOTAL SCORE	63				

Applicant Name: Rockledge

Grant Request Description: Video Laryngoscopes

Reviewer: Cory Richter

Signature: Cory S. Richter
Digitally signed by Cory S. Richter
 DN: cn=Cory S. Richter, o, ou,
 email=cricr296@att.net, c=US
 Date: 2025.12.05 17:30:38 -05'00'

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____



BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2024 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: Indian Harbour Beach Fire Department First Responder Agency	
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 Coffey	
Position Title: City Manager	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: FL	Zip Code: 32937
Telephone: 321-773-3181	Fax Number:
E-Mail Address: jcoffey@indianharbour.org	

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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: David Lewis	
Position Title: Fire Chief	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: FL	Zip Code: 32937
Telephone: 321-426-2185	Fax Number:
E-mail Address: DLewis@indianharbour.org	

4. Type of Service (check one):
Licensed EMS provider _____ First Responder Organization <u> X </u> Emergency Department _____
EMS Training Center _____ EMS Academic Institution _____
Other pre-hospital EMS service provider _____
Other (specify) _____

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:  Date: 11/13/2024

Print/Type: Name of Director Leo Hsu, MD

FL Med. Lic. No. ME154961

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.

6. 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 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, F.S. when received by Brevard County. This includes material which 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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 or 3)

MM / DD / YY: 11/13/24

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how this grant will impact/improve the current conditions or need);
- C) The proposed solution (what will be purchased with the grant funds);
- D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);
- E) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- F) Data Sources (Provide a complete list of data source(s) you cite);
- G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

- A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.
- B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

7. Justification Summary

A. Problem Description: The incorporated city limits of Indian Harbour Beach has had fire protection provided by the Indian Harbour Beach Fire Department since its inception in 1962. The scope of service provided in the past and currently (2024) has been limited to that of fire protection only. Emergency Medical Services are an essential component of the scope of services provided by fire departments across the United States. According to the International Association of Fire Chiefs (IAFC), *"The American Fire Service is strategically and geographically well positioned to deliver time critical response and effective patient care rapidly. As such, the fire service has become the first-line medical responder for critical illnesses and injuries in almost every community in the United States."*¹ The City of Indian Harbour Beach is currently an exception to this norm as EMS first-response is not provided by the *local* fire department or authority having jurisdiction (AHJ). Oftentimes in our community, patients with critical illness or injuries must wait for a Brevard County rescue unit to arrive before anyone with formal medical training arrives. Some patients may have a local police officer arrive and render support, but they have little to no formal medical training beyond a CPR certificate.

Prior to 2024, leadership within the Indian Harbour Beach Fire Department did not support EMS as being an essential service provided to the community. A recent change in leadership within the Indian Harbour Beach Fire Department has realigned our service priorities with those that other communities around the United States have come to expect. The current leadership at the Indian Harbour Beach Fire Department understands that having trained, medical responders arrive within just a few minutes of a 911 call will mean the difference in improved patient outcomes rather than continued deterioration due to untimely access to needed medical care.

B. Present Situation: Since the Indian Harbour Beach Fire Department did not provide EMS first-response in their scope of services provided, any equipment and supplies needed for this endeavor was

absent, inconsistent, or outdated (expired). Additionally, outside of those volunteers who are currently licensed medical providers for their primary employers (nurses, paramedics, EMTs), the majority of the volunteers have no current medical training. The resources requested through this grant will provide for needed *minimum* training and equipment for the Indian Harbour Beach Fire Department personnel to render first-response medical care to the citizens and visitors of the City of Indian Harbour Beach. This positive change will provide an overall enhancement to the Brevard County's Emergency Medical System specifically in Indian Harbour Beach, which currently lacks a tiered medical response.

C. Proposed Solution: By utilizing available EMS Trust Grant funds, the Indian Harbour Beach Fire Department will:

1. Provide initial training for all of its firefighter staff to that of Emergency Medical Responder **at a minimum**. Continuing medical education will then be provided on a monthly basis to keep medical responder skill fresh and current and provide for CEUs for those credentialed medical responders (EMR, EMT, EMTP, RNs etc).
2. Purchase equipment and supplies to maintain a minimum BLS-level of care on both the engine, ladder, squad, and district apparatus.
3. Establish a contractual relationship with an experienced, Florida-licensed Medical Director to provide program oversight, training, and call-review.
4. Establish an EMS First-Response level of service at the BLS-level for critical medical, trauma, and motor vehicle accidents within our service area. This will initiate a tiered response EMS system that seamlessly integrates with Brevard County Fire and Rescue.

D: Geographic Area of Benefit: The immediate area geographic benefit will be the incorporated areas of the City of Indian Harbour Beach. Secondly, the areas outside of the City of Indian Harbour Beach will benefit as the Indian Harbour Beach Fire Department will be able to provide EMS First Response

with Mutual or Automatic Aid as requested to the neighboring departments of Satellite Beach,
Indian River, and Brevard County.

E. Proposed Timeline: The following proposed timelines are approximate.

1. Emergency Medical Responder Training
 - a. Initial training for 15-20 participants (December 2024 - March 2025)
 - b. On-going continuing medical education (Monthly beginning in April 2025)
2. EMS Supply and Equipment Procurement (December 2024-March 2025)
3. Implement Critical EMS First Response in Indian Harbour Beach Fire Department
March-April 2025

F. Data Sources:

1. International Association of Fire Chiefs. (2009, May 7). IAFC Position Paper on Fire-Based Emergency Medical Services. <https://www.iafc.org/topics-and-tools/resources/resource/iafc-position-fire-based-emergency-medical-services>. Accessed 2024, November 4.
2. Duke G, Green J, Briedis J. Survival of Critically-Ill Medical Patients is Time-Critical. Critical Care and Resuscitation. 2004 Dec;6(4):261-7. PMID: 16556104.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

This grant will enable the Indian Harbour Beach Fire Department to add EMS first-response to their scope of services provided. By providing EMS first-response, trained *local* firefighter responders would respond to critical medical and trauma incidents within the City of Indian Harbour Beach along with transport rescues from Brevard County. Responses by the *local* fire department would potentially decrease time to aid rendered as these units are geographically closer within the corporate city limits. For patients experiencing a life-threatening medical or trauma emergency, time to rendered care is a critical factor in their survival.²

Utilizing trained medical responders from Indian Harbour Beach Fire Department will also free up any prior responding mutual aid units and subsequently decrease their overall utilization and response times within their first-due jurisdiction. The above factors will have an overall positive impact on our EMS system county-wide.

This grant will directly provide for training materials, equipment, medical direction, and supplies for the Indian Harbour Beach Fire Department to implement an EMS first-response program. Based on data from BCFR/BCSO computer-aided dispatch, we expect approximately 630-650 patient encounters in our community annually.

Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

Name of Grantee: Indian Harbour Beach Fire Department

Time Period Covered: Award Date: _____ Ending Date: _____

Total Amount Requested \$ \$31,347.96

Major Line Items:	TOTAL
Amount Requested:	\$
(Approved Budget Expenditure by Major Line Items)	
EMS Supplies (Airway, Dressings, etc)	\$ 1,939.62
EMS Equipment (AED, BP Cuff, Stethoscope, etc)	\$ 2,517.00
(Equipment & Supplies per Vehicle \$ 4,456.62)	\$ 4,456.62
Total Equipment and Supplies (4 Vehicles)	\$17,826.48
Medical Direction (12 months)	\$10,000.00
Training (Equipment & Books)	\$ 3,521.48
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$ 31,347.96

Actual Expenditures (by Major Line Items)	\$
TOTAL EXPENDITURES (TO BE REIMBURSED)	\$

I certify the above reports are true and correct. Expenditures were made only for items allowed by the grant.

David A. Lewis
Signature of Contact Person

11/13/2024
Date

GRANT BUDGET LINE ITEM REQUEST

EMS SUPPLIES	\$1939.62 x 4 vehicles	\$7,758.48
Airway, Bandages, Infection Control, Immobilization, etc.		
EMS EQUIPMENT	\$2517.00 x 4 vehicles	\$10,068.00
AEDs, Pads, BP, Stethoscopes, Penlights, Pulse Ox, etc.		
MEDICAL DIRECTION AGREEMENT	(12 Months)	\$10,000.00
TRAINING EQUIPMENT & SUPPLIES		\$3521.48
AED Trainer, Books, CPR Mannequins, etc.		
TOTAL REQUESTED		\$31,347.96

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
	1	2	3	4	5
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	⑤
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	⑤
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	⑤
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	⑤
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	③	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	④	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	⑤
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	④	5
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	③	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	④	5
TOTAL SCORE	60				

Applicant Name: IHBFD

Grant Request Description: EMS Training & Supplies

Reviewer: Cory Richter

Signature: Cory S. Richter

Digitally signed by Cory S. Richter
DN: cn=Cory S. Richter, o=ou,
email=crich296@att.net, c=US
Date: 2024.12.05 17:22:37 -0500

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-F) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____

**BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2024 GRANT APPLICATION**



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.
(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand prehospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.

(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Titusville Fire Department	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Scott Larese	
Position Title: City Manager	
Address: 555 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-Mail Address: lucas.senger@titusville.com	

3. <u>Contact Person:</u> (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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Lucas Senger	
Position Title: Deputy Chief Support Services	
Address: 550 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-mail Address: lucas.senger@titusville.com	

4. Type of Service (check one):

Licensed EMS provider ☒ First Responder Organization ☒ Emergency Department ☐

EMS Training Center ☐ EMS Academic Institution ☐

Other pre-hospital EMS service provider ☐

Other (specify) _____

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: David T. Williams, D.O. Date: 11-05-2024

Print/Type: Name of Director David T. Williams D.O.

FL Med. Lic. No. 056588

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.

6. 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 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, F.S. when received by Brevard County. This includes material which 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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.



MM / DD / YY: 21/04/27

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how this grant will impact/improve the current conditions or need);
- C) The proposed solution (what will be purchased with the grant funds);
- D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);
- E) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- F) Data Sources (Provide a complete list of data source(s) you cite);
- G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

Brevard County Fire Rescue Emergency Medical Services

2024 Grant Application

Justification Summary

A. The City of Titusville Fire Department is seeking Federal Eastern International, Point-Blank plate carriers with front, back and side armor (Ballistic Vests) x 6. The six (6) plate carriers will be placed on the Battalion Chief vehicle for crew utilization if/when the need arises. The basis for the request is to increase/improve upon the personal protective equipment (PPE) current in place for Titusville firefighters to include added protection in the case of an active shooter type of incident. With the ever-present dangers associated with emergency scenes, firefighters are often left vulnerable for possible firefighter casualties. It remains a case of, when not if an active shooter incident will occur and we (fire department administration) have a responsibility to those individuals running these incident types, to ensure we have provided them with best/most appropriate PPE in order to safety and efficiently carry out their job duties. The intension of the added protection is not to put employees into harm's way (more so than they currently do) but rather to give them the ability to enhance their personal protection in the event that the incident turns unsafe in a moment notice.

B. The Brevard County Fire Rescue Emergency Medical Services 2024 Grant approval will allow the Titusville Fire Department personnel to enhance their own individual safety by utilizing ballistic vests if/when the need arises. Over the past several decades, active

shooter occurrences are becoming more and more prevalent. According to Apexofficer.com the current statistics show that as time goes on, active shooter incidents are becoming progressively more common, “Studies indicate that the rate at which public mass active shooter incidents occur has tripled since 2011; Between 1982 and 2011, a mass shooter incident occurred roughly every 200 days; Between 2011 and 2014 that rate has accelerated greatly with at least one mass shooting occurring every 64 days in the United States” (2023, Oliver). Concerns among local first responders regarding the level of protection their specific agency provides appears to be growing as the data comes in. Within the Titusville Fire Department, multiple employees have expressed concerns and have indicated a request improve upon the level of protection currently provided. It remains highly important that first-responder agencies all around the country continue to be proactive vs. reactive in regards to PPE. The Titusville Fire Department firmly believes that Point Blank plate carriers (Ballistic vests) are needed to improve the safety of our employees.

- C. Grant funds will be used to purchase Point Blank plate carriers x 6. Per the Federal Eastern International quote dated 10/28/2024, a cost of \$ 5,100.48 is needed.
- D. The geographical area to benefit the city of Titusville, FL and North Brevard including areas between Kings Hwy and North Brevard County line. Approximately 300sq miles. Approximately 47,000-60,000 people.
- E. Proposed time frame:
 - First Month- Grant Awarded

- Second Month- Purchase
- Third Month- Acquire, in-service training

** From proposal to in-service use the City of Titusville Fire Department expects the process to take 3 + months' time depending on availability **

F. Data Sources: Federal Eastern International
<http://www.pointblankenterprises.com/point-blank-body-armor/frk-720-plate-carrier.html>

G. The City of Titusville Fire Department has not applied for nor been awarded grant funds for Federal Eastern International, Point Blank FRK 720 plate carrier(s).

Brevard County Fire Rescue Emergency Medical Services

2024 Grant Application

Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

The City of Titusville Fire Department (TFD) recognizes that our residents expect a certain level of care, professionalism and quality in a timely manner when they utilize the 9-1-1 system. Fire Department administration believes that with the purchase of the Federal Eastern International, Point Blank FRK 720 plate carrier(s), not only will our personnel have an additional layer of protection added to their current PPE but the quality of their potential life saving measures will be enhanced by simply knowing they are protected. This exists as a notion that has been adopted at the local, state and federal levels. According to the Florida Department of Health (Brevard County) Strategic Plan 2021-2025:

"Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors" ...DOH core functions and services, "Public Health Preparedness-- We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss".

The improved safety of our EMTs and Paramedics is paramount to the overall success and outcome of the patient's condition especially in volatile situations. This extra layer of protection gives medical providers peace of mind when treating/caring for sick and injured individuals during times of unrest. It remains our belief that we have an obligation to the men/women of the Titusville Fire Department, their families and the community as a whole, to provide our personnel with the highest level of personal protection possible so that they may continue to provide the level of patient care expected from the community.

8. **Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.** This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.
9. **Explain how this grant will improve training projects** this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.
- A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.
- B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

**Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT**

Name of Grantee: _____

Time Period Covered: Award Date: _____ Ending Date: _____

Total Amount Requested \$ _____

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	\$
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

Brevard County Fire Rescue

Quote Date: 10/28/2024
Quote Title: FRK 720
Contact: Lucas Senger
Customer Name: Titusville Fire Department
Address:

QUOTE



Phone Number:
Fax Number:
Email Address: lucas.senger@titusville.com

1523 Chaffee Road S, Unit 12, Jacksonville, FL 32221
 Business Office: 727-827-2997; Fax: 727-954-8804
www.fedeastintl.com

Item Number / Item Description		Quantity	Unit Price	Line Total
Point Blank FRK 720 plate carrier, Includes BII-5 front, back, and side armor, Midnight Navy with white MEDIC		6	850.08	5,100.48
Comments:	Contract # NASPO #46151500-NASPO-21-ACS		Subtotal	5,100.48
Delivery Time:	Estimated	FL	Sales Tax	0.00%
Payment Terms:	Net 30		Total Tax	-
Validity Date:	90 days		Shipping/Handling	-
Quoted By:	Stan Reyzin 727-542-0190		Grand Total	\$5,100.48

Please send purchase order or order approval to the sales manager that provided this quote

Thank you for allowing Federal Eastern International to provide you with a quote.



FRK 720 Plate Carrier

The FRK 720 is a lightweight, durable and easy to use vest designed for law enforcement and provides the extra protection of a plate carrier. Available in a variety of colors and sizes. The FRK 720 is a lightweight, durable and easy to use vest designed for law enforcement and provides the extra protection of a plate carrier. Available in a variety of colors and sizes.



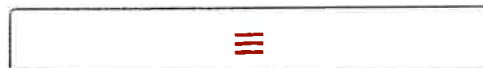
SALES SHEET (PDF)

Features Ballistics Options Images Video

- 500 denier CORDURA® construction
- Dual (two) loading plate pockets on front and back to fit two sizes of plate (Size dependent). All sizes fit 12" x 12"
- 2 adjustable, adjustable shoulder straps with removable foam padded shoulder
- External cummerbund (ava table in 3 sizes) feature envelope style opening at the top for ballistic inserts with an elastic hook/loop strap system on the inside for side hand unimpr plates
- 360 degree MOLLE throughout the carrier
- Rescue strap (Back)
- Custom ID placards for easy and immediate identification
- Coolie hanging elastic rears
- COLOR: Black, Ranger Green, OD Green, Coyote Red, Wolf Grey and Navy (Other Colors Available Upon Request)



Call 800-877-7777



***ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	④	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	④	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	④	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period	1	2	3	4	⑤
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	⑤
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	④	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	④	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	④	5
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	3	④	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	④	5
TOTAL SCORE	59				

Applicant Name: Titusville

Grant Request Description: Ballistic Protection

Reviewer: Cory Richter

Signature: Cory S. Richter
Digitally signed by Cory S. Richter
 DN: cn=Cory S. Richter, o, ou,
 email=crich296@att.net, c=US
 Date: 2024.12.05 17:47:36 -0500

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

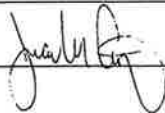
Criteria	Score				
	1	2	3	4	5
Problem Description: The agency clearly identifies the problem or need facing the community	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
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Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
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Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
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Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____



**BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2024 GRANT APPLICATION**



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: <u>Brevard County Fire Rescue</u>	
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: <u>Orlando Dominguez</u>	
Position Title: <u>EMS Assistant Chief</u>	
Address: <u>1040 Florida Ave S</u>	
City: <u>Rockledge</u>	County: <u>Brevard</u>
State: <u>FL</u>	Zip Code: <u>32955</u>
Telephone: <u>321-863-3734</u>	Fax Number: <u>321-633-2057</u>
E-Mail Address: <u>Orlando.Dominguez@brevardfl.gov</u>	

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. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: <u>Stephanie Cotton</u>	
Position Title: <u>Special Projects Coordinator II</u>	
Address: <u>1040 Florida Ave S</u>	
City: <u>Rockledge</u>	County: <u>Brevard</u>
State: <u>FL</u>	Zip Code: <u>32955</u>
Telephone: <u>321-505-7246</u>	Fax Number: <u>321-633-2057</u>
E-mail Address: <u>Stephanie.Cotton@brevardfl.gov</u>	

4. Type of Service (check one):		
Licensed EMS provider <input checked="" type="checkbox"/>	First Responder Organization <input type="checkbox"/>	Emergency Department <input type="checkbox"/>
EMS Training Center <input type="checkbox"/>	EMS Academic Institution <input type="checkbox"/>	
Other pre-hospital EMS service provider <input type="checkbox"/>		
Other (specify) <input type="checkbox"/>		

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: _____

Date: _____

Print/Type Name of Director: _____

FL Med. Lic. No. ME 58708

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.

6. Certification: My signature below certifies the following:

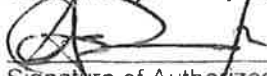
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best 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, F.S. when received by Brevard County. This includes material which 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 of the application by Brevard County.

I accept in the best interests of the State, Brevard County 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.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

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 or 3)

MM / DD / YY: 11/15/24

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how this grant will impact/improve the current conditions or need);
- C) The proposed solution (what will be purchased with the grant funds);
- D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);
- E) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- F) Data Sources (Provide a complete list of data source(s) you cite);
- G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

- A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.
- B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

Cotton, Stephanie

From: Dominguez, Orlando J
Sent: Friday, November 15, 2024 2:52 PM
To: Dominguez, Orlando J; Cotton, Stephanie
Subject: FW: Brevard County Fire Rescue EMS Trust Award Question

Best wishes,
-Orlando

Orlando J. Dominguez, Jr., RPM
Assistant Chief of EMS Operations
Brevard County Fire Rescue
O: [321-633-2056](tel:321-633-2056)
F: [321-633-2057](tel:321-633-2057)
www.brevardfl.gov/firerescue
www.twitter.com/BCFREMS

Nearly all men can stand adversity, but if you want to test a man's character,
give him power.

- Abraham Lincoln

From: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Sent: Friday, January 26, 2024 9:41 AM
To: zzzz Feedback, DEPCS_EMS <EMS@flhealth.gov>; Mathew, Teresa <Teresa.Mathew@flhealth.gov>
Cc: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Subject: RE: Brevard County Fire Rescue EMS Trust Award Question

Hi Teresa:

I hope all is well and thank you so much. I appreciate you and I hope you have a great weekend.

-Orlando

Best wishes,
-Orlando

Orlando J. Dominguez, Jr., RPM
Assistant Chief of EMS Operations
Brevard County Fire Rescue
O: [321-633-2056](tel:321-633-2056)
F: [321-633-2057](tel:321-633-2057)
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www.brevardfl.gov/firerescue

www.twitter.com/BCFREMS

Nearly all men can stand adversity, but if you want to test a man's character, give him power.

- Abraham Lincoln

From: zzzz Feedback, DEPCS_EMS <EMS@flhealth.gov>

Sent: Thursday, January 25, 2024 10:50 AM

To: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>; Mathew, Teresa <Teresa.Mathew@flhealth.gov>

Cc: zzzz Feedback, DEPCS_EMS <EMS@flhealth.gov>

Subject: RE: Brevard County Fire Rescue EMS Trust Award Question

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good morning, Orlando,

And thank you for reaching out. My apologies for my delay in getting back to you. This should not be a problem. The statute covering the county grants is very broad in scope, leaving a lot of flexibility for counties to spend these funds in the way they deem most useful to their local EMS providers. Continuing to use these funds for PulsePoint should not be a problem.

If you have any other questions or concerns, please do not hesitate to ask.

Best regards,

Teresa Mathew



Teresa Mathew, MA, MSW, MPA

Strategic Planning and Grants Manager
Bureau of Emergency Medical Oversight
Division of Emergency Preparedness and Community Support
Florida Department of Health
4052 Bald Cypress Way, Bin #A22
Tallahassee, FL 32399
(850) 558-9542
E-mail: Teresa.Mathew@FLHealth.gov

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media on request. Your e-mail communications may therefore be subject to public disclosure.

Award dollars to support the following alerting system as part of our cardiac arrest resuscitation program county-wide. This would be an on-going initiative that would not only benefit Brevard County Fire Rescue and residents in the unincorporated areas of the county, but all the local municipal first responder agencies and residents as well. Please let me know if this possible and I can't thank you enough for your consideration. I hope you have a great week and thanks again.

-Orlando

Best wishes,
-Orlando

Orlando J. Dominguez, Jr., RPM
Assistant Chief of EMS Operations
Brevard County Fire Rescue
O: 321-633-2056
F: 321-633-2057
www.brevardfl.gov/firerescue
www.twitter.com/BCFREMS

Nearly all men can stand adversity, but if you want to test a man's character, give him power.

- Abraham Lincoln

7. Justification Summary

A: (Problem Description) In the event of an emergency where every minute matters and the prompt availability of resources means the difference between life and death, we want to ensure that the citizens of Brevard County are protected as well as equipped to aid others in need. Brevard County covers over 1000 square miles and is home to a population of approximately 643,979. The area also serves as a popular travel destination to more than 3 million people annually.

B: (Present Situation) In Brevard County, we are presented with a problem. An expedient response of resources trained in early Cardiopulmonary Resuscitation (CPR) and access to Automated External Defibrillators (AEDs) for our residents and visitors can be challenging. A need has been identified to have a system in place that will provide lifesaving intervention prior to emergency personnel arriving on scene. It has been proven that early interventions such as CPR and use of an AED have had a positive outcome on patients suffering from sudden cardiac arrest.

C: (The Proposed Solution) Traditionally, the ability to defibrillate rested solely in the hands of emergency medical personnel, first responders or with the hopes of having a bystander trained in CPR/AED present. Survival depends on the Emergency Medical Services system being contacted and arriving quickly. Unfortunately, a quick EMS response isn't always possible. The most efficient EMS system will have delays from traffic, secured buildings, gated communities, large buildings complexes and high-rises.

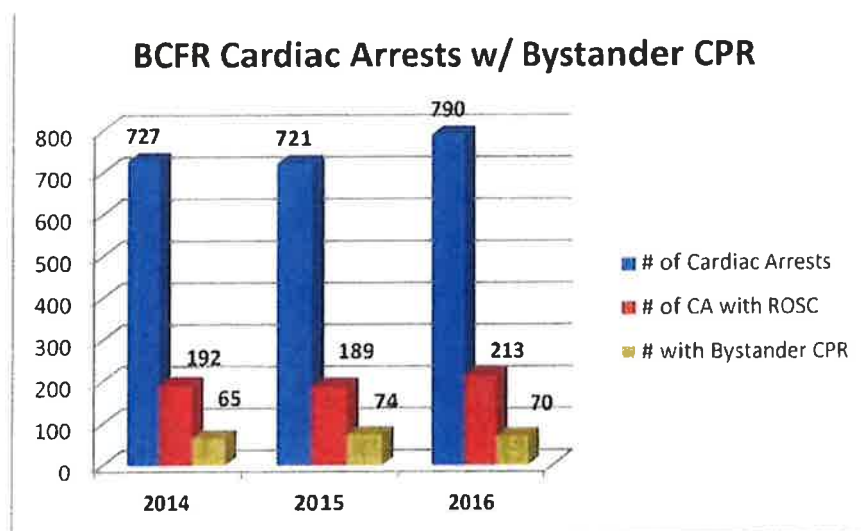
With the community AED program PulsePoint and a combined effort of working with local municipalities and the residents of Brevard County, we will be able to increase the survival rates of cardiac arrest victims. This result will be achieved by increasing citizen awareness of cardiac events and informing residents of public access defibrillator (AED) locations through real-time mapping of nearby devices. In addition, the program also encompasses a registration of trained CPR/AED bystanders who, by the activation of a smartphone app, would respond if nearby to the public location of the cardiac arrest. The goal is to initiate bystander CPR as soon as possible, before EMS arrives on the scene, giving the patient the best chance of survival. This system has already saved countless lives and is installed in hundreds of jurisdictions worldwide (PulsePoint 2017).

D: (Geographic Area) 24.9% of the county's permanent residents are over the age of 65 and, according to the Centers for Disease Control and Prevention, are statistically at a greater risk for heart disease, heart attack, or sudden cardiac arrest. Each year over 300,000 Americans suffer an out-of-hospital cardiac arrest. Most cardiac arrests are due to abnormal heart rhythms called arrhythmias. Ventricular Fibrillation (VF) is the most common arrhythmia that causes cardiac arrest. VF is a condition in which the heart's electrical impulses suddenly become chaotic, often without warning. This condition causes the heart's pumping action to abruptly stop. Defibrillation is the only known therapy for VF.

The victim's chances of survival falls 7-10% every minute without bystander CPR until defibrillation. The goal of the PulsePoint AED program is to deliver defibrillation to a sudden cardiac arrest victim within 3 to 5 minutes. Nationally, only about a third of cardiac arrest

victims receive bystander CPR, and AEDs are used only 3% of the time when needed and available (Centers for Disease Control and Prevention 2011).

With sudden cardiac arrests being the leading cause of death in the United States, more and more communities throughout the country are training individuals in CPR and the proper use of an AED. In the United States, nearly 2.3 million people every year take the Red Cross First Aid/CPR/AED training (The American National Red Cross 2017). In 2016, Brevard County had a total of 790 cardiac arrest cases prior to EMS arriving, 213 of which had a Return of Spontaneous Circulation (ROSC). Out of those 213 patients who regained spontaneous circulation, 65 had received CPR from a bystander prior to EMS arrival.



According to the American Heart Association, CPR that is performed within the first few minutes of a cardiac arrest can double or triple a person's chance of survival (AHA 2017). Most individuals trained in CPR and AED want to assist in saving another person's life; they just need the right tools to do so. Our goal is to enhance the frequency of early onset resuscitation efforts

in order to increase the chance of survival through public awareness and access to a system that allows them to respond to sudden cardiac arrests nearby. As you can see with the statistics of Brevard County, there is room for us as a department as well as a community to benefit dramatically by having a program in place that would provide the initiation of CPR within seconds of a cardiac arrest through the application PulsePoint.

E: (Proposed Time Frame) With an aggressive execution, Brevard county would like to continue have the PulsePoint program without disruption in service for the next 5 years.

F (Data Source)

American Heart Association

http://cpr.heart.org/AHA/ECC/CPRAED/AboutCPRFirstAid/CPRFactsAndStats/UCM_475748_CPR-Facts-and-Stats.jsp

The American National Red Cross

<http://www.redcross.org/news/article/CPRAED-Training-Saves-Lives>

Out-of-Hospital Cardiac Arrest Surveillance --- Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1, 2005--December 31, 2010

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6008a1.htm>

PulsePoint App

<http://www.pulsepoint.org>

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously):

Brevard County Fire Rescue has received approval from the Florida Department of Health to allow the continuation of this program through the use of EMS Trust Award Grant Funds. (Please see attached email and supporting documentation)

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

According to AHA, early CPR and application of the AED are two of the five essential links to the chain of survival. By utilizing PulsePoint as part of the emergency response system, it would allow for those citizens trained in CPR/AED and who are part of the BCFR PulsePoint registry to receive the notification of a cardiac arrest at the same time as first responders. The notification is received through the smartphone app from the 911 dispatch center and, once notified, the bystander will acknowledge their availability to assist with the cardiac arrest victim. The smartphone app not only provides information as to the location of the victim, but also allows the bystander to notify the dispatch center they are responding and then the app will display a map of the nearest AED locations.

The particular program for consideration is PulsePoint. Because the implementation has already taken place, the request is for the future EMS Trust Award dollars in the amount of \$18,000 annually for subscription fees for the next 5 years. This is the same model used when the county served as the project coordinator to equip all EMS departments and hospitals with the capability of transmitting and receiving STEMI ECG's approximately 15 years ago.

In the EMS Trust Award Grant application, we have included a sole source letter from the company stating that PulsePoint is the only provider of this type of community AED mobile application. There is also a letter from Brevard County Fire Rescue's Medical Director Dr. John McPherson discussing his strong endorsement of the product and how he believes it will be highly beneficial not only for our department, but the municipality agencies in our community as well. Our IT department's Systems Administer Matthew Wolfe has confirmed that the PulsePoint software is compatible with our E911 CAD software program for emergency response which we have shown through his email exchange with PulsePoint Vice President Kraig Erickson.

Overall, Brevard County Fire Rescue would like to thank you for your consideration of implementing the PulsePoint system into our community which will truly benefit Brevard County citizens, guests, employees and municipalities alike.

WESTERN FIRE CHIEFS ASSOCIATION

LEAD. EDUCATE. SUPPORT. PROTECT.

Resolution – PulsePoint Exclusive CPR/AED Platform -04-2022

WHEREAS, Out-of-hospital cardiac arrest (OHCA) is a time-sensitive, life-threatening emergency that occurs millions of times every year.¹ Data from countries around the world with emergency medical services (EMS) in place suggest a global average of 82.1 EMS-attended OHCA's per 100,000 people per annum. Ten percent (range, 6%- 22%) of people who experience OHCA can expect to survive with a favorable neurological outcome.² The probability of survival after OHCA can be markedly increased if immediate cardiopulmonary resuscitation (CPR) is provided and an automated external defibrillator (AED) is used.^{3,4}

WHEREAS, The chances of survival from cardiac arrest fall rapidly for every minute that CPR and defibrillation is delayed.⁵⁻⁷ Median response time intervals for professional EMS responders after a call for help are often >6 minutes, even in developed urban settings with optimized EMS.⁸

WHEREAS, PulsePoint is a public 501(c)(3) non-profit foundation that builds applications for use by public safety agencies to increase community awareness during critical events such as cardiac arrest. The foundation was formed in 2011 to expand the work initiated by the San Ramon Valley Fire Protection District (CA).

WHEREAS, The PulsePoint Respond mobile app notifies trained individuals of the nearby need for CPR. PulsePoint Respond is currently deployed in more than 4,200 communities, including broadly throughout the western states. PulsePoint processes ~800 reported cardiac arrest events each day. PulsePoint also provides specialized mobile apps for professional responders.

WHEREAS, PulsePoint provides a hosted AED registry that identifies Automated External Defibrillator locations for use by the public and 9-1-1 telecommunicators during emergency calltaking. PulsePoint has several statewide deployments of its AED registry and recommends hundreds of nearby AEDs each day. As a core part of its mission to improve cardiac arrest survival PulsePoint provides all aspects of the AED registry including its Telecommunicator AED (T-AED) initiative at no cost.

WHEREAS, PulsePoint Respond and PulsePoint AED are both FirstNet Certified™ applications.

WHEREAS, American Heart Association CPR & ECC Guidelines state "Emergency dispatch systems should alert willing bystanders to nearby events that may require CPR or AED use through mobile phone technology (Class I, LOE B-NR). Notification of lay rescuers via a mobile phone app results in improved bystander response times, higher bystander CPR rates, shorter time to defibrillation, and higher rates of survival to hospital discharge."

WHEREAS, CARES analysis of PulsePoint agencies who were also CARES participants in 2018, 2019, and 2020 showed that PulsePoint communities had better non-traumatic etiology survival rates and better bystander intervention rates. In all three years PulsePoint agencies had higher bystander CPR rates, greater public AED use, and higher overall survival for sudden cardiac arrests that were witnessed and shockable (Utstein).⁹

WHEREAS, PulsePoint's widely deployed real-time emergency dispatch system interface provide a unique, normalized data set with enormous potential for the fire service. PulsePoint has shown a great willingness to share data for public safety use when requested or directly authorized by the associated agency. Current uses of PulsePoint data and APIs include FIRIS, NFORS, and the WCFA Fire Map. In each use case data privacy and permission for use is ensured. The WCFA Data Use Committee provides industry oversight of the use of PulsePoint data.

WHEREAS, Multiple CPR/AED-needed notification systems will confuse the public and reduce effectiveness.

NOW THEREFORE WCFA Board of Directors recognizes and supports PulsePoint as
BE IT RESOLVED: the exclusive CPR/AED-needed notification platform for the United States and Canada and recommends its use and requests the adoption of a similar resolution by the IAFC, other Divisions of the IAFC, and other allied associations.

Adopted by the Board of Directors this 23rd Day of August, 2022



Scott Miller, President



Jeffrey Johnson, Executive Director

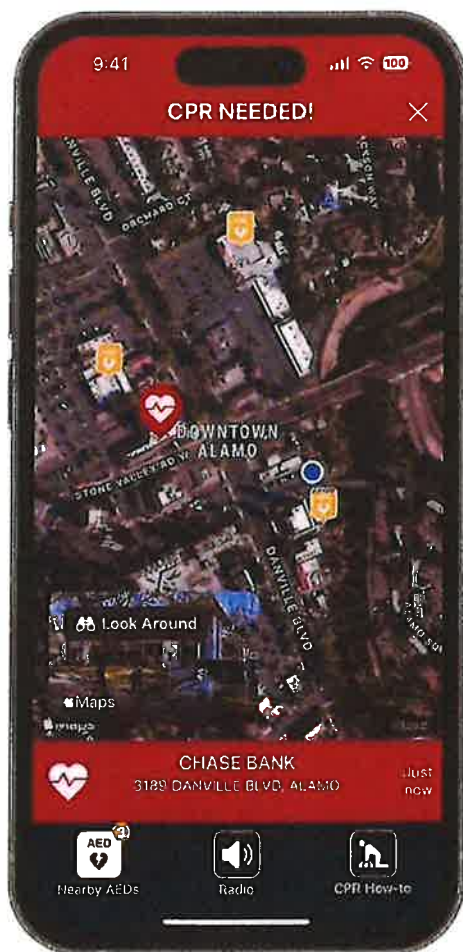
References

- 1. Berdowski J, Berg RA, Tijssen JG, Koster RW. Global incidences of out-of-hospital cardiac arrest and survival rates: systematic review of 67 prospective studies. **Resuscitation**. 2010; 81:1479–1487. doi: 10.1016/j.resuscitation.2010.08.006 [Crossref](#) [Medline](#) [Google Scholar](#)
- 2. Dyson K, Brown SP, May S, Smith K, Koster RW, Beesems SG, Kuisma M, Salo A, Finn J, Sterz F, et al. International variation in survival after out-of-hospital cardiac arrest: a validation study of the Utstein template. **Resuscitation**. 2019; 138:168–181. doi: 10.1016/j.resuscitation.2019.03.018 [Crossref](#) [Medline](#) [Google Scholar](#)
- 3. Pollack RA, Brown SP, Rea T, Aufderheide T, Barbic D, Buick JE, Christenson J, Idris AH, Jasti J, Kampp M, et al.; ROC Investigators. Impact of bystander automated external defibrillator use on survival and functional outcomes in shockable observed public cardiac arrests. **Circulation**. 2018; 137:2104–2113. doi: 10.1161/CIRCULATIONAHA.117.030700 [Link](#) [Google Scholar](#)
- 4. Weisfeldt ML, Sitlani CM, Ornato JP, Rea T, Aufderheide TP, Davis D, Dreyer J, Hess EP, Jui J, Maloney J, et al.; ROC Investigators. Survival after application of automatic external defibrillators before arrival of the emergency medical system: evaluation in the Resuscitation Outcomes Consortium population of 21 million. **J Am Coll Cardiol**. 2010; 55:1713–1720. doi: 10.1016/j.jacc.2009.11.077 [Crossref](#) [Medline](#) [Google Scholar](#)
- 5. Blom MT, Beesems SG, Homma PC, Zijlstra JA, Hulleman M, van Hoeijen DA, Bardai A, Tijssen JG, Tan HL, Koster RW. Improved survival after out-of-hospital cardiac arrest and use of automated external defibrillators. **Circulation**. 2014; 130:1868–1875. doi: 10.1161/CIRCULATIONAHA.114.010905 [Link](#) [Google Scholar](#)
- 6. Drennan IR, Lin S, Thorpe KE, Morrison LJ. The effect of time to defibrillation and targeted temperature management on functional survival after out-of-hospital cardiac arrest. **Resuscitation**. 2014; 85:1623–1628. doi: 10.1016/j.resuscitation.2014.07.010 [Crossref](#) [Medline](#) [Google Scholar](#)
- 7. Hawkes C, Booth S, Ji C, Brace-McDonnell SJ, Whittington A, Mapstone J, Cooke MW, Deakin CD, Gale CP, Fothergill R, et al.; OHCAO Collaborators. Epidemiology and outcomes from out-of-hospital cardiac arrests in England. **Resuscitation**. 2017; 110:133–140. doi: 10.1016/j.resuscitation.2016.10.030 [Crossref](#) [Medline](#) [Google Scholar](#)
- 8. Buick JE, Drennan IR, Scales DC, Brooks SC, Byers A, Cheskes S, Dainty KN, Feldman M, Verbeek PR, Zhan C, et al.; Rescu Investigators. Improving temporal trends in survival and neurological outcomes after out-of-hospital cardiac arrest. **Circ Cardiovasc Qual Outcomes**. 2018; 11:e003561. doi: 10.1161/CIRCOUTCOMES.117.003561 [Link](#) [Google Scholar](#)
- 9. Cardiac Arrest Registry to Enhance Survival (CARES); **PulsePoint Report Utilizing CARES 2018-2020 Data**. Analysis of PulsePoint agencies who were also CARES participants in 2018, 2019, and 2020. **MyCARES**. 2021; [Crossref](#)

PULSEPOINT RESPOND

PulsePoint Respond is a 911-connected mobile app that alerts CPR/AED-trained individuals to someone nearby having a sudden cardiac arrest.

PulsePoint Respond supports multiple responder types, including community members, healthcare professionals, and public safety personnel. Specialized app capabilities are available for professional, on-duty use.



- PulsePoint aims to initiate CPR earlier and more often as well as increase the use of automated external defibrillators (AED), prior to emergency responders arriving on scene.
- PulsePoint is integrated directly into the public safety communications center. When a call taker determines CPR may be needed, an alert is sent to nearby app subscribers simultaneously with the dispatch of emergency responders.
- To promote daily app usefulness and encourage program participation, community users are shown select emergencies occurring in the community and offered notifications of public interest events such as traffic collisions and wildland fires.
- According to the latest AHA guidelines, emergency dispatch systems should alert willing bystanders to nearby events that may require CPR or AED use through mobile phone technology.



Learn more at pulsepoint.org
Download PulsePoint Respond



911 called for victim.



911 center initiates PulsePoint alert.



Nearby PulsePoint subscribers alerted simultaneously with emergency responders.



PulsePoint responders directed to victim location and notified of nearest AEDs.

PulsePoint



RESPONDER TYPES

PulsePoint Respond offers three responder types. Deploying a combination of these types can maximize PulsePoint's community impact.

Public CPR Responders are typically community members trained in CPR and automated external defibrillator (AED) use and willing to assist if an incident occurs near them. These community first responders are only notified of nearby cardiac arrest events occurring in public places.

Registered CPR Responders are agency-invited members of the community with medical or rescue training, such as public safety retirees, CERT members, medical professionals, and residential security staff or residents with special neighborhood responsibilities. These community responders are alerted to all nearby cardiac arrest events, including private residences. With nearly 70% of cardiac arrest events occurring in the home, this difference is significant.

Professional Responders are active public safety employees, typically firefighters, paramedics, and law enforcement officers assigned Professional Responder status by their organization. Typically these employees respond and care for patients in residential settings while on duty. To encourage adoption, professional users are provided with specialized app capabilities for on-duty use. When off-duty, Professional Responders are alerted to all nearby cardiac arrest events in the jurisdiction.

See the comprehensive overview.



PulsePoint AED

PULSEPOINT AED

Next Generation AED Management

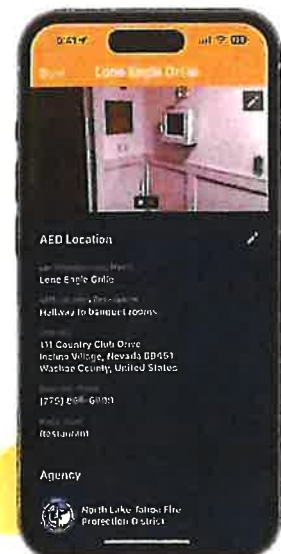
PulsePoint AED is a powerful tool to help build and maintain the AED registry in your community. AEDs managed with PulsePoint AED are accessible to emergency dispatchers during cardiac arrest call processing and disclosed to emergency responders, including nearby individuals trained in CPR and AED use.

- Agency-authorized users can edit the complete AED record using their mobile device — no desktop needed.
- Includes business open/closed details based on linked public data sources and support for 24/7 "always available" AEDs.
- Manage and display colocated resources such as Bleeding Control Kits, Naloxone and Epinephrine, including dressing and drug expiration dates.
- PulsePoint AED is integrated with leading emergency medical dispatch protocol systems, including Priority Dispatch ProQA®, PowerPhone Total Response® and APCO IntelliComm®.
- Extensive AED device and consumable information supporting expiration reminders and manufacturer notices.

Community members can also report AED locations on the website, aed.new.



Learn more at pulsepoint.org
Download PulsePoint Respond



AED-NEEDED ALERTS

When a cardiac arrest occurs near a registered AED, subscribers to that device receive an AED-needed alert requesting they deliver the AED to the reported location.

Responsible parties can subscribe to receive AED-needed alerts for their own devices. Other users can request authorization from the responsible party to receive alerts as well.

- Industry-wide support for all AED manufacturers and models.
- Notifications are based on AED proximity to the cardiac event – no personal location sharing.
- Receive AED-needed alerts on your phone, watch, or tablet – and simultaneously across all signed-in devices.
- Are you part of a neighborhood AED program or workplace safety team? Multiple participants can subscribe to a single AED.
- Critical alert support can override the Do Not Disturb setting. Time sensitive and normal alerts can be managed using focus settings.
- View street-level imagery of where the AED is needed, including an interactive 360° daytime panorama of the destination address.
- Tap an AED icon for additional details, including device/cabinet image in the context of its surroundings, full location description, and accessibility information such as access codes and business/location hours.
- Responsible parties can independently conduct testing for individual subscribers.
- Utilizes PulsePoint's existing network of ECC system integrations.



911 is called to report a person in need.



Emergency communications center confirms possible cardiac arrest.



Subscribers to nearby AEDs alerted simultaneously with emergency responders.



AED is delivered to the incident location.

PulsePoint is a public 501c3 non-profit foundation.



Scan to download PulsePoint AED
from the Apple App Store or Google Play.



Learn more at pulsepoint.org



Annual Performance Summary - Previous 12 Months



Community

Estimated Population
Soft Launch Month/Year
Prepared Month/Year
Years Live
AED Map

Bravard County FL

644,000
March, 2018
November, 2024
6.8
https://aedyviewer.pulsepoint.org/?agency_id=EMS1236

Report Prepared by

Kraig Erickson
kraig.erickson@pulsepoint.org

By participating in the lifesaving PulsePoint network, you've taken an essential step towards improving response to OHCA (Out of Hospital Cardiac Arrest). This report is designed to provide a snapshot of key performance indicators to help your agency measure the optimization of your PulsePoint implementation and identify potential areas for improvement.

ENGAGEMENT

Achieving the goal of PulsePoint responders routinely beginning CPR and retrieving a nearby AED prior to the arrival of advanced care requires a significant number of local app users. Communities with a high density of app users greatly improve the odds of having at least one responder within the cardiac arrest activation radius.

AEDs with Alert Subscriptions	0
Monthly Active Users	8,133
CPR-enabled Followers	2,518
Registered/Pro Responders	0
Average Responders / Activation - Public	2.7
Average Responders / Activation - Private	0.0

PERFORMANCE

As engagement increases, the overall performance of the PulsePoint system increases. Measuring performance can also uncover opportunities to improve the interface, identify the density of AED's registered, and realize the "network effect" of having neighboring communities using PulsePoint.

Total Annual CPR-Needed Alerts Sent	173	
Early Notification Opportunity	4m 43s	Early Notification Opportunity is the amount of time PulsePoint users were notified of the nearby need for CPR/AED before on-duty Fire/EMS personnel arrived, averaged over the past 30 days.
Public SCA's Processed	127	SCA=Sudden Cardiac Arrest
Public SCA's Activated	64	
Public SCA Activation %	50%	
Private SCA's Processed	559	
Private SCA's Activated	0	Requires Registered and Professional Responders
Private SCA Activation %	0%	
Approved AED's (Goal 1:1,000 people)	321	0.50 per 1,000 people

If your agency participates in the national CARES registry (Cardiac Arrest Registry to Enhance Survival), you can enter your two key summary metrics below to compare your community's bystander intervention rates against the national CARES rates. This information can be found in your CARES Annual Report. More information about CARES can be found here: mycares.net

CARES	PulsePoint Network Average	National Average	Agency Average
Private SCA %	70.5%	70.5%	81%
Bystander CPR Rate	44.7%	41.2%	
Bystander PAD Rate	14.3%	12.2%	

ENGAGEMENT AND PERFORMANCE IMPROVEMENT IDEAS

Create and execute a new community outreach campaign / news release.
Verify the PulsePoint call feed is robust.
Adopt / expand Registered/Professional Responders.
Regionalize and help adjacent communities join the PulsePoint network.

Marketing Resources: <https://www.pulsepoint.org/marketing/>

Contact PulsePoint for assistance: <https://www.pulsepoint.org/support/>

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
	1	2	3	④	5
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	④	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	④	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	⑤
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	④	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	④	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	④	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	⑤
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	⑤
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	④	5
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	③	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	③	4	5
TOTAL SCORE	58				

Applicant Name: BCFR-1

Grant Request Description: Pulse Point

Reviewer: Cory Richter

Signature: Cory S. Richter

Digitally signed by Cory S. Richter
DN: cn=Cory S. Richter, o, ou, email=cricht396@att.net,
c=US
Date: 2024.12.05 17:11:17 -05'00'

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
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TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____

