Agenda Report

2725 Judge Fran Jamieson Way
Viera, FL 32940

Consent

F.14. 3/17/2026

Subject:
Approval, re: Annual Emergency Medical Services (EMS) County Trust Grant Funds for FY 2025-2026

Fiscal Impact:
$48,456.06 in State grants; Brevard County Fire Rescue received $32,880

Dept/Office:
Public Safety Group: Brevard County Fire Rescue

Requested Action:
It is requested that the Board authorize the receipt and award of EMS County Grant Trust funds to eligible local emergency medical services providers that have submitted grant applications as identified in the attached Grant Award Matrix. Funding for this program is provided to Brevard County by the Florida Department of Health. Additionally, it is requested that the County Manager be authorized approval authority for all necessary budget amendments (BCRs) or other required administrative actions.

Summary Explanation and Background:
Each year, the Board of County Commissioners receives grant funding from the Florida Department of Health (F.S. 401.104) to support and enhance EMS for the residents of Brevard County. Distribution of these funds is conducted in accordance with the EMS Ordinance (Code of Ordinances, Chapter 42-108), which is attached.

Applications submitted by local EMS providers were evaluated and numerically ranked by an independent review committee comprised of members with emergency medical experience and are not associated with organizations that submit grant fund requests.

This is an annual recurring grant program funded by the Florida Department of Health.

Fire Rescue primary point of contact: Patrick Voltaire, Fire Chief, (321) 633-2056.

Clerk to the Board Instructions:
None

BREVARD County
BOARD OF COUNTY COMMISSIONERS

FLORIDA'S SPACE COAST

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

March 18, 2026

M E M O R A N D U M

TO: Chief Patrick Voltaire, Fire Rescue Director

RE: F.14., Annual Emergency Medical Services (EMS) County Trust Grant Funds for FY 2025-2026

The Board of County Commissioners, in regular session on March 17, 2026, authorized the receipt and award of EMS County Grant Trust funds to eligible local emergency medical services providers that have submitted grant applications as identified in the Grant Award Matrix, and funding for this program is provided to Brevard County by the Florida Department of Health; and additionally, authorized the County Manager as approval authority for all necessary budget amendments (BCRs) or other required administrative actions. Enclosed is the Grant Award Matrix.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell

Kimberly Powell, Clerk to the Board

/tr

Encl. (1)

cc: Public Safety Director
Finance
Budget

Brevard County Fire Rescue EMS Trust Grant Scoring FY25-26

Agency	Division	Score 1	Score 2	Avg Score	Ranking	Cost	Award Amount	Description	Running Balance
Brevard Couty Fire Rescue	Ocean Rescue	67	67	67	1	$ 14,880.00	$ 14,880.00	Watchtower marine safety dispatch software	$ 33,578.06
Cape Canaveral VFD	N/A	66	65	65.5	2	$ 7,049.97	$ 7,049.97	ScopePro Video Layrgoscopes	$ 26,528.09
Brevard Couty Fire Rescue	EMS	64	58	61	3	$ 18,000.00	$ 18,000.00	Pulsara reauthorization	$ 8,528.09
Brevard Couty Fire Rescue	EMS	56	63	59.5	4	$ 17,000.00	0.00	EAGLES Conference	0.00
Indian Harbor Beach	VFD	60	58	59	5	$ 25,883.23	0.00	Stryker LP 15 with accessories	0.00
City of Cocoa	Fire Rescue	58	57	57.5	6	$ 10,000.00	$ 8,528.09	EMS Training Simulator - Realiti Plus 360	$ (1,471.91)
City of Rockledge	Fire Rescue	54	52	53	7	$ 2,000.00	0.00	Infusion Pumps	0.00
Brevard Couty Fire Rescue	EMS	41	46	43.5	8	$ 36,915.00	0.00	Ring Rescue Kits	0.00
TOTAL AWARD AMOUNT	$ 48,458.06								

City of Cocoa partially funded after review
of the Brevard County Fire Chief in accordance with
Ordinace Number 2010-21 Sec. 42-108(4)

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)

July 14, 2025

Frank Abbate, County Manager
Brevard County Board of County Commissioners
1040 S. Florida Ave.
Rockledge, FL 32955

RE: Emergency Medical Services County Distribution – Fiscal Year 2024-25

Dear Mr. Abbate:

Pursuant to section 401.113(1)(a), Florida Statutes, the Florida Department of Health is distributing $48,458.06 to the Brevard County Board of County Commissioners (Board). The Board is to distribute these funds to emergency medical services organizations and youth athletic organizations within the county, as they deem appropriate.

We greatly appreciate your county's commitment to providing high quality emergency medical services to Florida's citizens and visitors.

Sincerely,

Steve McCoy
Division Director
Emergency Preparedness and Community Support

SM/cg

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	5
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	Select #
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	Select #
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	5
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	5
Commitment: A thorough timeline that executes the grant project within the grant period.	5
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	Select #
Integration: Aligns with the current county-wide EMS model.	Select #
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	Select #
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	Select #
TOTAL SCORE	67

Agency: Brevard County Fire- Ocean Rescue Divisi

Review Initials: JMA

Application Number (if multiples): 1

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

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Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	3
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
Integration: Aligns with the current county-wide EMS model.	5
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	5
TOTAL SCORE	67

Agency: BCFR App 1 Review Initials: csr

Application Number (if multiples): 1

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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.)

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: _____ Date: 1/26/2026

Print/Type: Name of Director Robert Ford DO

FL Med. Lic. No. 0512456

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

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION
(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function:

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: Patrick Voltaire	
Position Title: Fire Chief	
Address: 1040 S. Florida Ave.	
City: Rockledge	**County:** Brevard
State: FL	**Zip Code:** 32955
Telephone: 321-633-2056	**Fax Number:** 321-633 2057
E-Mail Address: Patrick.Voltaire@brevardfl.gov	

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: Eisen Witcher	
Position Title: Ocean Rescue Chief	
Address: 1040 S Florida Ave	
City: Rockledge	**County:** Brevard
State: FL	**Zip Code:** 32955
Telephone: 321-633-2056	**Fax Number:** 321-633 2057
E-mail Address: eisen.witcher@brevardfl.gov	

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: 1-27-26

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.

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955

Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT

Name of Grantee: Brevard County Ocean Rescue

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

Total Amount Requested $ 14,880

Major Line Items:	**TOTAL**
Amount Requested: **(Approved Budget Expenditure by Major Line Items)** Watchtower listening	$ 14,880
TOTAL REQUESTED/BUDGETED EXPENDITURES	$ 14,880

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.

_____ 1/27/26

Signature of Contact Person Date

Grant Proposal: Lifeguard Watchtower Documentation System

Applicant Organization

Brevard County Fire Rescue – Ocean Rescue Division
1040 S. Florida Ave.
Rockledge, FL, 32955
Ocean Rescue Chief, Eisen Witcher
eisen.witcher@brevardfl.gov
321-266-6042

Project:

Implementation of a Digital Lifeguard Watchtower Documentation System

Funding Request

Total Amount Requested: $14,880
Project Duration: 6 months from award date

Executive Summary

Brevard County Fire Rescue – Ocean Rescue Division is requesting grant funding to implement a standardized, digital Lifeguard Watchtower Documentation System. This system will modernize incident reporting, daily operational logs, missing person documentation, environmental condition tracking, and communication announcements for oceanfront beach goers.

Currently, lifeguard documentation relies heavily on paper-based or fragmented reporting processes, which limits data accuracy, delays reporting, increases administrative burden, and reduces the ability to analyze trends related to drownings, rescues, medical responses, and environmental hazards.

Grant funding will support the acquisition of ruggedized tablets or phones, secure software, training, and data integration to enhance real-time documentation, strengthen quality assurance, and support data-driven prevention strategies—ultimately improving public safety outcomes along Brevard County's coastline.

Statement of Need

Brevard County maintains one of the most active ocean rescue systems in Florida, responding to thousands of water rescues, medical emergencies, and environmental hazards annually. Lifeguards serve as the first link in the EMS chain of survival, often initiating care prior to transport by fire-rescue units. Proper data and analytics can prevent or predict rip currents and mitigate burden on beachside emergency services.

Challenges with the current documentation process include:

- Paper-based reports vulnerable to damage from weather, sand, and water
- Delayed data entry and reporting inconsistencies
- Limited ability to track rescue trends, high-risk locations, and environmental factors
- Difficulty integrating lifeguard reports into usable analytics
- Increased administrative workload

A digital documentation system is essential to support accurate, timely, and standardized reporting while improving accountability, operational efficiency, and accident investigation.

Project Description

The proposed Lifeguard Watchtower Documentation System will include:

1. Hardware

- Ruggedized, water-resistant tablets or phones for each staffed watchtower
- Secure connectivity (cellular or Wi-Fi)

2. Software & Documentation Platform

- Digital daily tower logs
- Rescue incident reporting
- Water hazard and health condition notification
- Environmental condition tracking (surf, weather, rip current indicators)
- ICS-compatible incident documentation

- Time-stamped entries and geolocation tagging
- Secure cloud-based data storage compliant

3. Training

- Initial training for all lifeguards and supervisors
- Refresher and onboarding training for new staff
- Supervisor training for data review and quality assurance

4. Integration & Oversight

- Compatibility with all web based operating systems
- Supervisor dashboards for trend analysis and performance review
- Data export capability for grant reporting, public education, and risk mitigation planning

Goals and Objectives

Goal 1: Improve Documentation Accuracy and Timeliness

- 100% of watchtower shifts documented digitally within the system
- Reduce report completion time by at least 30%

Goal 2: Public Dashboard Warning System

- Ensures patrons are properly informed of hazards and given safety advice in live time.

Goal 3: Strengthen Data-Driven Prevention and Planning

- Identify high-risk locations (AI driven population density), peak rescue times, and environmental trends
- Support targeted public education and staffing decisions

Goal 4: Increase Operational Accountability

- Standardize reporting across all watchtowers
- Improve quality assurance and compliance monitoring
- Asset tracking

Evaluation and Performance Measures

Project success will be evaluated using:

- Documentation completion rates
- Time-to-report metrics
- Reduction in documentation errors
- Supervisor quality assurance audits
- Analysis of rescue and trend data before and after implementation

Quarterly reports will be generated to assess progress and system effectiveness.

Budget Summary

Category	Estimated Cost
Software Licensing & Setup	$14,880
Total	**$14,880**

A detailed budget and justification are available upon request.

Sustainability

Following grant-funded implementation, ongoing operational costs will be absorbed into the Ocean Rescue Division's annual operating budget. The system will reduce long-term costs by minimizing paper use, decreasing administrative time, and improving data accessibility for future grant applications and risk reduction initiatives.

Organizational Capability

Brevard County Fire Rescue has extensive experience managing grant-funded programs and implementing technology solutions across public safety disciplines. The Ocean Rescue Division maintains a structured command system, robust training program, and strong coordination with EMS, Fire, and Law Enforcement partners.

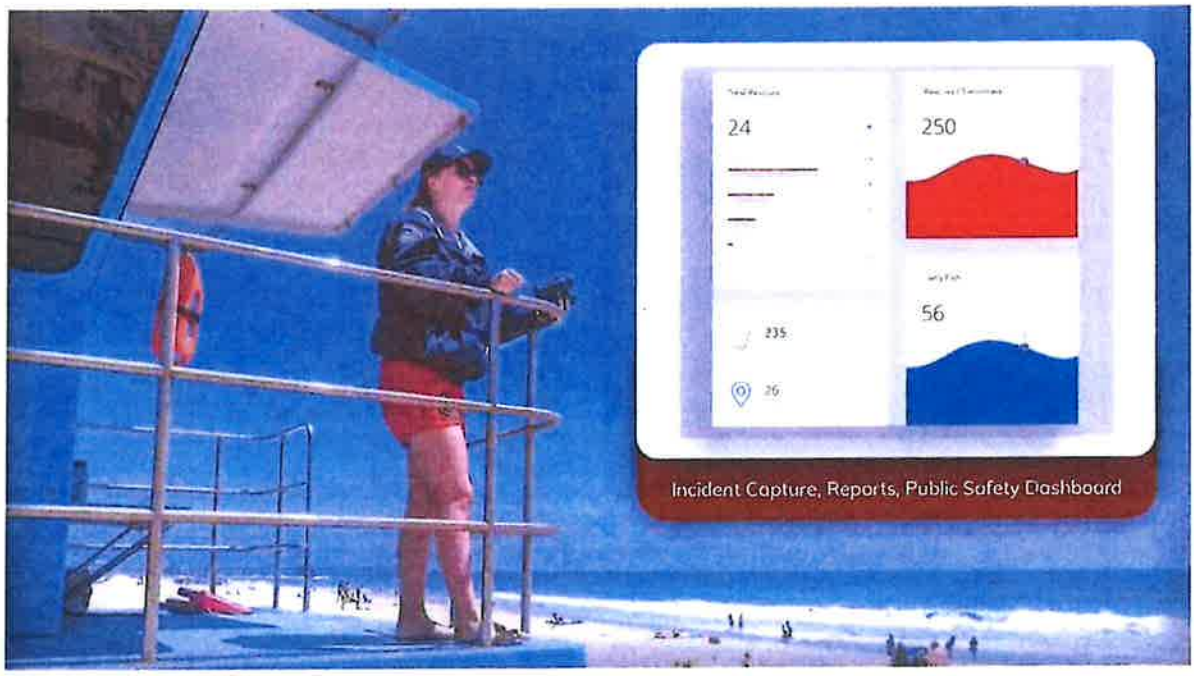
Conclusion

The Lifeguard Watchtower Documentation System represents a critical investment in public safety, integration, and operational excellence. Grant funding will allow Brevard County Fire Rescue – Ocean Rescue Division to modernize documentation practices, improve patient outcomes, and enhance data-driven decision-making along one of Florida's most active coastlines. An estimated 4.2 million beachgoers would be impacted in receiving up to date notifications of beach conditions and other communication from ocean rescue.

We respectfully request funding consideration to support this essential initiative.

watchtower

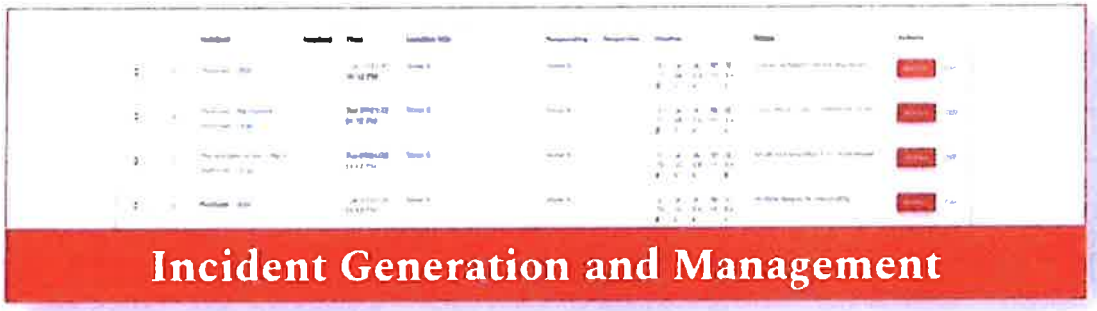
Digital Command Center Software for Lifeguards



watchtower

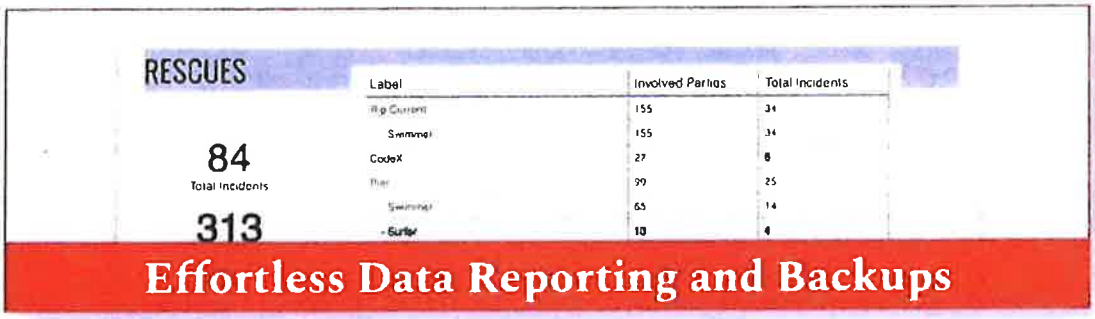
Watchtower is a marine safety incident and dispatch software platform used by lifeguard agencies nationwide. More than 30,000,000 annual public beach visits are protected using the Watchtower platform. As reporting and service demands on marine safety organizations continue to grow, the Watchtower platform offers a powerful dashboard of tools for operational management.

The Watchtower platform has three core features:



Incident Generation and Management

Officer and Asset Dispatch



Effortless Data Reporting and Backups

watchtower

Brevard County Ocean Rescue

Platform Modules

WATCHTOWER CORE

Incident Capture

$14,880 ✓

Reporting Analytics

Included ✓

Software Modules

$14,880

Season Type

Year-Round

Guard Count

120

EOY Executive Report

Included ✓

File and Document Management

Included ✓

Public Safety Dashboard

Included ✓

Workflows

Included ✓

Pulse Asset & Risk Compliance

Free Beta 2026 ✓

Public Broadacst

Included ✓

watchtower

Brevard County Ocean Rescue

Platform Modules

Operational Forms

Free Beta 2026 ✓

Dispatch

Free Beta 2026 ✓

Agency Comms & SMS

Free Beta 2026 ✓

EPCR & HIPAA Compliant Medical Forms

Free Beta 2026 ✓

Training & Cert Passports

Free Beta 2026 ✓

Surfline Coastal Intelligence Integration

Free Beta 2026 ✓

Supervisor Review

Included ✓

Custom Document Export & Data Map

Free Beta 2026 ✓

Scheduling and Assignments

Coming Soon ✓

watchtower

Brevard County Ocean Rescue

Preliminary Quotation

License Terms	
Beta Test Start:	January 6 2026
Beta Test End:	April 6 2026
Enterprise License Start:	April 7, 2026
Enterprise License End:	April 7, 2027

Quote Information	
Date:	January 6, 2026
Valid Until:	April 6, 2026
Notes:	

Watchtower Platform License Profile

	Activation Status	
Incident Capture	✓ Active	$14,880
Reporting Analytics	✓ Active	Included
EOY Executive Report	✓ Active	Included
File and Document Management	✓ Active	Included
Workflows	✓ Active	Included
Public Safety Dashboard	✓ Active	Included
Public Broadacst	✓ Active	Included
Supervisor Review	✓ Active	Included
Operational Forms	✓ Active	Free Beta 2026
Pulse Asset & Risk Compliance	✓ Active	Free Beta 2026
Dispatch	✓ Active	Free Beta 2026
Agency Comms & SMS	✓ Active	Free Beta 2026
EPCR & HIPAA Compliant Medical Forms	✓ Active	Free Beta 2026
Training & Cert Passports	✓ Active	Free Beta 2026
Surfline Coastal Intelligence Integration	✓ Active	Free Beta 2026
Custom Document Export & Data Map	✓ Active	Free Beta 2026
Scheduling and Assignments	✓ Active	Coming Soon

Supplements and Adjustments

Item	*Rate*	*Count*	*Subtotal*
Hardware and Mobile Devices			$10,000 Estimated Dependent on Department Standards
SSO or Custom Authetication			Included
API Data Pipeline			Included
Legacy Data Integration			-
Visitor Count and Demographics			

Total Annual Platform License	**$14,880**

Watchtower Solutions, Inc. - 17595 Harvard Ave, Irvine CA 92614 - Suite # C-632

watchtower

Digital Command Center for Marine Safety Operations

watchtower

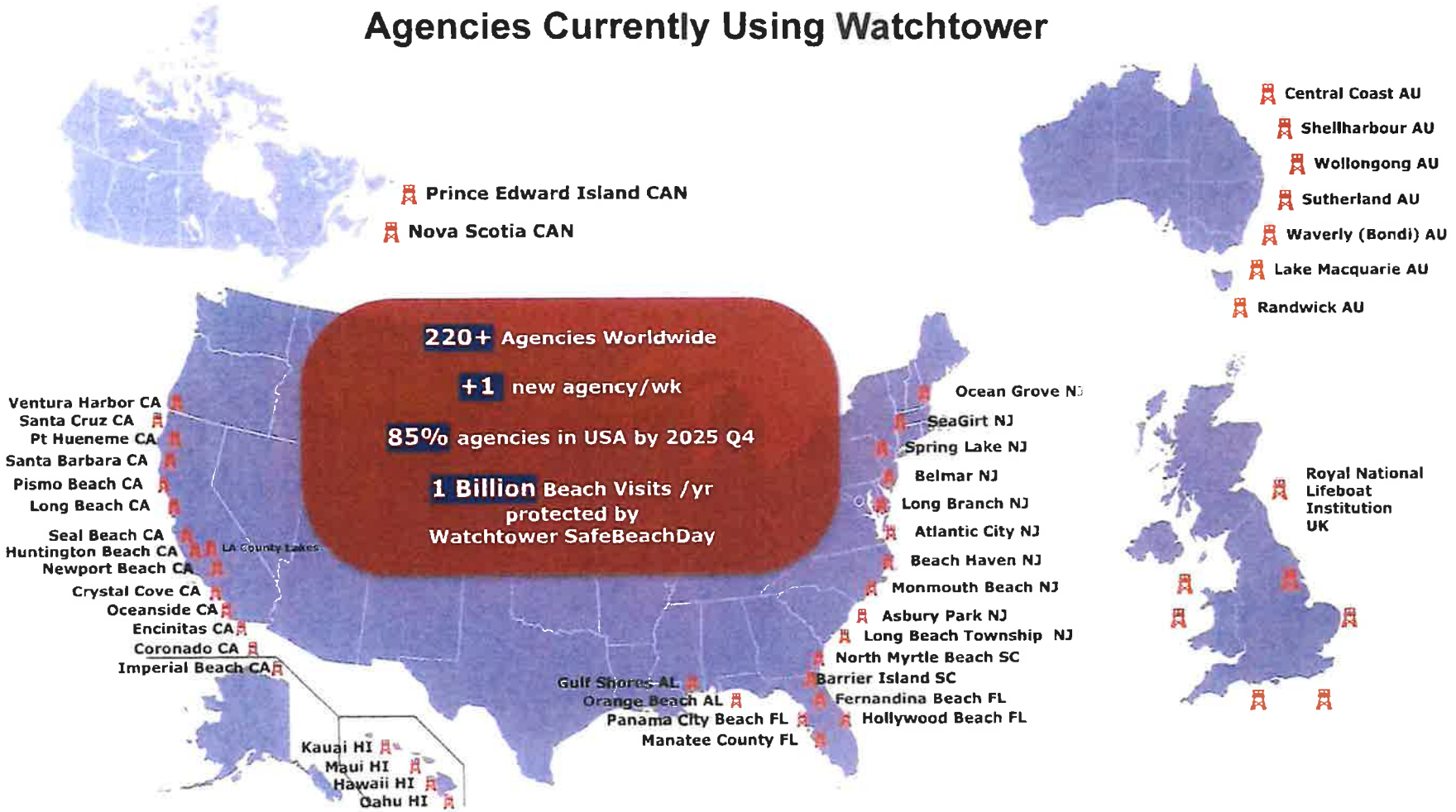
Digital Command Center

Digitize paper, modern all-in-one software platform

Quick-Tap Incident and Operational Data capture

Manage all personnel, locations, and units from one place

Agencies Currently Using Watchtower

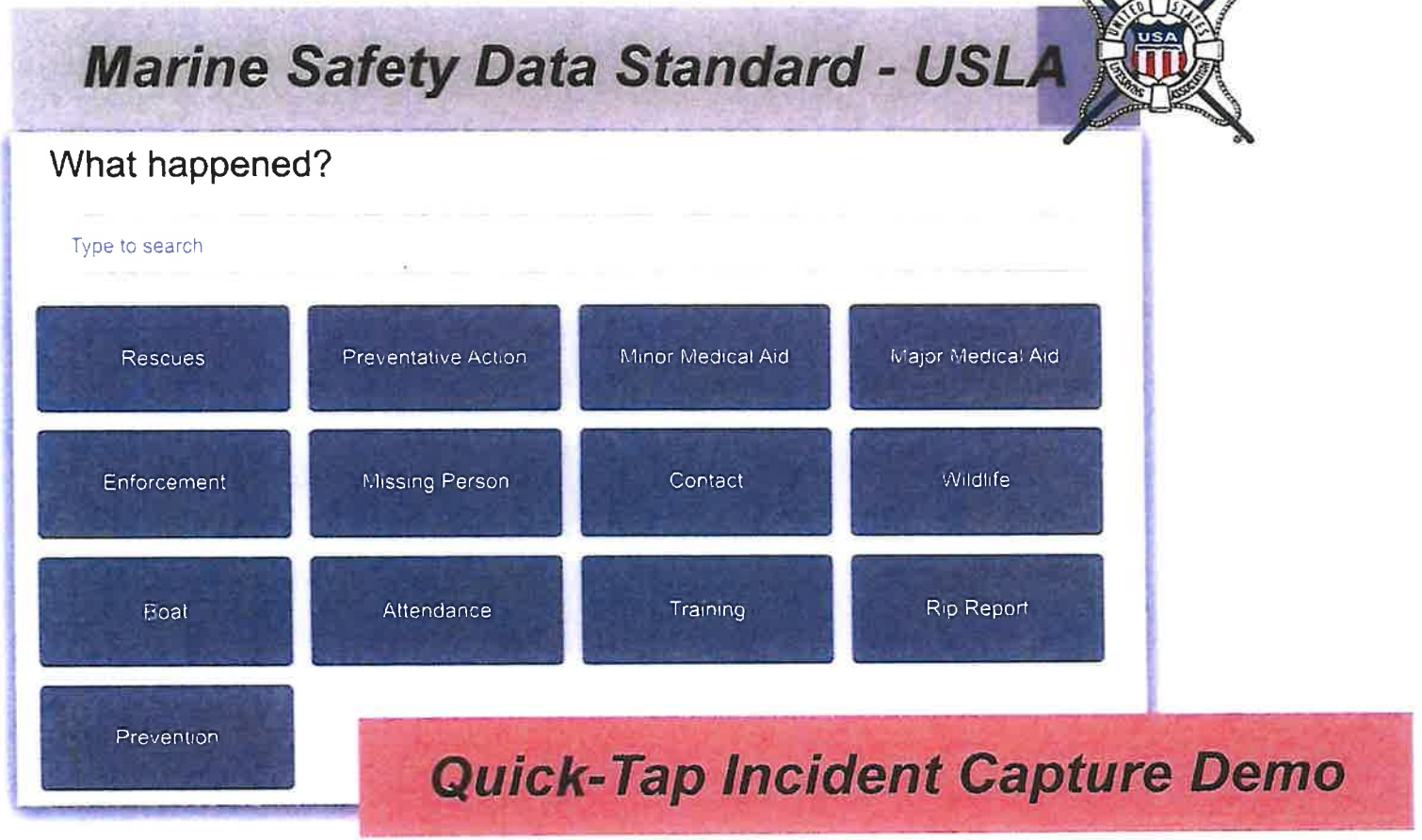


Western Region

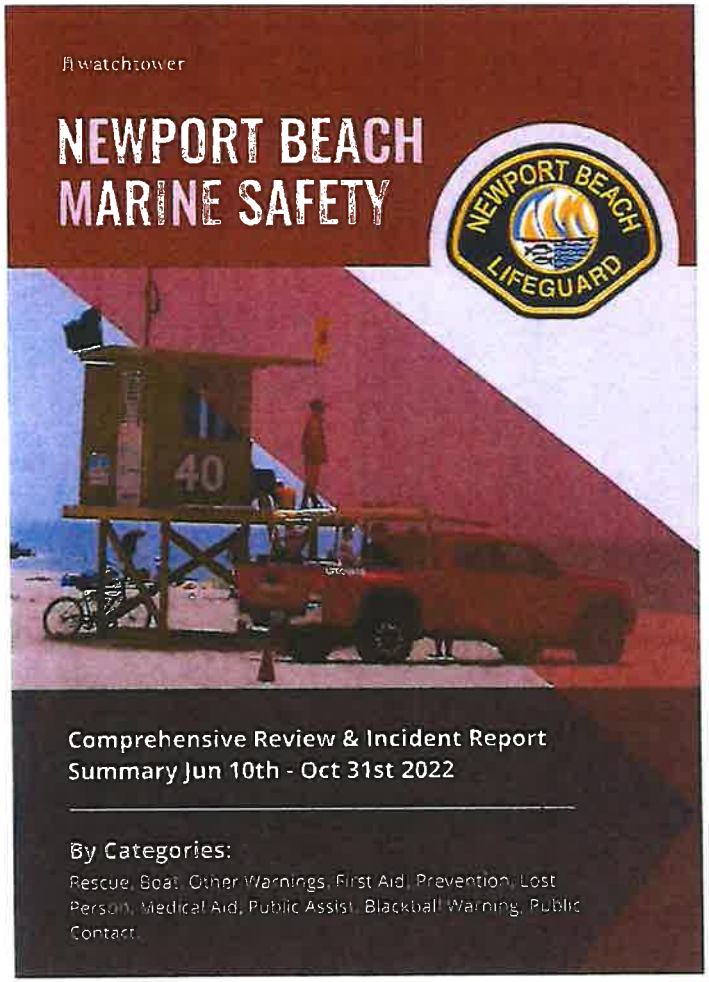
watchtower

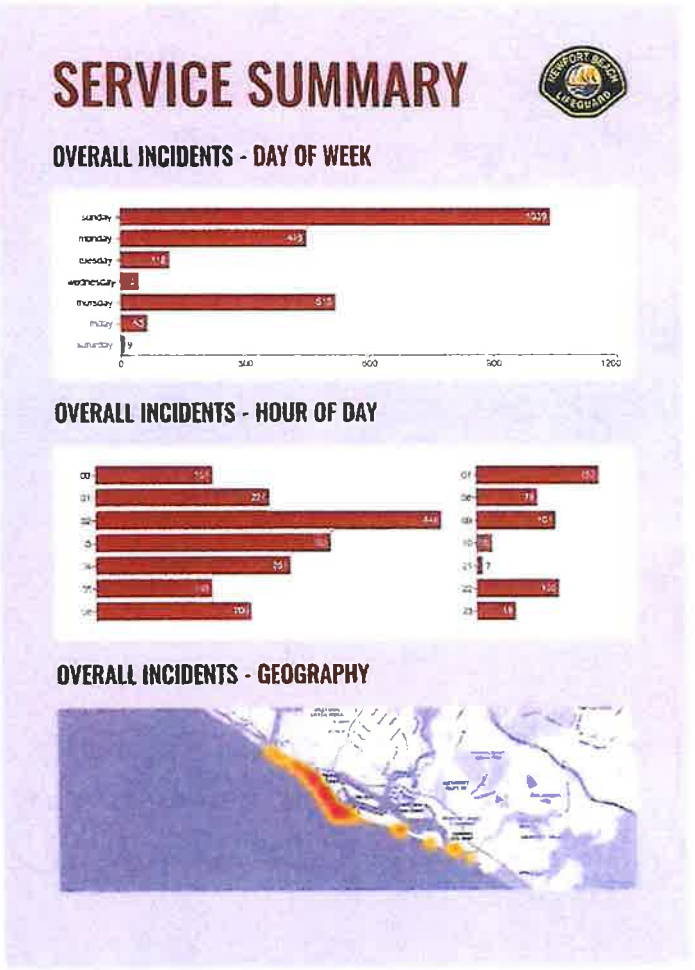
Eastern Region

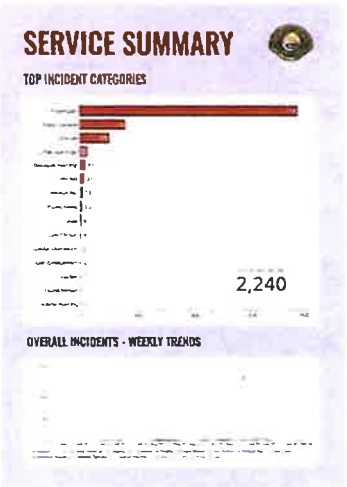
Marine Safety Data Standard - USLA



Quick-Tap Incident Capture Demo







Annual Report Included

100% Customizable Operational Forms

Lifeguard Patrol Unit Checkout

Watchtower Admin Support on Fri 11/11/2022 10:42

SCUBA Gear Checklist

Watchtower Admin Support on Fri 11/11/2022 10:24

Uniform Checklist

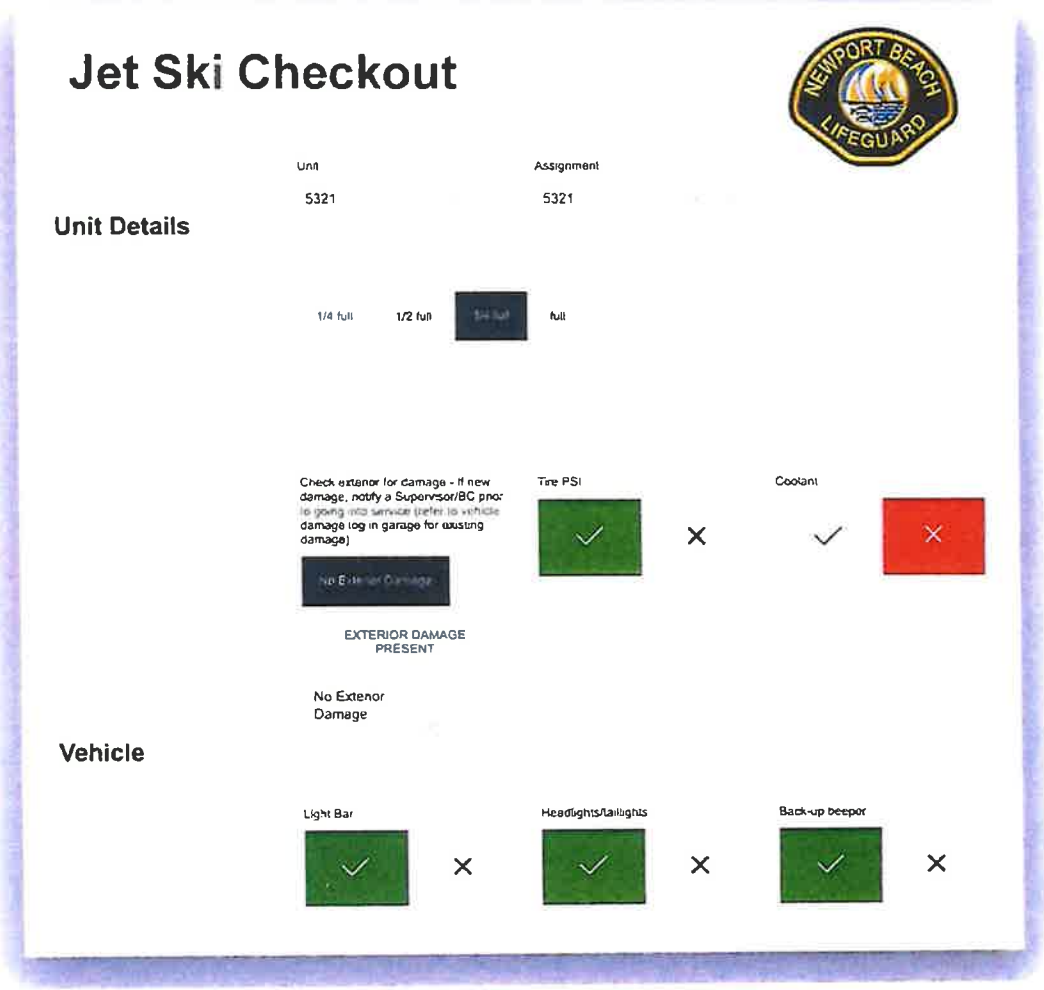
Watchtower Admin Support on Fri 11/11/2022 10:16

Tower Inventory

Watchtower Admin Support on Fri 11/11/2022 08:54

Night Standby Checklist

Watchtower Admin Support on Fri 11/11/2022 08:51



Strengthening Span-of-Control:
Operational Data Capture and Response Readiness Notifications

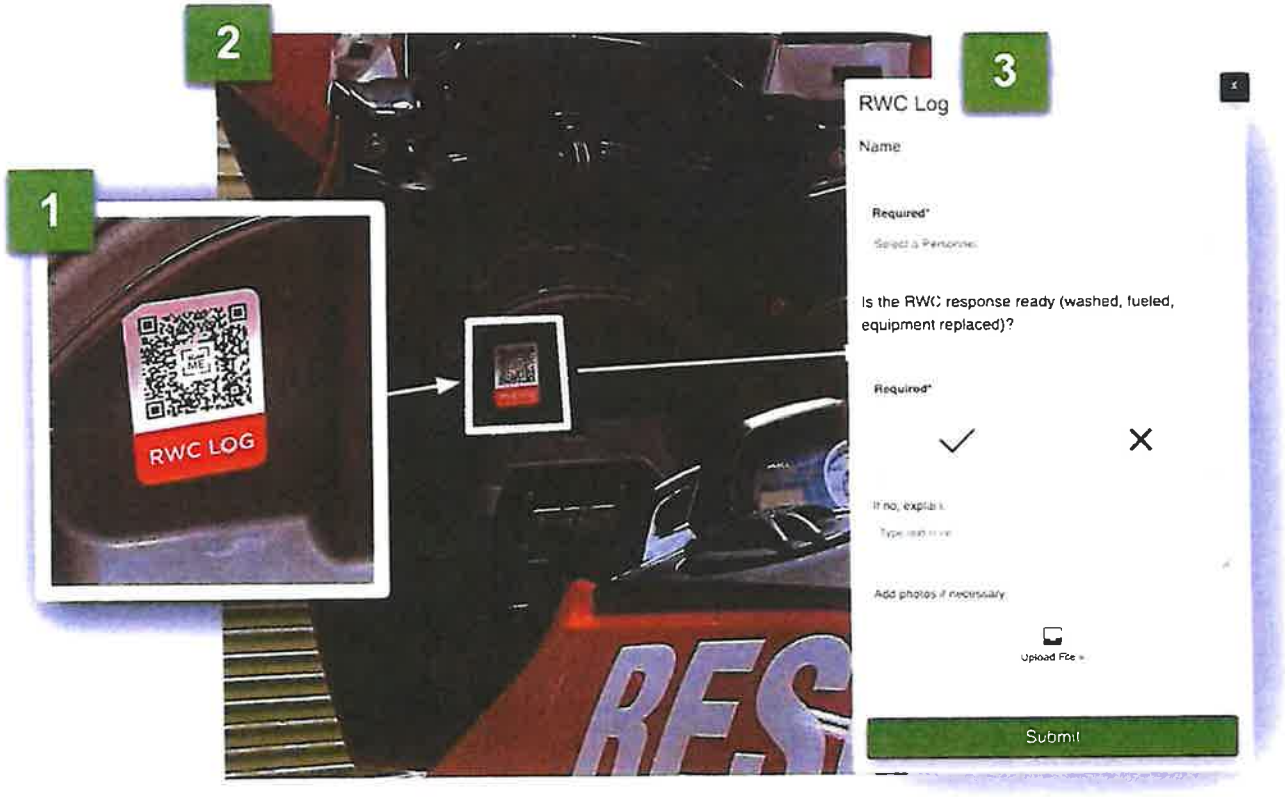
Every safety and training form has its own unique QR code.

The QR code is affixed to the equipment, location, or asset in the field, for easy retrieval and reporting compliance.

The QR code is scanned from any mobile device, and instantly presenting the appropriate safety and checkout form.

Quick-tap forms are completed in seconds, and provide smart notifications and response readiness data for all officers, assets, vehicles, and equipment in the field.

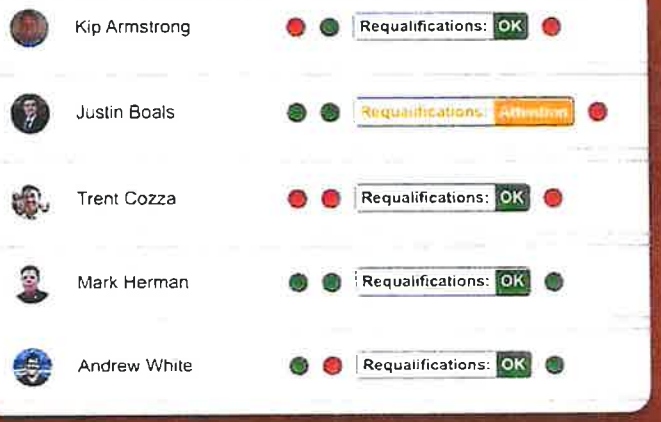
Quick-tap form data flowing in from across the organization can also be converted into real-time at-a-glance risk management dashboards.



Pulse

Staff Management

Manage staff, training certifications, and more through at a glance tracking and customizable automatic notifications



Andrew White

BLS / ALS / First Aid

BLS Cert	ALS Cert	First Aid Cert
Sun 10/09/2022 07:00	Tue 10/11/2022 07:00	Sun 10/09/2022 07:00

Requalifications

1000 Yard Swim Test	Airway Management Pr...	Bleeding Control/Splinti...
Sat 04/15/2023 07:00	Sat 03/18/2023 07:00	Sat 03/11/2023 08:00
Emergency Vehicle Op...	**C-Spine/Secondary Pr...**	**RWC Launch/Recover...**
Sat 03/11/2023 08:00	Fri 04/07/2023 07:00	Sat 01/21/2023 08:00
Quad Operations	**CPR/AED/Emergency ...**	**CPR/AED/choke savin...**
Thu 01/12/2023 08:00	Sat 01/28/2023 08:00	Fri 02/03/2023 08:00

Pulse

Asset Tracking

Manage assets, rig checks, maintenance, supplies, and medical equipment. Autonomous notifications.

Tower 15

First Aid Equipment

Blanket	BVM	AED
No	Yes	Yes

Rescue Equipment

Rescue Board	Rescue Tube
Yes	Yes

Tower Supplies

Clipboard	Binoculars	Signs
No	Yes	Yes

Pulse

Unit Readiness

Manage mobile unit response readiness with basic smart forms for maintenance, supplies, and medical equipment. Autonomous notifications.

ATV 0014	Equipment:	Critical
ATV 0573	Equipment:	Critical
ATV 0582	Equipment:	OK
ATV 0585	Equipment:	OK
ATV 1201	Equipment:	OK

ATV 0582

Electrical

All Lights	Battery
Yes	Yes

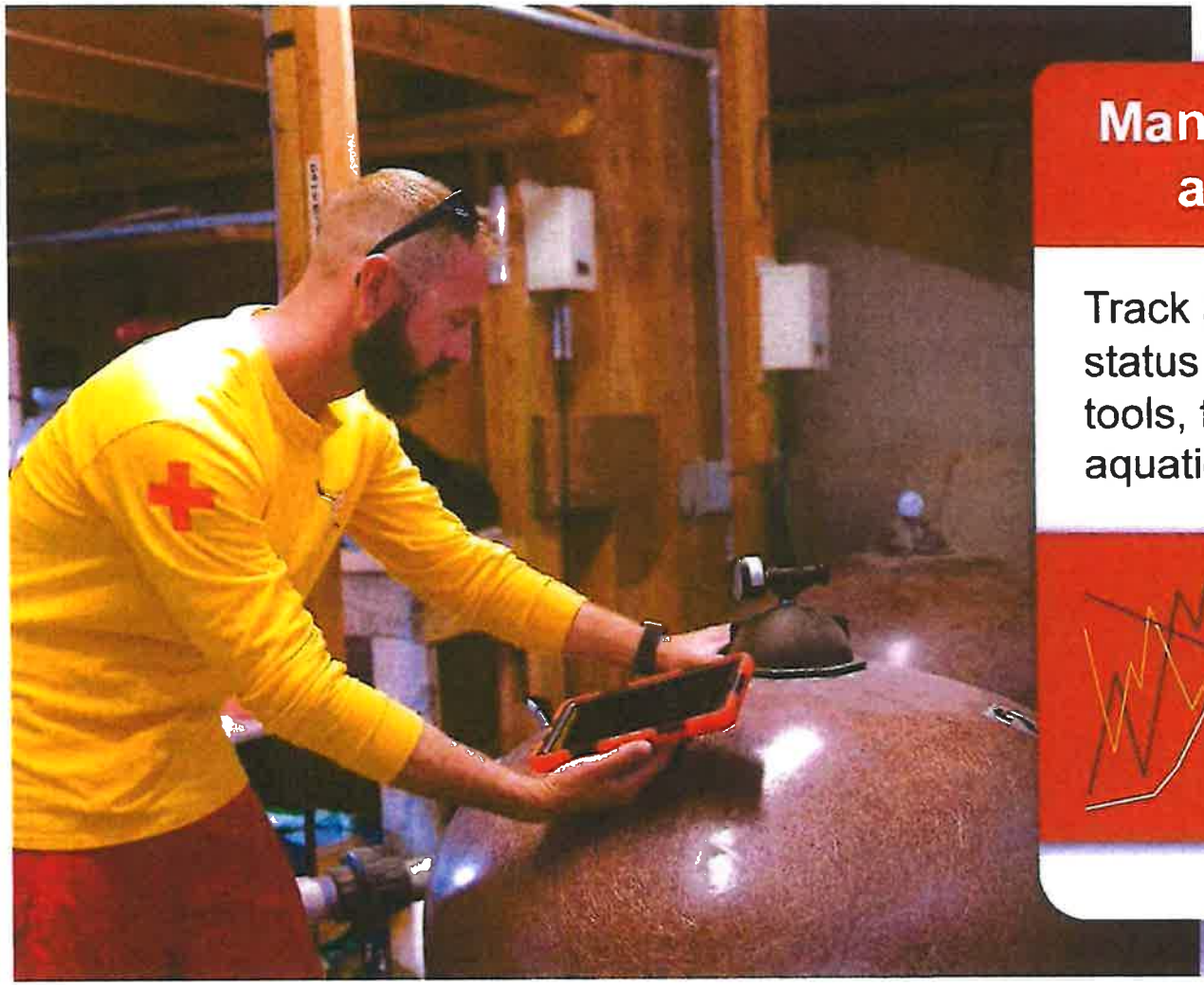
Engine

Coolant	Engine Oil
No	Yes

4 months ago

Equipment

First Aid Kit	Pocket Mask	Tires
Yes	Yes	Yes



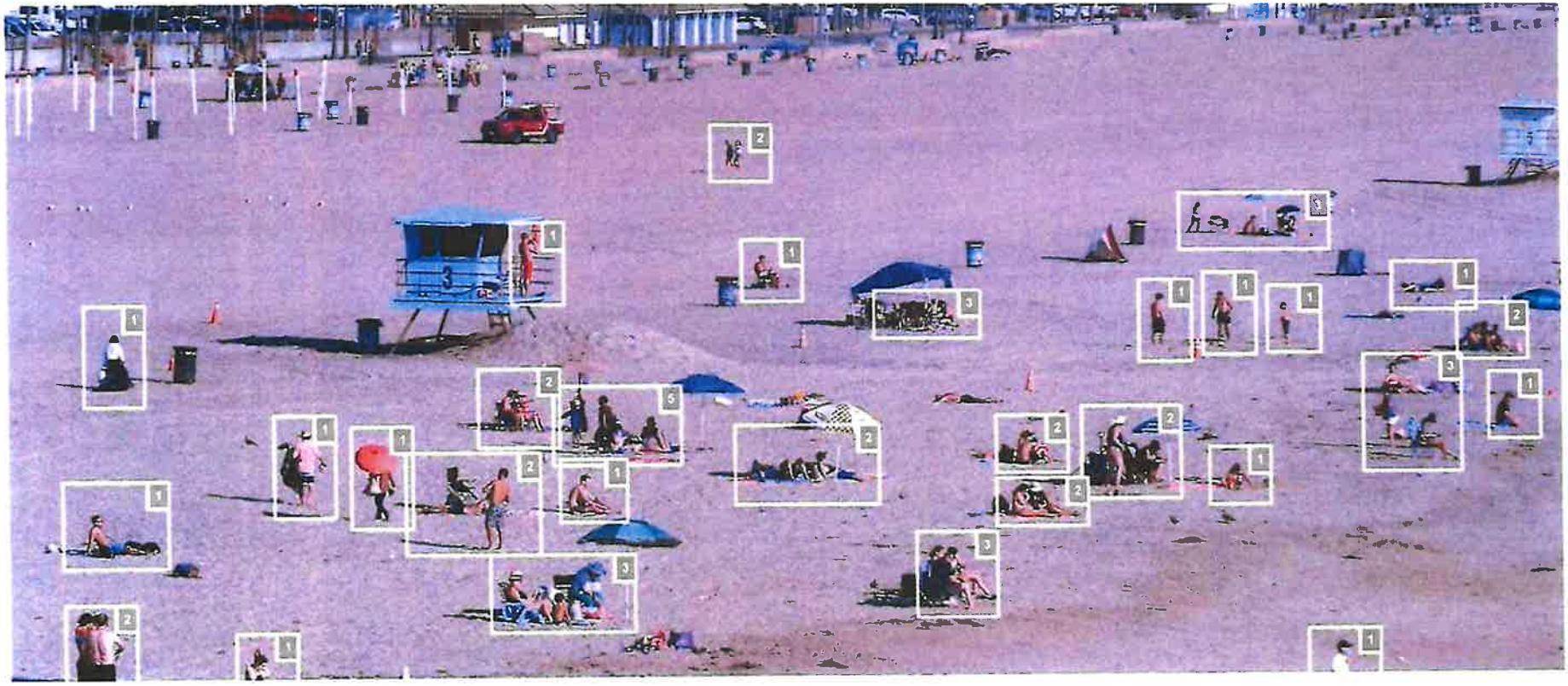
Manage Equipment and Facilities

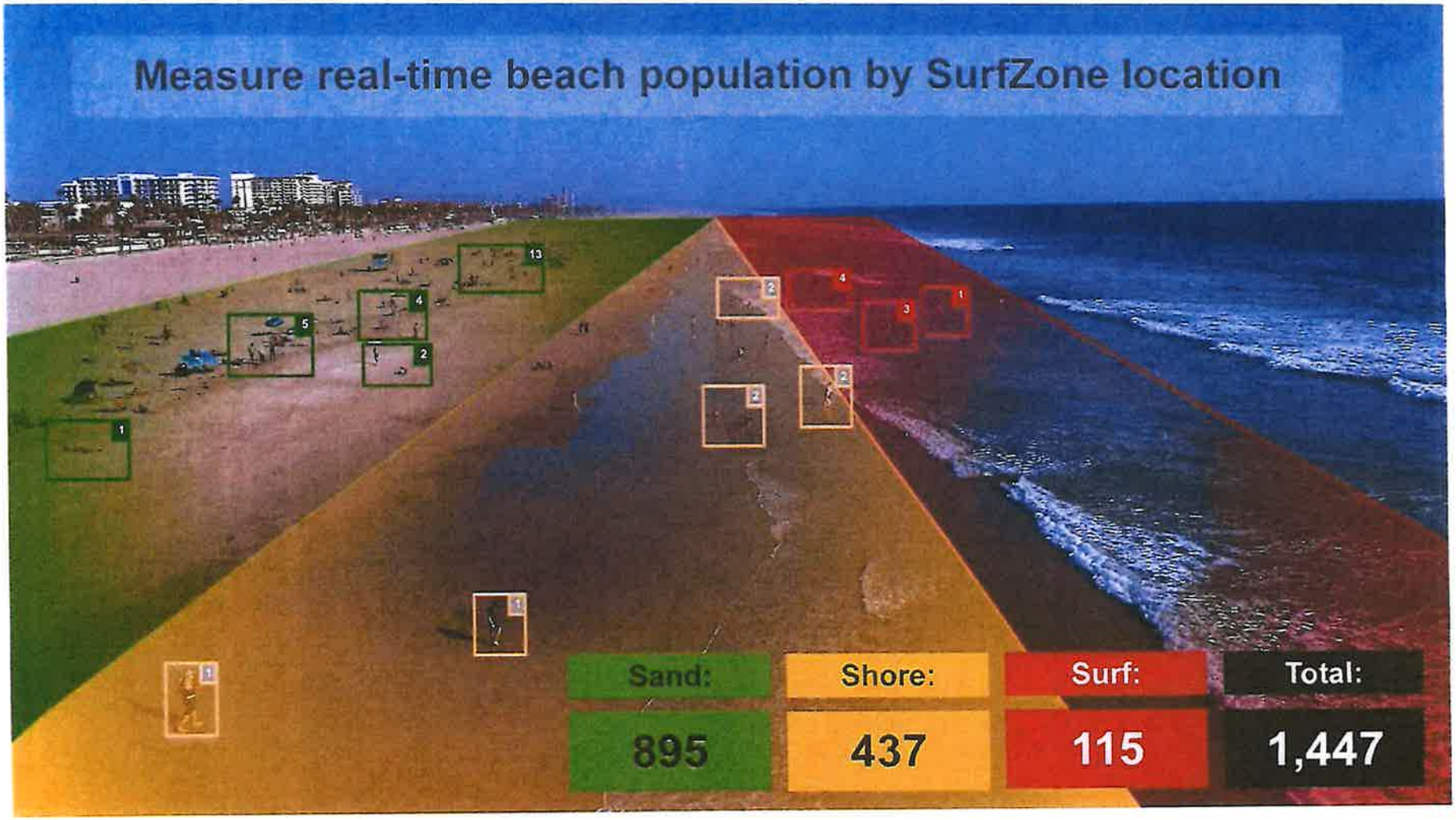
Track and trend equipment status including rescue tools, facility mechanics, aquatic features, and more

100% Customizable

watchtower

Attendance Module




Measure real-time beach population by SurfZone location
Sand:
Shore:
Surf:
Total:
895
437
115
1,447


Adults: 50
Children: 17

Data Capture Workflow - Who Inputs Which types of Data, and When?

	 Tower Guard	 Unit Guard	 District Dispatch	 Central HQ Dispatch
Input Data Source	Memory or Pencil Paper Notes	In-Situ Incident	Radio Traffic	Radio Traffic
Time of Entry	End Of Day Only	Responsive Real Time	Real Time	Real Time
Hardware	No Hardware in Tower. Mobile Phone via checkout	Tablet	Tablet or Desktop	Multi-Screen Desktop
Data Types Captured	Low-Intensity Incidents Only ◦ PubEd, Prevent, Minor Medical Operational Activity ◦ Training Log, Equipment Checklists	Standard Response Workflow ◦ Rescue, Major Medical ◦ Operational Checklists ◦ Patient Care, Demographic Data	Standard Dispatch Workflow ◦ Rescue, Major Medical ◦ Call Types of every Category Officers and Assets ◦ Unit Assignments ◦ Response Times ◦ Public Safety Dashboard	Watchtower Dispatch + Police Fire CAD Officers and Assets ◦ Unit Assignments ◦ Response Times ◦ Public Safety Dashboard
Notes	No Device in Tower or while On Duty. Rescue and Major Medical pushed through radio.	Mobile Device mounted in Truck. Monitoring and responding to calls from Dispatch Tab.	Mobile Device or Desktop device, depending on hardware analysis. Leverages critical radio comms.	Mobile Device or Desktop device, depending on hardware analysis. Leverages critical radio comms.

Unlimited Free Support + Training

Managing Medical on the Watchtower Platform

Does your agency do billing?
&
Does your agency require NEMSIS compliance?

YES

NO

watchtower

Report Reference

Connect your existing Patient Care Reporting tool to Watchtower using an Incident Reference #

No API or other connections needed

Report # DJH09284114

watchtower

Medical Forms

Use Watchtower HIPAA Forms to capture patient care data securely.

Note: Watchtower is fully HIPAA and SOC2 Compliant. Refer to data integrity dashboard for more details.

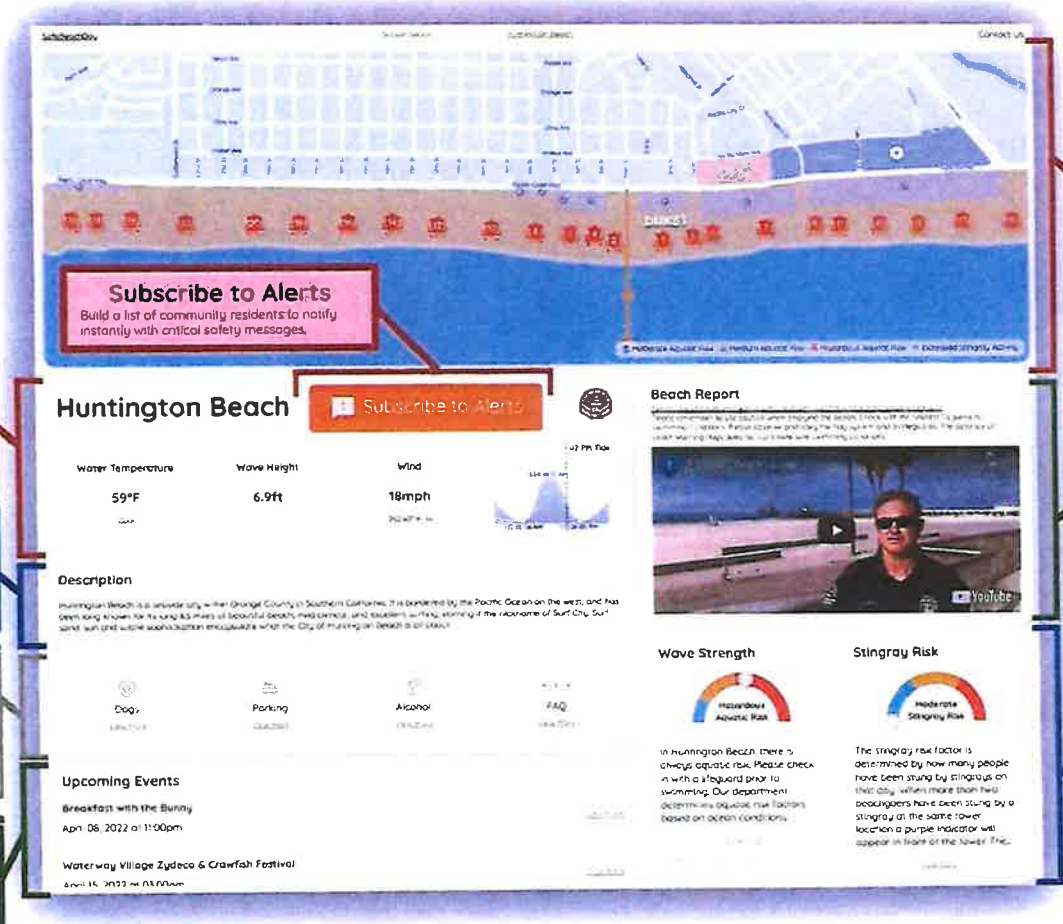
HIPAA & SOC2 Compliance

AICPA SOC 2

HIPAA COMPLIANT

Click or Scan for Live Example

Basic Elements of the Public Safety Dashboard



Weather, Wave, Tides

Live hyper-local weather condition data for water temp, wave height, wind, and tidal flow

Location Description

A short starting description about your beach, city, and first responder agencies

FAQ + Beach Rules

Post and update beach rules and regulations with articles, icons, and infographics. Or choose directly from our template library.

Event Calendar

A list of upcoming community and beach events

Interactive Beach Map

Depicting lifeguard tower locations, parking lots, beach access points, landmarks, and points of interest.

Lifeguard Towers and swim risk ratings are set and colored automatically, based on wave height and rescue activity.

Surf Report + Daily Safety Message

Hyper-local surf and swimming reports set by determined NOAA data feeds, and Watchtower quick-tap forms

During busy summer months, many agencies post short videos messages about conditions and events for the day

Risk Gauges

Visualize any part of an Watchtower Safety data pipeline in a user friendly format

Marine Life Activity, Wave Strength, Rip Currents, Water Quality,

Dashboards are updated daily by lifeguard agency staff on duty.

1

watchtower

Lifeguards use the Watchtower Digital Command Center to manage operations, capture incident data, and create conditions / safety reports.

2

Safe Beach Day

Safety and conditions are broadcast to the public on SafeBeachDay.com, as part of a Community Risk Reduction effort.

2.5 million

Estimated Network Pageviews in 2023

Safe Beach Day Hawai'i Beach Safety

300+

Largest Beaches & Lifeguard Agencies using SafeBeachDay

watchtower

Platform Deployment

1 Platform Orientation

A short meeting to learn about your specific needs. After a platform walkthrough, we'll collect any existing forms, workflows, and incident standards you have.

2 Tuneup & Training

Your Watchtower Customer Success Manager will build out your forms, and customize your platform. Invite the entire team as an all-hands Training Session.

3 Platform Deployment

Set you "Go-Live" date, and begin to collect real incident data Schedule a post-deployment checkin with your Success Manager 2-4 week out.

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	5
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	5
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	5
Commitment: A thorough timeline that executes the grant project within the grant period.	5
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
Integration: Aligns with the current county-wide EMS model.	5
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	65

Agency: Cape Canaveral VFD

Review Initials: csr

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

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TOTAL SCORE	66

Agency: Cape Canaveral

Review Initials: JMA

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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:

Cape Canaveral Volunteer Fire Department

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: Chris Quinn

Position Title: Fire Chief

Address: 8970 Columbia Rd

City: Cape Canaveral	**County:** Brevard
State: Florida	**Zip Code:** 32920
Telephone: (321) 783-4424 Ext 217	**Fax Number:** (321) 783-4887
E-Mail Address: cquinn@ccvfd.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: Sean Sboto

Position Title: EMS Chief

Address: 190 Jackson Ave

City: Cape Canaveral	**County:** Brevard
State: Florida	**Zip Code:** 32920
Telephone: (321) 783-4424 Ext 305	**Fax Number:** (321) 783-4887
E-mail Address: ssboto@ccvfd.org	

4. Type of Service (check one):

Licensed EMS provider _X_ 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: _____ Date: _____

Print/Type: Name of Director _____

FL Med. Lic. No. _____

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.

Christopher Orr MM / DD / YY: 01/27/26

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.

Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT

Name of Grantee: Chris Quinn

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

Total Amount Requested $ 7,049.97

Major Line Items:	**TOTAL**
Amount Requested: **(Approved Budget Expenditure by Major Line Items)**	$
Item #2146-26785P Curaplex One Scope Pro Video Laryngoscope	$2,349.99
Item #2146-26785P Curaplex One Scope Pro Video Laryngoscope	$2,349.99
Item #2146-26785P Curaplex one scope Pro Video Laryngoscope	$2,349.99
TOTAL REQUESTED/BUDGETED EXPENDITURES	$7,049.97

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.

Signature of Contact Person — Date: 01/27/26

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955

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

Cape Canaveral Volunteer Fire Department is planning to implement Rapid Sequence Intubation allowing our paramedics provide a higher level of care to our patients during medical and/or traumatic events that require immediate airway control. To successfully implement this practice, we will need to train heavily on RSI indications and procedures, as well as have the best tools available to perform these skills in emergency situations.

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

Currently, our department only intubates patients in cardiac arrest, unless a mutual aid unit is on scene with the capability to perform Rapid Sequence Intubation. We will be adding rapid sequence intubation medications and have already purchased various airway training manikins so that we can thoroughly train our providers prior to implementing this in the field. Currently we are lacking on the additional tools available to increase our success for our patients.

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

The proposed solution to this would be to purchase the One Scope Pro, Video Laryngoscope for our three first due apparatuses. I feel having this device available, will help the success rate for our responders to be able to intubate critical patients.

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

The geographic area that would benefit from this grant would be the City of Cape Canaveral, the Canaveral Port Authority, and mutual aid areas in Brevard County and Cocoa Beach.

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

The proposed time frame that I would like to implement this procedure and equipment would be by July of 2026.

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

https://www.boundtree.com/airway-oxygen-delivery/video-laryngoscopes/curaplex-onescope-pro-video-laryngoscope/p/2146-26785P

G) Statement attesting that the proposal is not a duplication of a previous effort

I attest that this proposal is not a duplication of a previous effort.

8. This grant will positively affect provider service by giving the ability to use a video laryngoscope that can be used to help confirm proper ET Tube placement and increase our paramedics comfortability and confidence on scene while performing intubations. Having these video laryngoscopes as well as the ability to confidently RSI patients would also reduce the amount of stress on BCFR as we rely heavily on them to establish an advanced airway if needed on scene for any situation other than a code 99. These devices would be not only helpful to our providers, but also to the communities we serve.

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	5
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	5
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	5
Commitment: A thorough timeline that executes the grant project within the grant period.	4
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	1
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
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Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	4
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	58

Agency: BCFR App4 Review Initials: csr

Application Number (if multiples): 4

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
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TOTAL SCORE	64

Agency: Brevard County Fire- Puls

Review Initials: JMA

Application Number (if multiples): 4

Dominguez, Orlando J

From: Guadiana, Claire <Claire.Guadiana@flhealth.gov>
Sent: Thursday, January 22, 2026 11:55 AM
To: Dominguez, Orlando J
Subject: Re: EMS Trust Award Funds/Brevard County Fire Rescue

Good morning Chief,

It was a pleasuring seeing you at the State meetings as well.

I think this system that you have created is outstanding for EMS within Brevard County as well as Statewide, and with that I approve this request.

With the new changes to the EMS County Disbursements, you will no longer have to apply for the disbursement, and you are not required to provide any documentation back to the State, all records will now be kept internally, and the money will automatically be disbursed quarterly.

Please let me know if you have any questions.

Thank you again for all that you do,

Claire

Claire Guadiana, FCCM
EMS Strategic Planning and Grants Program Manager
Bureau of Emergency Medical Oversight
Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-22, Tallahassee, FL 32399
(c) 850-408-4817
Claire.Guadiana@FLHealth.gov

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

How am I doing? *Please let me know by taking this short survey. Thank you!*

From: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Sent: Tuesday, January 20, 2026 1:14 PM
To: Guadiana, Claire <Claire.Guadiana@flhealth.gov>
Cc: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Subject: EMS Trust Award Funds/Brevard County Fire Rescue

Hello Ms. Guadiana:

I hope this message finds you well. It was a pleasure seeing you at the recent State meetings.
I'm following up on our conversation regarding the Emergency Medical Service (EMS) Trust Award. During our discussion, I inquired about the possibility of using EMS Trust Award funds to support a repeat project. Specifically, Brevard County has utilized Trust Award dollars to fund our PulsePoint initiative over the past six years. We would like to request approval to continue this important service by applying for funding to extend it for an additional five years.

Additionally, this past year Brevard County Fire Rescue hosted the Eagles Symposium, which was open not only to our local EMS providers, EMS educators and emergency department professionals but to participants across the state. We would like to request permission to use EMS Trust Award funds to support this valuable educational symposium for the next five years as well.

If these uses are permissible and meet with your approval, we will proceed with submitting the appropriate requests through our department's internal grant application process. I wanted to confirm this in advance to ensure alignment. Thank you again for your continued support and I look forward to seeing you at our next meeting. Be safe and have a great week.

-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

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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: Brevard County Fire Rescue	
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: Patrick Voltaire	
Position Title: Fire Chief	
Address: 1040 Florida Ave. S	
City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-863-3734	**Fax Number:** 321-633-2057
E-Mail Address: Patrick.Voltaire@brevardfl.gov	

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: Orlando Dominguez	
Position Title: EMS Assistant Chief	
Address: 1040 Florida Ave. S	
City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-863-3734	**Fax Number:** 321-633-2057
E-mail Address: Orlando.Dominguez@brevardfl.gov	

4. Type of Service (check one):

Licensed EMS provider X 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: _____ Date: 1/26/2026

Print/Type: Name of Director Robert Ford III

FL Med. Lic. No. OS12456

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: 1.27.16

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.

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	$

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.

_____ _____

Signature of Contact Person Date

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955

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.

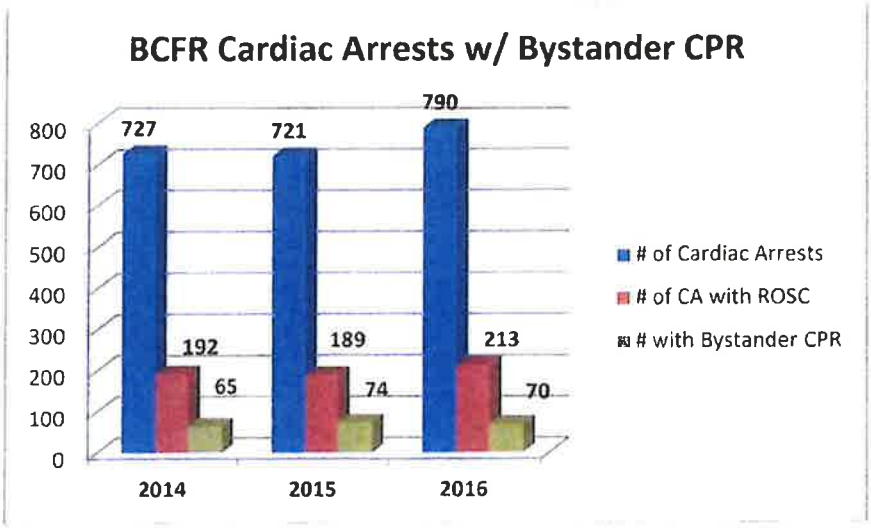
With the community AED program PulsePoint and a combined effort of working with local municipalities and the residents of Brevard County, we will be able to increase the survival rates of cardiac arrest victims. This result will be achieved by increasing citizen awareness of cardiac events and informing 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/AHAECC/CPRAndECC/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 per year, 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.

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

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Agency: BCFR App3

Review Initials: csr

Application Number (if multiples): 3

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

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TOTAL SCORE	56

Agency: Brevard County Fire- Eagl

Review Initials: JMA

Application Number (if multiples): 3

Dominguez, Orlando J

From: Guadiana, Claire <Claire.Guadiana@flhealth.gov>
Sent: Thursday, January 22, 2026 11:55 AM
To: Dominguez, Orlando J
Subject: Re: EMS Trust Award Funds/Brevard County Fire Rescue

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning Chief,

It was a pleasuring seeing you at the State meetings as well.

I think this system that you have created is outstanding for EMS within Brevard County as well as Statewide, and with that I approve this request.

With the new changes to the EMS County Disbursements, you will no longer have to apply for the disbursement, and you are not required to provide any documentation back to the State, all records will now be kept internally, and the money will automatically be disbursed quarterly.

Please let me know if you have any questions.

Thank you again for all that you do,

Claire

Claire Guadiana, FCCM
EMS Strategic Planning and Grants Program Manager
Bureau of Emergency Medical Oversight
Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-22, Tallahassee, FL 32399
(c) 850-408-4817
Claire.Guadiana@FLHealth.gov

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

How am I doing? *Please let me know by taking this short survey. Thank you!*

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I hope this message finds you well. It was a pleasure seeing you at the recent State meetings.
I'm following up on our conversation regarding the Emergency Medical Service (EMS) Trust Award. During our discussion, I inquired about the possibility of using EMS Trust Award funds to support a repeat project. Specifically, Brevard County has utilized Trust Award dollars to fund our PulsePoint initiative over the past six years. We would like to request approval to continue this important service by applying for funding to extend it for an additional five years.

Additionally, this past year Brevard County Fire Rescue hosted the Eagles Symposium, which was open not only to our local EMS providers, EMS educators and emergency department professionals but to participants across the state. We would like to request permission to use EMS Trust Award funds to support this valuable educational symposium for the next five years as well.

If these uses are permissible and meet with your approval, we will proceed with submitting the appropriate requests through our department's internal grant application process. I wanted to confirm this in advance to ensure alignment. Thank you again for your continued support and I look forward to seeing you at our next meeting. Be safe and have a great week.

-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

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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: Brevard County Fire Rescue	
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:** Patrick Voltaire	
Position Title: Fire Chief	
Address: 1040 Florida Ave. S	
City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-863-3734	**Fax Number:** 321-633-2057
E-Mail Address: Patrick.Voltaire@brevardfl.gov	

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:** Orlando Dominguez	
Position Title: EMS Assistant Chief	
Address: 1040 Florida Ave. S	
City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-863-3734	**Fax Number:** 321-633-2057
E-mail Address: Orlando.Dominguez@brevardfl.gov	

4. Type of Service (check one):

Licensed EMS provider X 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: _____ Date: 1/26/2026

Print/Type: Name of Director Robert Ford III

FL Med. Lic. No. OS12456

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: 1.27.26

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.

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	$

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.

_____ _____

Signature of Contact Person Date

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955

Brevard County Fire Rescue 2026 EMS Trust Award Grant Application:

We are committed to advancing the EMS field through this symposium, and your support will make a significant impact on our collective mission to enhance public health and safety.

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 33 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 it is citizens and guests. However, with the rapid 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 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 $17,000 Funding provided by the EMS Trust Award Grant per year, for the next five years, to 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 Scheppke.

Approximately $12,500.00 of funding will be used to offset the 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.

- $1700 each for Drs. Colwell, Goodloe, Donofrio, Pruett, Pepe (=$8500). 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 any leftover amount for services rendered.
- Approximately, $200 will go to Dr. Antevy to help offset hotel and travel costs.
- Dr. Scheppke must be funded by the State for official travel.
- In total, this remuneration for Dr. Pepe will be an additional $3,700 (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 five faculty

- Approximately $3000 of funding will be used to provide attendees coffee and lunch foods --- considering 100 attendees at $30 each
- Approximately $1500 will be anticipated for location costs, equipment rental, AV-support and cleanup

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

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 the 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 fiscal year of 2025/2026.

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 received approval from FLDOH to reapply for this event due to the significant community impact on medical services and community education.

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 multiple of the largest United States municipalities and many of their counterparts in Europe, New Zealand, Australia, and several Pacific Rim metropolitan cities. Below is a list of topics presented at the pervious EAGLES Symposium, the presentations are updated on an annual basis according to the latest EMS trends and medical research.

- 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/combative 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 2026 for fire ground operations.

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	4
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	3
Commitment: A thorough timeline that executes the grant project within the grant period.	4
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	4
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	3
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	56

Agency: Indian Harbor Beach VFD

Review Initials: csr

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

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Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	3
TOTAL SCORE	60

Agency: Indian Harbour

Review Initials: JMA

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

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

INTRODUCTION

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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.

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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.

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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 Volunteer 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: Florida	**Zip Code:** 32937
Telephone: 321-773-3181	**Fax Number:**
E-Mail Address: JCoffey@indianharbourbeach.gov	

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: Florida	**Zip Code:** 32937
Telephone: 321-426-2185	**Fax Number:**
E-mail Address: DLewis@indianharbourbeach.gov	

4. **Type of Service (check one):**

Licensed EMS provider _____ First Responder Organization XX 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: 1/26/2026

Print/Type: Name of Director Leo Hsu, MD

FL Med. Lic. No. ME 154961

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

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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: 01/27/26

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.

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 $ 25,833.23

Major Line Items:	**TOTAL**
Amount Requested: **(Approved Budget Expenditure by Major Line Items)** Certified Pre-Owned LifePak 15 with NIBP, SPO2, CO2	$ 25,833.23
TOTAL REQUESTED/BUDGETED EXPENDITURES	$ 25,833.23

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 Lewis — Signature of Contact Person

01/26/2026 — Date

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Lifepak 15 CPO Unit

Quote Number	11246436	Remit to	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version	1	Division	Medical
Prepared For	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Rep	Kellie Smith
	Attn	Email	kellie.smith@stryker.com
		Phone Number	
Quote Date	01/28/2026		
Expiration Date	04/26/2026		

Delivery Address		Sold To - Shipping		Bill To Account	
Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT
Account #	20100891	Account #	20100891	Account #	20100891
Address	1116 PINETREE DR	Address	1116 PINETREE DR	Address	1116 PINETREE DR
	INDIAN HARBOUR BEACH		INDIAN HARBOUR BEACH		INDIAN HARBOUR BEACH
	Florida 32937-4115		Florida 32937-4115		Florida 32937-4115

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99577-001957U	USED LP15,EN,SPO2CO,3L/12L,EX,NIBP,CO2	1	$20,000.00	$20,000.00
2.0	41577-000288	LP15 ACCRY SHIPKIT,AHA,S	1	$0.00	$0.00
3.0	21330-001176	LP 15 Lithium-ion Battery 5.7 amp hrs	2	$436.80	$873.60
4.0	11996-000543	EMS RD Rainbow SET MD20-04', 20-pin mini-D rectangular connector, 4ft.	1	$235.30	$235.30
5.0	11996-000510	RD rainbow SET MD20-05, 20-pin Patient Cable, 5 ft	1	$211.90	$211.90
6.0	11996-000516	RD rainbow SET Disposable 8-wavelength Pediatric Sensor, Box of 10	1	$694.85	$694.85
7.0	21300-008159	NIBP Tubing, Straight, 1.8 m (6 ft)	1	$67.60	$67.60
8.0	11160-000011	Reusable Cuff, Infant, 8-14 cm	1	$21.45	$21.45
9.0	11160-000013	Reusable Cuff, Pediatric, 13-20 cm	1	$24.05	$24.05
10.0	11160-000015	Reusable Cuff, Adult, 26-35 cm	1	$28.60	$28.60
11.0	11160-000019	Reusable Cuff, X-Large, Adult, 35-44 cm	1	$46.80	$46.80
12.0	11577-000002	LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device	1	$312.00	$312.00
13.0	11220-000028	LIFEPAK 15 Carry case top pouch	1	$56.55	$56.55
14.0	11260-000039	LIFEPAK 15 Carry case back pouch	1	$79.95	$79.95

stryker

Lifepak 15 CPO Unit

Quote Number	11246436	Remit to	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version	1	Division:	Medical
Prepared For	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Rep	Kellie Smith
	Attn:	Email	kellie.smith1@stryker.com
		Phone Number	
Quote Date	01/28/2026		
Expiration Date	04/28/2026		

#	Product	Description	Qty	Sell Price	Total
15.0	11577-000001	LIFEPAK 15 Shoulder strap	1	$38.35	$38.35
16.0	11111-000018	ECG Cable, 12-Lead, 5ft - Trunk cable with AHA limb leads	1	$356.85	$356.85
17.0	11111-000022	ECG Cable, 12-Lead, 6-Wire Precordial Attachment (AHA)	1	$143.65	$143.65
18.0	11240-000032	Printer Paper, 100 mm (2 per box)	1	$20.80	$20.80
19.0	11996-000091	Adult QUIK-COMBO pacing/defibrillation/ECG Electrodes With EDGE System Technology	1	$33.80	$33.80
20.0	11996-000093	Pediatric QUIK-COMBO RTS pacing/defibrillation/ECG Electrodes With EDGE System Technology	1	$40.95	$40.95
21.0	11113-000004	QUIK-COMBO therapy cable for use w/LIFEPAK 15	1	$360.75	$360.75
22.0	21330-001365	Test Load, English	1	$74.75	$74.75
23.0	26500-002408	LIFEPAK 15 Operating Instructions	1	$64.35	$64.35
24.0	11140-000098	LP15 AC Power Adapter (power cord not included)	1	$1,561.30	$1,561.30
25.0	11140-000015	AC power cord	1	$76.05	$76.05
26.0	11140-000080	Extension Cable (5ft 3 in)	1	$291.20	$291.20
			Equipment Total		$25,715.46

Price Totals:

Estimated Sales Tax (0.000%):	$0.00
Shipping and Handling:	$167.77
Grand Total:	$25,883.23

Prices: In effect for 30 days

Terms: Net 30 Days

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Lifepak 15 CPO Unit

Quote Number	11246436	Remit to	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version	1	Division	Medical
Prepared For	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Rep	Kelli Smith
	Attn	Email	kelli.smith1@stryker.com
		Phone Number	
Quote Date	01/28/2026		
Expiration Date	04/28/2026		

Delivery Address		Sold To - Shipping		Bill To Account	
Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Name	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT
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stryker

Lifepak 15 CPO Unit

Quote Number:	11246436	Remit to:	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version:	1	Division:	Medical
Prepared For:	INDIAN HARBOUR BEACH VOLNTR FIRE DEPT	Rep:	Kellie Smith
	Attn:	Email:	kellie.smith1@stryker.com
		Phone Number:	
Quote Date:	01/28/2026		
Expiration Date:	04/28/2026		

Shipping & Handling Includes:
Standard freight, special packaging, semi rigging cranes, labor & delivery of equipment to final location, removal of all packaging, pre-delivery site check, education/training

Terms and Conditions:
Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955

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 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 began providing EMS last year (June 2025) and, as such, its medial first-response program is in its infancy. Licensed & certified firefighter first responders (Emergency Medical Responders, EMTs, Paramedics, & Registered Nurses with the Indian Harbour Beach fire department have manual sphygmomanometers and very basic medial assessment tools.

B. Present Situation: Since the Indian Harbour Beach Fire Department recently began providing EMS first response in their scope of services provided, all equipment provided for this endeavor was basic to and allowed for program quick-start in a "crawl, walk, run" plan of implementation with limited funding. The Indian Harbour Beach Fire Department seeks to upgrade its assessment equipment to include a certified pre-owned cardiac monitor/defibrillator (AED) with pulse oximetry, capnography, and automatic blood pressure capabilities. All responders are trained to at least the NREMT Emergency Medical Responder level, and many are Florida Emergency Medical Technician, Paramedics, and Registered Nurses. Often times, our fire department first responders arrive prior to the rescue transport unit and are delayed in assessment due to use of only basic equipment. The resources requested

through this grant will provide for needed rapid assessment of patients and timely pass-along of care by 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.

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

1. Purchase cardiac monitoring / defibrillation (AED) equipment and supplies to maintain a minimum BLS-level of care on the staffed apparatus.

D: Geographic Area of Benefit: The immediate area geographic benefit will be the incorporated areas of the City of Indian Harbour Beach. Secondarily, 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, Indialantic, and Brevard County.

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

Assuming an award timeline occurring on or about March 1, 2026:

1. Equipment purchased April 2026
2. Delivery May 2026.
3. Vendor training completed June 2026.

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 2026, January 15.

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.

G: Attestation

This grant request is to fund the purchase of lifesaving medical equipment and the proposal is not a duplication of any previous effort and in no way duplicates any grant project previously awarded.

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 medical-grade assessment equipment to effectuate their scope of services provided. Responses by the *local* fire department 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 patient assessment and monitoring equipment and supplies for the Indian Harbour Beach Fire Department to enhance its 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 EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	4
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	5
Commitment: A thorough timeline that executes the grant project within the grant period.	4
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	3
Management Team: Is led by a committed management team with proven ability or potential to execute project.	4
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
Integration: Aligns with the current county-wide EMS model.	3
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	4
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	57

Agency: Cocoa FD

Review Initials: csr

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
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Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
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Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
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Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
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Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	4
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	4
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	3
TOTAL SCORE	58

Agency: Cocoa Fire

Review Initials: JMA

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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: Cocoa Fire Department	
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:** Jonathan Lamm	
Position Title: Fire Chief	
Address: 1740 Dixon Blvd	
City: Cocoa	**County:** Brevard
State: Florida	**Zip Code:** 32922
Telephone: 3216397613	**Fax Number:**
E-Mail Address: fireadministration@cocoafl.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:** Roderick Moore	
Position Title: Assistant Chief	
Address: 1740 Dixon Blvd	
City: Cocoa	**County:** Brevard
State: Florida	**Zip Code:** 32922
Telephone: 3216397609	**Fax Number:**
E-mail Address: fireadministration@cocoafl.org	

4. Type of Service (check one):

Licensed EMS provider X 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: Larissa Dudley MD Date: 1/26/26

Print/Type: Name of Director Larissa Dudley MD

FL Med. Lic. No. ME 131434

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: 01/30/26

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.

Fire and EMS personnel are required to make quick, high-stakes clinical decisions in unpredictable and often life-threatening situations. The effectiveness of these decisions directly impacts patient survival and responder safety. Currently, our department relies primarily on traditional classroom instruction and limited hands-on training, which restricts consistent exposure to rare, high-risk, and complex medical emergencies. As a result, personnel have limited opportunities to practice high-acuity, low-frequency events such as cardiac arrest, pediatric trauma, and mass-casualty incidents in a realistic, controlled environment. The absence of a modern simulator limits team-based training increases the risk of skill degradation and responder injury, and reduces preparedness for critical incidents. An advanced EMS training simulator is needed to address these gaps, enhance clinical competency, and ensure that personnel are fully prepared to deliver safe, effective, and consistent emergency medical care to the community. A training simulator would enable our staff to "develop and refine both technical and non-technical skills in a safe and controlled environment, significantly enhancing their preparedness for real-life medical situations" (Elendu et al., 2024). This level of training will considerably improve clinical competence and patient outcomes while enhancing responder safety and self-efficacy.

Currently, our department uses a first-generation cardiac rhythm generator for EMS training. While this equipment can display basic textbook rhythms, it does not accurately reflect the dynamic and physiologic variations seen in real patients, such as rhythm changes influenced by hypotension or other underlying medical conditions. As a result, training opportunities are limited and do not fully prepare personnel for the complexity of real-world emergencies. To address this gap, our department requires a modern simulation trainer capable of presenting a wide range of cardiac rhythms and clinical scenarios. In addition to advanced rhythm

interpretation, the proposed simulator will incorporate waveform capnography and blood pressure measurements that mirror the functionality of the monitors currently used in the field. This enhanced realism will allow personnel to practice comprehensive patient assessment and clinical decision-making, ultimately improving preparedness and ensuring the highest standard of care for the community.

Our agency is requesting funding to acquire an EMS training simulator that will enhance the quality and effectiveness of emergency medical services delivered to the residents and visitors of the City of Cocoa and Brevard County. Specifically, we are requesting funds to purchase the REALITI PLUS360. This proposed simulator will be used to train our EMTs and paramedics in high-risk, low-frequency events such as cardiac arrest, severe trauma, respiratory failure, pediatric emergencies, and mass causality incidents. These scenarios require rapid clinical decision-making, precise technical skills and coordinated team responses. Simulation training strengthens all three competencies without risk to real-life patients. The simulator can support training scenarios ranging from basic to highly complex. This level of realism will enhance operational readiness and ensure that personnel are better prepared to manage the emergencies they encounter in the field.

The area that will benefit most from this simulator is the City of Cocoa, Florida, but it will also benefit the citizens of Brevard County when we respond to mutual aid calls. Cocoa covers a total area of 15.4 square miles with a mix of land and water. We have 41 firefighters who responded to 5,820 emergencies in 2025 (ESO reporting system). Additionally, the number of emergency calls is expected to rise significantly over the next five years due to projected population growth driven by new subdivisions, expanding commercial businesses, and the upcoming Brightline Train stop coming to Cocoa. Currently, about 20,000 residents live in the

city, with many more moving in daily. This simulator will be crucial for keeping pace with Cocoa's evolving community and commercial landscape, as well as the upwardly advancing training needs of first responders.

The simulator will be integrated into initial training, continuing education, remediation, and skills validation. Structured, scenario-based evaluations and debriefings will enable measurable assessments of provider performance and support ongoing quality improvement. The implementation of training using this simulator is expected to take less than a year. With our ACLS, PALS, and Paramedic/EMT renewals due this year, we plan to use this simulator to renew our personnel certifications before they expire. We have scheduled BLS/ACLS training for each of our shifts from March 11–13, 2026. Three employees will finish paramedic school this year and will need to be certified by the medical director. We also plan to use this equipment during orientation for new recruits. We anticipate hiring at least three new team members within the year, and the simulator will continue to be used long-term.

The data on the number of emergencies calls we responded to in 2025 was obtained from our ESO records management system. The population information cited in this narrative came from our GIS data reporting system. These systems allow us to break down these emergency calls by age, ethnicity, gender, and location.

This proposal does not duplicate any previously awarded grant or existing departmental initiative. The requested training simulator represents a new and distinct capability that is not currently available through prior grants, operating budgets, or existing resources. Although our department has ongoing training activities, none offer the advanced simulation functionality proposed in this application. The project aims to address identified gaps in current training capacity and to expand, rather than replace, supplant, or replicate, prior efforts.

Reference

Elendu, C., Amaechi, D. C., Okatta, A. U., Amaechi, E. C., Elendu, T. C., Ezeh, C. P., & Elendu, I. D. (2024). The impact of simulation-based training in medical education: A review. *Medicine*, *103*(27), e38813. https://doi.org/10.1097/MD.0000000000038813

Data References

ESO. (2025). *Name of Report/Data Product* (Version) [Data set].

City of Cocoa. (2025*). City of Cocoa GIS data reporting system* [Map]. Cocoa Florida. Retrieved January 21, 2026

The implementation of an advanced EMS training simulator will provide a direct and measurable benefit to our community by enhancing the quality, safety, and effectiveness of emergency medical care during critical incidents. Simulation-based training enables our department to consistently practice high-risk, life-saving procedures in realistic environments without placing patients at risk. Through repeated exposure to complex scenarios, personnel will strengthen clinical proficiency, improve decision-making under pressure, and enhance team coordination. Collectively, these improvements are well documented to lead to better patient outcomes during medical emergencies (Kothari et al., 2020).

Citizens will benefit from faster, more accurate patient care during life-threatening emergencies. Moreover, the proposed initiative will reduce the likelihood of medical errors by allowing personnel to develop and refine skills in managing complex scenarios prior to encountering them in the field. In addition, standardized simulation training will promote greater consistency of care, ensuring that all patients receive high-quality treatment regardless of call type or location.

Additionally, the simulator enables training for rare but high-impact events, including pediatric emergencies, mass-casualty incidents, and disaster response. This will ensure that our department is prepared to effectively protect the community during large-scale or extraordinary emergencies. Ultimately, the primary goal of the simulator is to improve first responder training from basic to advanced levels. By strengthening the skills, preparedness, and clinical confidence of all personnel, the simulator will improve the overall quality of our department's emergency medical response. These improvements are expected to contribute to better patient outcomes, increased public trust in emergency services, and a safer, more resilient community. In the 12

months following the grant award, the training simulator will be utilized to enhance the competencies of all 41 EMT- and/or paramedic-certified members of the department.

Reference

Kothari, K., Zuger, C., Desai, N., Leonard, J., Alletag, M., Balakas, A., Binney, M., Caffrey, S., Kotas, J., Mahar, P., Roswell, K., & Adelgais, K. M. (2020). Effect of Repetitive Simulation Training on Emergency Medical Services Team Performance in Simulated Pediatric Medical Emergencies. *AEM education and training*, *5*(3), e10537. https://doi.org/10.1002/aet2.10537

Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT

Name of Grantee: Cocoa Fire Department

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

Total Amount Requested $ $10,000

Major Line Items: REALITi PlusTraining Simulator	**TOTAL**
Amount Requested: $10,000 **(Approved Budget Expenditure by Major Line Items)**	$ 10,000.00
TOTAL REQUESTED/BUDGETED EXPENDITURES	$ 10,000.00

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.

Signature of Contact Person

1/28/26
Date

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955

3B Scientific
WORLDWIDE GROUP OF COMPANIES

www.3BScientific.com

American 3B Scientific, LP

2189 Flintstone Drive
Suite O
Tucker, GA 30084
United States
1-888-326-6335

Quote: SQ2634733

Date: 1/6/2026
Expiration Date: 2/5/2026

Account#
C904161 Cocoa Fire Rescue

Bill To:
Cocoa Fire Rescue
1740 Dixon Blvd
Cocoa, FL 32992
United States

PO#: RFP Tom Redmond

Sales Representative
Amanda Miller
Amanda.Miller@3BScientific.com
(941) 807-1285

Ship To:
Cocoa Fire Rescue
1740 Dixon Blvd
Cocoa, FL 32992
United States

Shipping Terms:
FOB Atlanta

SN	Item No.	Product Details	Quantity	Est. Ship Date	List Price	Unit Price	Extended Amount
1	**1026692**	REALITi Plus	1	3/30/2026	$9,495.00	$9495.00	$9,495.00
2		Shipping	1	3/30/2026	$65.95	$65.95	$65.95

Sub Total	$9,560.95
Tax	$0.00
Grand Total	**$9,560.95**

This offer is subject to final confirmation, and the following stipulations must be observed prior to the remittance of funds, and prior to shipment.

1. Validity: Prices valid until 2/5/2026
2. Price and Quantities: The stated prices are calculated on the basis of the requested quantities of all products mentioned and can differ if partial orders are taken.
3. Acceptable Terms of Payment: By wire transfer (T/T) of funds in advance to our bank account, by credit card, COD or direct debit.
   Bank Account Information:
   Bank of America, 600 Peachtree St. NE., Atlanta, GA. 30308, USA
   Account No: 4451283595
   Domestic Wire Routing No.: 026009593
   ACH/EFT Routing No.: 111000012
   International Wires Swift Code: BOFAUS3N (USD) BOFAUS65 (Foreign Currency)
4. Legalization: If legalization is required, the cost will be charged to the purchaser.
5. Delivery Terms: FOB Atlanta
6. Packing and Packaging: Goods are supplied in 3B customary export packing and packaging. Extra packing/packing requirements are to be negotiated and are subject to additional charges.
7. Delivery Time: Approximately 2 weeks after receipt of confirmed, irrevocable order. Delivery time is quoted on the basis of an up-to-date production schedule and is therefore subject to change.
8. Product Alteration: 3B Scientific reserves the right to make minor alterations to the offered items, without prior notification to the customer.
   If it is necessary to obtain an approval in accordance with German or European foreign trade regulations or US export control regulations to fulfill the offered legal transactions, consignments or services, then completion of the contract will depend upon receiving this approval. If approval is not given or adhered to or if collateral clauses are not fulfilled the contract ceases to be effective. Delivery only possible if no legal regulations prevent shipment on exporting day.

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	4
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	4
Commitment: A thorough timeline that executes the grant project within the grant period.	3
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	4
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	Select #
Management Team: Is led by a committed management team with proven ability or potential to execute project.	4
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	4
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	4
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	52

Agency: City of Rockledge FD

Review Initials: csr

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	5
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	4
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	4
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	5
Commitment: A thorough timeline that executes the grant project within the grant period.	5
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	1
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	3
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	4
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	3
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	3
TOTAL SCORE	54

Agency: Rockleadge- Pump

Review Initials: JMA

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD 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 no-match reimbursement grant.

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: **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 **X** 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: Larissa Dudley MD Date: 1/13/26

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.

Brenda Fattrow

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

MM / DD / YY: 01/12/2026

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. 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 currently 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. Plans are underway for the addition of an ALS Quint Ladder Truck in the Spring of 2026 alongside the addition of an ALS Squad, both to be housed at Fire Station 35.

In the most recent full calendar year the department responded to a total of 4767 calls for assistance. Of this number 64 were actual fire responses while 4211 were EMS. The remaining balance of the responses were comprised of special events, investigations, false alarms and cancellations. (ESO, 2025) Of the EMS calls handled, 1549 (37%) received ALS intervention. Arguably the most profoundly ill and injured of this number involve STEMI, Stroke, Cardiac arrest and trauma alert patients. In calendar year 2025 Rockledge Fire Department encountered 5 STEMI patients, 7 stroke victims, 35 cardiac arrest and 16 trauma alerts. (ESO, 2025) Each of these ALS encounters had the potential of needing vital intervention in the form of medications by way of a drip infusion or a fluid challenge. Of the cardiac arrest victims, 7 received the medication Amiodarone while another 9 received Lidocaine. An additional 2 received Magnesium Sulfate. Each of these patients had one thing in common; they received medications via an IV infusion. Ideally the medications administered would be provided via an IV infusion pump however, while infusion pumps are often considered standard equipment for ALS-licensed transport units, very few non-transport units carry them. Non-transport agencies instead either choose to use old methods of infusion which involve manually counting the drops per minute or withhold the administration until such time as the transport unit has arrived on scene.

Fortunately, there is a simple solution to the problem Rockledge Fire Department has encountered; the addition of one IV Infusion Pump to be placed into service at Fire Station 35 on the ALS Squad. The pump the department desires to purchase is simple in design, small and lightweight, expandable should protocols or medications change and highly portable. And it is a known factor that, in the event the Rockledge Fire Department Infusion Pump is deployed it shall remain with the patient with personnel from Rockledge accompanying the Rescue unit to the receiving facility on request; as with every aspect of the Rockledge Fire Department EMS Operations, this initiative is intended to enhance the strong partnership between Brevard County Fire Rescue and Rockledge. A partnership that fosters a true team effort with the common goal of always attaining better patient outcomes.

b. Present Situation:

RFD has an average response time of just over 4 minutes citywide (ESO, 2025) 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 initiation of vital life-saving care.

In no small part, a portion of the life-saving care Rockledge Fire Department provides is Advanced Life Support intervention; invasive therapies all meant to help to stabilize the patient. The most profoundly ill and injured of the patients encountered often require fluid and medication administrations. For pediatric patients those fluids must be closely monitored and restricted while medications via infusions should be exact and absolute. Because Rockledge Fire Department currently does not have IV infusion pumps, personnel are forced to use methods that are less accurate. And, unfortunately, quite often this means some medications are simply withheld until such time as the transport unit arrives on scene. Simply stated, the vital fluids and medications should be exact in measure and administered without delay. Rockledge Fire Department currently carries six medications that will be administered via the infusion pump. (EMS Protocols, 2025) Amiodarone, Dopamine, Magnesium Sulfate, Lidocaine, TXA, Dextrose 10% and Normal Saline could all be administered in exact measures over specific frames of time and without delays.

c. The Proposed Solution

The proposed solution centers on the purchase of one Saphire Multi-Therapy Infusion Pump Kit to be placed on board one of the ALS-licensed non-transport units serving the City of Rockledge. This Infusion Pump kit is fully customizable with regard to medications and parameters, is simple to use, has a long battery life, is highly portable and is compact enough to easily fit into the department's current ALS box. The solution will include an addition to the ALS protocols, in-house training (also offered to BCFR personnel) and close monitoring of usage and outcomes. And the plan, as previously stated, would include a continuation of the use of the pump up to and until the Brevard County Fire Rescue and Rockledge Fire Department personnel mutually agree that it is no longer needed or necessary; including allowing for the pump to accompany the patient to the receiving facility. Rockledge Fire Department personnel would further remain available to accompany the transport unit on request to oversee the administration via the pump and continue providing any assistance as may be deemed necessary.

d. 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 31,429 citizens. (USC, 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, 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.

e. Proposed Time Frames:

The timeframe is as follows:

• Order Infusion Pump from vendor	Within one week of receipt of grant award funds
• Receive Infusion Pump	2 to 4 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 pump

f. Data Sources:

1.) Rockledge Fire Department Response Data (ESO), 2018 – Present (ESO, 2025)

2.) Brevard Municipal EMS Protocols, Dr. Larissa Dudley, Updated 2025 (EMS Protocols, 2025)

3.) US Census Website, Fast Facts, 2024 (USC, 2024)

g. 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 a proud tradition of working closely with our response partners helping to ensure the success of the EMS mission; securing good patient outcomes through cooperation remaining fully committed and dedicated to the patient and call at hand. Never withholding resources for the call that might come in. As occurred with the purchase of the LUCAS devices some years back, Rockledge Fire Department was ahead of many other departments, seeing the potential benefits and allowing those benefits to be realized to the maximum possible benefit. If funded, prior to deployment, all Rockledge members will be trained with BCFR also being invited. A protocol would be created which would specifically state that once placed into use on a patient the pump would remain in use until such time as the patient is delivered to the receiving facility, the medications/fluids have been fully administered or efforts are terminated for some other reason.

As with every other aspect of our operation, the overriding goal is work in harmony with our First Response partners in order to ensure ideal patient outcomes. Not just meeting the bar but actually setting it.

Bound Tree

Quotation

Quotation#: QUO-135937-Z4B3Y8

Last Modified: 01/05/2026 4:40 PM

Customer PO #:

Account Number: 106140ESHIP002

Bill To:
CITY OF ROCKLEDGE FIRE DEPT ESHIP002
1776 JACK OATES BLVD
ROCKLEDGE, FL 32955-3237
Ship Method: NO FRT
Payment Terms: NET 30

Ship To:
CITY OF ROCKLEDGE FIRE DEPT ESHIP002
1776 JACK OATES BLVD
ROCKLEDGE, FL 32955-3237

Item	Description	UOM	QTY	List Price	Your Price	Ext. Price
1850-07261	Sapphire Multi-Therapy Infusion Pump Kit	EA	1	$2,699.99	$2,000.00	$2,000.00

Quote Total: $2,000.00

Quote Expiration Date: 04/05/2026

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.

Should there be any price increases, taxes, tariffs, duties, surcharges or other fees imposed by the government, manufacturer, and/or supplier on any product(s) included in this quote, Bound Tree Medical reserves the right to amend the pricing contained in the quote.

To place an order, visit our website at www.boundtree.com, log in, and add items to your shopping cart. Alternatively, you can call (800) 533-0523 or fax (800) 257-5713.

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	$

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.

_____ _____

Signature of Contact Person Date

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is 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 Notice of Award.

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: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	3
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	3
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	3
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	3
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	3
Commitment: A thorough timeline that executes the grant project within the grant period.	4
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	1
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	3
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	3
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	2
TOTAL SCORE	46

Agency: BCFR App 2

Review Initials: csr

Application Number (if multiples): 2

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

COMMITTEE SCORECARD

Instructions: Please utilize a score of 1-5 to the right of each category, where 1 is the lowest score and a 5 is the highest. Please use specific values as requested, when prompted.	
	Score
Problem Description: The applicant clearly identifies the problem or need facing the community.	5
Benefit to Emergency Services: The proposed solution project will improve the current level of service to many citizens. Score is based on number of citizens that will receive benefit.	2
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	2
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	3
Mission: Offers a clearly defined vision meeting the intent of the grant award. **"To improve and expand prehospital emergency medical services in Brevard County"**	4
Commitment: A thorough timeline that executes the grant project within the grant period.	2
Sustainability: The applicant has committed to funding the project in the future. **No = 1, YES = 5**	1
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders. **Not specified = 1, <50 = 2, 51-100 = 3, 101-200 =4, >201 =5**	1
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	3
Integration: Aligns with the current county-wide EMS model.	4
Impact to EMS System: Level of impact by improving or expanding Emergency Medical Services within Brevard County.	4
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
TOTAL SCORE	41

Agency: Brevard County Fire- Ring

Review Initials: JMA

Application Number (if multiples): 2

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION
(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: Brevard County Fire Rescue

Our mission is to meet and exceed the needs of our community through the highest level of emergency response and prevention services. Brevard County Fire Rescue is committed to being recognized as "best in class," delivering the highest level of service to our residents and guests, today and every day. This is accomplished through our enduring commitment to excellence, strong sense of self-worth and development of community partnership.

Brevard County Fire Rescue is an all-hazards fire department which means we do more than respond to fire and medical emergencies. Brevard County Fire Rescue is the sole 911 transport agency for all of Brevard County.

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: Patrick Voltaire	
Position Title: Fire Chief	
Address: 1040 Florida Ave	
City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-633-2056	**Fax Number:** 321-633-2057
E-Mail Address: Orlando.Dominguez@brevardfl.gov	

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:** Chris Chadwick
Position Title: EMS Administrative Support Specialist
Address: 1040 Florida Ave

City: Rockledge	**County:** Brevard
State: Florida	**Zip Code:** 32955
Telephone: 321-633-2056	**Fax Number:** 321-633-2057
E-mail Address: Chris.Chadwick@brevardfl.gov	

4. Type of Service (check one):

Licensed EMS provider X____ 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: _____ Date: 1/26/2026

Print/Type: Name of Director Robert Ford

FL Med. Lic. No. 0512456

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: 1·27·26

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

As an all-hazards fire department, Brevard County Fire Rescue provides far more than fire suppression and emergency medical response. Department services include, but are not limited to, technical rescue operations, countywide advanced life support transport, hazardous materials mitigation, ocean and marine rescue, and comprehensive community risk reduction and fire prevention programs. Brevard County Fire Rescue is the sole 9-1-1 ambulance provider for Brevard County. What makes our organization stand out as one of the top Emergency Medical Services providers in the state of Florida is our 34 Advanced Life Support transport units, advanced medical equipment, progressive medical protocols, unwavering commitment to continuous quality improvement and our unwavering men and women who are ready to serve you should you require our Emergency Medical Services.

Brevard County Fire Rescue has experienced numerous situations where patient care would have been positively impacted if Ring Rescue Kits had been available. Operating 33 stations across a 72-mile-long county and serving a population of approx. 658,447 (2024 Census estimate), the department frequently responds to calls from citizens who have rings stuck due to swelling,

trauma, or medical emergencies that make removal difficult or impossible without causing further injury.

The Ring Rescue Kits will be strategically placed at the five stations that house District Chiefs, with the two Community Paramedics and the EMS Office, ensuring rapid access countywide. In addition, Brevard County's Fire Rescues Training Division will maintain a Ring Rescue device to train new employees, ensuring proper and safe use of the equipment.

Currently, the hand-operated ring cutters available are only effective on soft metals such as gold or silver and are inadequate for newer, harder materials like tungsten and titanium. This limitation has resulted in delayed care and fewer safe options for ring removal. Local hospitals also lack these updated tools and frequently request assistance from Brevard County Fire Rescue to remove rings made of these materials. Having this equipment readily available would allow for faster intervention, reduced patient pain and injury, and improved outcomes for both community members and patients referred from local healthcare facilities. Once the funds are approved from this grant this equipment would be purchased and in place for use within 12 months.

Data sources: Med Alliance Group- Quote, Ring Rescue Web Page, Brevard County Fire Rescue Web Page, US Census Bureau.

There has been no request for this equipment previously using this Grant process or request.

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.

Brevard County Fire Rescue has experienced numerous situations where patient care would have been positively impacted if Ring Rescue Kits had been available to assist citizens who have rings stuck due to swelling, trauma, or medical emergencies that make removal difficult or impossible without causing further injury. Currently, the hand-operated ring cutters available are only effective on soft metals such as gold or silver and are inadequate for newer, harder materials like tungsten and titanium. This limitation has resulted in delayed care and fewer safe options for ring removal. Local hospitals also lack these updated tools and frequently request assistance from Brevard County Fire Rescue to remove rings made of these materials. Having this equipment readily available would allow for faster intervention, reduced patient pain and injury, and improved outcomes for both community members and patients referred from local healthcare facilities.

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Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT

Name of Grantee: Brevard County Fire Rescue_____

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

Total Amount Requested $ 36,915_____

Major Line Items:	**TOTAL**
Amount Requested:	$
(Approved Budget Expenditure by Major Line Items)	
Ring Rescue Kit (9)	$26,955.00
Training Rings (600)	$1500.00
Thumbscrew (2)	$100.00
Replacement Discs and Lubricant (200)	$8125.00
Spare Wall Adapter	$115.00
TOTAL REQUESTED/BUDGETED EXPENDITURES	$36915.00

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.

_____ _____
Signature of Contact Person Date

Application Deadline
All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

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EXPENDITURE REPORTS

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REIMBURSEMENT REQUIREMENTS

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EXPENDITURES

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Completed applications should be mailed to the following address:

Brevard County Fire Rescue

ATTN: FIRE RESCUE FINANCE OFFICE

Timothy J. Mills Fire Rescue Center

1040 S. Florida Avenue

Rockledge, Florida 32955