

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

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

BREVARD COUNTY

JAN 05 2023

PROFESSIONAL STND

INTRODUCTION

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

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

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

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

Do not place more than one project in an application.

ELIGIBILITY

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

This includes:

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

MANDATORY CRITERIA REVIEW:

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

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

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function:

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: Orlando Dominguez

Position Title: Assistant Chief of EMS Operations

Address:

1040 Florida Ave. S.

City: Rockledge

County: Brevard

State: FL

Zip Code: 32955

Telephone: 321-863-3734

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: Stephanie Cotton

Position Title: Special Projects Coordinator II

Address: 1040 Florida Ave. S

City: Rockledge

County: Brevard

State: FL

Zip Code: 32955

Telephone: 321-505-7246

Fax Number: 321-633-2057

E-mail Address: Stephanie.Cotton@brevardfl.gov

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: _____

Print/Type: Name of Director John McPherson

FL Med. Lic. No. ME 58708

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

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

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

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

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

MM / DD / YY: _____

01/04/23

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.

Date _____

RECORDS RETENTION

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

DISALLOWED EXPENDITURES

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

SUPPLANTING FUNDS

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

EXPENDITURE REPORTS

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

GRANT SIGNATURE

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

RECORDS

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

REIMBURSEMENT REQUIREMENTS

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

EXPENDITURES

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

Completed applications should be mailed to the following address:

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

Brevard County Fire Rescue 2023 EMS Trust Award Grant Application:

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. As the sole provider of 911 emergency transports, Brevard County Fire Rescue strives to provide the best industry practices of EMS service delivery to its citizens and guests.

A pelvic fracture can occur at any age. Mild pelvic fractures are more common in older people because they are more likely to have bone-weakening disorders such as osteoporosis while severe pelvic fractures are most common in people aged 15 to 28 years. Pelvic fractures of the pelvis can have a range of stability, from broken but completely stable to completely unstable. The stability of your pelvis depends partly on the direction in which it was broken, and partly by the amount of force that broke it. Pelvic injuries are usually caused by significant trauma, such as road traffic collisions, falls from height or a crush injury. Due to the location of the pelvis, injuries to other structures, such as major blood vessels, the bladder and/or the bowel may occur.

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

Pelvic ring fractures resulting from high-energy and/or mass mechanisms can cause life-threatening severe bleeding; however, devices can be applied by EMS at the emergency scene to help slow or reduce that possibility. Circumferential compression is an effective and safe method to stabilize open book pelvic fractures. Currently, Brevard County Fire Rescue does not carry circumferential compression devices. An average of 50 EMS patients are transported with suspected pelvic injuries per year. Identifying the risks within the current dynamics and solutions for improvement of future service delivery will provide a more effective and efficient model, better serving Brevard County residents and guests.

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

BCFR would like to utilize the 2023 EMS Trust Award Grant funding to purchase 75 Trauma Pelvic Orthotic Devices (TPOD). The T-POD provides simultaneous, circumferential compression of the pelvic ring. Its Mechanical Advantage Pulley System provides for quick, universal compression of the pelvic region with a simple movement of the pull tab. It provides effective stabilization of the pelvic region, and reduces pain that is associated with pelvic fracture treatment. This is a one size fits most device that is also radiolucent, X-ray, CT, and MRI compatible.

Each Rescue unit will be supplied with the TPOD and ensure application prior to transport. Purchasing 75 of these devices will cover the department demand for at minimum of 1 year until funding can be secured in the annual budget.

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

Brevard County is part of the East Central Florida Atlantic Ocean Coastline known as the Space Coast. The county is approximately 72 miles long and 22 miles wide. It is the home of Federal, State and Local critical infrastructure including the Kennedy Space Center, Cape Canaveral Air Force Station, Patrick Air Force Base, and Port Canaveral, one of the busiest cruise ports in the world. The county is also home to Melbourne-Orlando International Airport, the USSSA Space Coast Stadium, The Brevard Zoo, a major railway, several area hospitals, and countywide major utilities. The county also has miles of accessible beaches making them a popular tourist destination. The entire county encompasses 1,015 square miles which includes inland water bodies. The current population is 596,849 and experienced a growth of 9.8% over the last several years (United States Census Bureau, 2018). BCFR is a large metropolitan sized fire rescue department. The department consists of approximately 722 uniformed and civilian career service employees; the career services workforce is augmented by 108 volunteer firefighters and EMS reservist. BCFR provides professional fire and EMS from 34 stations located throughout the county.

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

The estimated time frame to complete the project is 90 days from the time the funds are received. The TPOD's will be ordered from the vendor and placed in service upon receipt and completion of the applicable protocol.

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

Pelvic Fractures, Cleveland Clinic. 2012.

Halawi MJ. Pelvic ring injuries: Emergency assessment and management. *J Clin Orthop Trauma*. 2015; 6:252-258.

Brevard County Fire Rescue Statistics. 2022

Croce MA, Magnotti LJ, Savage SA, et al. Emergent pelvic fixation in patients with exsanguinating pelvic fractures. *J Am Coll Surg*. 2007; 204:935-939.

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

Brevard County Fire Rescue has not previously received grant funding to purchase Trauma Pelvic Orthotic Devices (TPOD).

G) 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.

Brevard County Fire Rescue will benefit from this grant by affording the opportunity to properly treat suspected pelvic injuries which may reduce blood loss and pain. Pelvic ring injury is associated with a significant risk of mortality (28-50%) and requires urgent management. Clinical evidence indicates that pelvic stabilization devices like the T-POD

Device can improve pelvic fracture outcomes. Immediate application of a correctly applied pelvic binder in hemodynamically unstable patients can be lifesaving. These devices may also reduce transfusion requirements and length of hospital stay as compared to embolization or external pelvic fixation. It is compact and lightweight with a one size fits most design, making it a practical option for first responders. They are a single use device that can be applied easily and quickly by a single EMS professional.

Quotation

Quotation#:

12/30/2022

Account Number: 112949-SHIP004

BILL-TO

BREVARD COUNTY FIRE RESCUE

300 ANSIN RD

ROCKLEDGE, FL 32955-5507

Ship Method: NO FRT

Payment Terms: NET 30

SHIP-TO

BREVARD COUNTY FIRE RESCUE

300 ANSIN RD

ROCKLEDGE, FL 32955-5507



Contact Name .

Phone Number .

Item	UOM	Description	Qty	Price	Ext.Price
TPODOR	1/EA	TPOD ORANGE TRAUMA PELVIC ORTHOTIC DEVICE	75	\$ 101.77	\$7,632.75

Quote Total \$7,632.75

Comments:

Charlie Phipps

Boundtree | Account Manager

|

Phone: (904) 640-1752 | Fax:

charlie.phipps@boundtree.com |

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

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

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

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

or call (800) 533-0523

fax (800) 257-5713

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	70				

Applicant Name: Brevard County Fire.

Grant Request Description: TPOD Trauma Pelvic.

Reviewer: John Atan

Signature: [Signature]

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	66				

Applicant Name: BCFR-1

Grant Request Description: TPOD

Reviewer: Cory S. Richter

Signature: _____