

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.)

INTRODUCTION

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

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

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

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

Do not place more than one project in an application.

ELIGIBILITY

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

This includes:

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

MANDATORY CRITERIA REVIEW:

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

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

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Cape Canaveral Volunteer Fire Department									
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application) Name: Dave Sargeant Position Title: Fire Chief Address: 8970 Columbia Rd <table border="1"><tr><td>City: Cape Canaveral</td><td>County: Brevard</td></tr><tr><td>State: Florida</td><td>Zip Code: 32920</td></tr><tr><td>Telephone: 321-783-4424</td><td>Fax Number: 321-783-4887</td></tr><tr><td colspan="2">E-Mail Address: DSargeant@ccvfd.org</td></tr></table>		City: Cape Canaveral	County: Brevard	State: Florida	Zip Code: 32920	Telephone: 321-783-4424	Fax Number: 321-783-4887	E-Mail Address: DSargeant@ccvfd.org	
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State: Florida	Zip Code: 32920								
Telephone: 321-783-4424	Fax Number: 321-783-4887								
E-Mail Address: DSargeant@ccvfd.org									

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report) Name: Sean Sboto Position Title: Captain/EMS Coordinator Address: 8970 Columbia Rd <table border="1"><tr><td>City: Cape Canaveral</td><td>County: Brevard</td></tr><tr><td>State: Florida</td><td>Zip Code: 32920</td></tr><tr><td>Telephone: 321-783-4424</td><td>Fax Number: 321-783-4887</td></tr><tr><td colspan="2">E-mail Address: SSboto@ccvfd.org</td></tr></table>		City: Cape Canaveral	County: Brevard	State: Florida	Zip Code: 32920	Telephone: 321-783-4424	Fax Number: 321-783-4887	E-mail Address: SSboto@ccvfd.org	
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E-mail Address: SSboto@ccvfd.org									

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

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: 12/12/2022

Print/Type: Name of Director: **John R McPherson, MD**

FL Med. Lic. No: **FL 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: 12/13/22

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: Dave Sargeant

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

Total Amount Requested \$961.99

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	\$
LDA390KIT Airtraq A390 Wi-Fi Camera and Full Kit, Standard Hard Case, USB, Silicone Cover, Docking Station and Charger	\$950.00
LDA390USC Blue Silicone Cover for Airtraq A390 Wi-Fi Camera	\$0.00
Shipping Charge for Quote	\$11.99
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$961.99
Actual Expenditures (by Major Line Items)	\$
TOTAL EXPENDITURES (TO BE REIMBURSED)	\$

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



Signature of Contact Person

12/12/22

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***

Justification Summary for Airtraq Grant

- A) The problem, or need for the Airtraq is to provide our personnel with a video laryngoscope to facilitate intubation. We currently have these devices on two out of our three front run apparatus and using the AirTraq has proven to increase our success rate of intubations in the field.
- B) By obtaining the grant and the purchase of the Airtraq, our chances for successful field intubations on critical patients will increase, as would our chances for survival in cardiac arrest patients.
- C) The purposed solution would be the purchase of the Airtraq A390 Wi-Fi Camera and Full Kit, which includes a charger and docking station.
- D) The geographic area that will benefit from this grant would be Port Canaveral, City of Cape Canaveral and the unincorporated area of Avon by the Sea. Our one apparatus that currently does not have this equipment has seen a significant increase of EMS calls due to Port Canaveral reopening cruise sailing after the COVID-19 pandemic. Adding an AirTraq to this apparatus will increase our ability to provide the best patient care to our patients.
- E) The proposed time frames for completing this project would be within 60 days of grant awarded.
- F) https://www.mercurymed.com/wp-content/uploads/airtraq_brochure-2022.pdf

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

8. This grant will positively affect provider services and improve patient care in critical patients needing a secured airway. This grant will assist Cape Canaveral Volunteer Fire Department by providing our Paramedics with the equipment to support increasing their chances of successfully intubating critical patients and also provide documentation for confirmation of proper ET Tube placement. Cape Canaveral Volunteer Fire Department is always looking to provide the best patient care possible, and with the addition of this AirTraQ device, all apparatus in our department will be equipped with the topmost technology and equipment in order for our personnel to be able to achieve our goal.



Quote

#EST15657

12/12/2022

Mercury Medical
11300 49th Street North
Clearwater FL 33762-4807
United States

Bill To

Cape Canaveral Volunteer
Fire Department
8970 Columbia Road
Cape Canaveral FL 32920
United States

Ship To

Cape Canaveral Volunteer
Fire Department
8970 Columbia Road
Cape Canaveral FL 32920
United States

Account Number:121049

Customer Service Phone # 1-800-835-6633
Customer Service Email uscustomerservice@mercurymed.com
Terms Due on receipt
Shipment Transportation Terms
Shipping Method
Expires 3/12/2023

Sales Specialist	Phone Number	Email
Josh Gomez - Sales Specialist	Office Phone:(727) 748-4680	jgomez@mercurymed.com
Heather Doughty - Inside Sales Specialist	Office Phone:(727) 573-4917	hdoughty@mercurymed.com

Quantity	Units	Item	Rate	Amount
1	Ea	LDA390KIT Airtraq A390 WiFi Camera And Full Kit, Standard Hard Case, USB, Silicone Cover, Docking Station and Charger	\$950.00	\$950.00
1	Ea	LDA390USC Blue Silicone Cover For Airtraq A390 WiFi Camera	\$0.00	\$0.00
1	Ea	Shipping Charge for Quote	\$11.99	\$11.99

Subtotal \$961.99

Tax Total (%) \$0.00

Total \$961.99

The above prices do not include applicable freight.

Effective May 31, 2022 this Quote may reflect a price increase due to the unprecedented global supply events outside the control of Mercury Medical.



EST15657

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	54				

Applicant Name: Cape Canaveral Volunteer Fire.

Grant Request Description: Air-tag A390 Wi-Fi Camera & Full Kit

Reviewer: [Signature]

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
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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	55				

Applicant Name: Cape Canaveral Volunteer FD

Grant Request Description: Airtraq A390

Reviewer: Cory S. Richter

Signature: _____