

**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)***

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

<b>3. <u>Contact Person:</u></b> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report )	
Name: Lucas Senger	
Position Title: Deputy Chief Support Services	
Address: 550 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-mail Address: lucas.senger@titusville.com	

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

**Medical Director of licensed EMS provider:**

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: David T Williams, DO Date: 9 Dec 2022

Print/Type: Name of Director DAVID T WILLIAMS, DO

FL Med. Lic. No. #056588

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

**6. Certification: My signature below certifies the following:**

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

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

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

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

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

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

MM / DD / YY: 12/08/22

# **Brevard County Fire Rescue Emergency Medical Services**

## **2023 Grant Application**

### **Justification Summary**

A) The City of Titusville Fire Department (TFD) is seeking the AmbuMan Advanced mannequin. We are looking to enhance our emergency medical services (EMS) training by incorporating current advanced technology incorporated within the AmbuMan Advanced mannequin including airway management, ECG simulation, defibrillation and IV/IO access. With ever increasing calls for EMS, TFD crew's advanced skills training needs to increase as well to follow the demand. Currently, TFD does not have an advanced mannequin to train with. TFD would like to be able to hone skills with lifelike vital signs, cardiac rhythms, airway management, all on one mannequin. This product will allow for continuous skills assessment in real time with added software critiques. The report generated at the end of a skills or scenario session will all for immediate feedback to the trainees individually, and corrective actions can be taken if necessary. The citizens can be assured their TFD crews are being trained with the most advanced skills and scenario-based simulations possible. These lifelike scenarios will highly benefit both TFD's responders and citizens alike.

B) The Brevard County Fire Rescue Emergency Medical Services 2023 Grant approval will allow Titusville Fire Department to increase Pt care training in the Brevard County emergency response system. EMS patient medical training is very valuable to the medical doctor in the emergency room by having fully qualified EMS personnel in the field. Increased trainings using the lifelike AmbuMan Advanced mannequin can introduce scenarios to the EMS personnel and making procedures and treatments decisions in real time. With the addition of AmbuMan

Advanced mannequin to TFD's EMS training, the skill sets will be transferred to live patients in the field resulting in better treatments. EMS training is essential, and having AmbuMan Advanced mannequin will allow TFD crews the chance to train on advanced technology.

C) Grant funds will be used to purchase the AmbuMan Advanced mannequin product using Vender of Record Bound Tree quoted pricing. Per obtained Bound Tree quote dated 12/06/2022, a cost of \$8,793.35 is needed.

D) The geographical area to benefit is city of Titusville, FL, and North Brevard including the areas between Kings Hwy and the north Brevard County Line. Approximately 300sq miles.  
Approximately 47,000 – 60,000 people.

E) Proposed time frame:

First Month – Grant Awarded

Second Month – Purchase

Third Month – Acquire, in-service training

Third-Fourth Month – Initial trainings, reoccurring for life of product

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

F) Data sources. Bound Tree EMS Sales Representative  
Ambu EMS Sales Representative  
<https://www.ambu.com/emergency-care-and-training/training-manikins/product/ambu-man-advanced-next-generation>

G) The City of Titusville Fire Department has not applied for nor been awarded grants funds for the AmbuMan Advanced mannequin.

## **Brevard County Fire Rescue Emergency Medical Services**

### **2023 Grant Application**

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

The City of Titusville Fire Department (TFD) understands our citizens expect a level of care, professionalism, and quality no matter who is providing life-saving efforts. We believe the AmbuMan Advanced mannequin will increase our level of care resulting in better outcomes for the citizens we come in contact with by increasing our level of skills and scenario-based trainings. The immediate feedback our personnel will receive directly results in a higher quality of care in the field. This mannequin allows for airway management using bag-valve masks (BVMs) to I-Gels to Endotracheal Tubes (ET). We can attach 4-lead electrodes to the mannequin and the software generates rhythms to be read real-time during scenarios and adjusts according to interventions used. IV/IO access points for circulatory access introducing fluids and medications. And a feedback chest compression device. Our EMTs and Paramedics will see real time how affective their chest compressions really are. All these items are compiled into the software and a critique report is generated for each individual involved in the scenario. This report gives the feedback needed to improve on procedures and decision making. All of this completes a better trained EMT and Paramedic. An increase in demand for EMS has increased to need for better trained individuals.

The improved safety of our EMT's and paramedics. The increased consistency of BLS and ALS skills. The potential increased levels of positive outcomes. The ability to provide the most current supported technology. The level of service on par with what our citizens expect. These are a few reasons the award of the 2023 Emergency Medical Services Grant for the AmbuMan Advanced mannequin will benefit TFP personnel and the citizens alike.



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## Quotation

Quotation#:

12/06/2022

**Account Number: 150113-ESHIP001**

**BILL-TO**

TITUSVILLE FIRE AND EMS

PO BOX 2806

TITUSVILLE, FL 32781-2806

Ship Method: >\$100 NO FRT

Payment Terms: CREDIT CARD PMT

**SHIP-TO**

TITUSVILLE FIRE AND EMS

550 S WASHINGTON AVE

TITUSVILLE, FL 32796-3552

Contact Name

Phone Number



**Bound Tree**

Item	UOM	Description	Qty	Price	Ext.Price
3621-40700	1/EA	AmbuMan Advanced	1	\$ 8,793.35	\$8,793.35

**Quote Total \$8,793.35**

**Comments:**

**Charlie Phipps**

Boundtree | Account Manager

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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](http://www.boundtree.com), login and add to your shopping cart

or call (800) 533-0523

fax (800) 257-5713



Date \_\_\_\_\_

# BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
<b>Problem Description:</b> The agency clearly identifies the problem or need facing the community.	1	2	3	4	(5)
<b>Benefit to Emergency Victims:</b> 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)
<b>Needs Based:</b> Has identified a clear need and presents a clear value proposition.	1	2	3	4	(5)
<b>Project Definition:</b> The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	(5)
<b>Mission:</b> Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	(5)
<b>Commitment:</b> A thorough time line that executes the grant project within a 12 month period.	1	2	3	(4)	5
<b>Outcome for Training Projects:</b> Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	(5)
<b>Adverse Consequences:</b> Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	(4)	5
<b>Management Team:</b> Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	(5)
<b>Budget:</b> Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	(4)	5
<b>Innovative:</b> Fits current county-wide EMS model.	1	2	3	4	(5)
<b>Improvement of EMS System:</b> Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	(5)
<b>Replicable:</b> Model is defined and appears to be easily replicable.	1	2	3	4	(5)
<b>Justification Summary Provided:</b> Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	(5)
<b>TOTAL SCORE</b>	67.				

Applicant Name: City of Titusville.

Grant Request Description: Ambulance Advanced Mannequin.

Reviewer: Lupe Atan

Signature: [Signature]

# BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
<b>Problem Description:</b> The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
<b>Benefit to Emergency Victims:</b> 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
<b>Needs Based:</b> Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
<b>Project Definition:</b> The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
<b>Mission:</b> Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
<b>Commitment:</b> A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
<b>Outcome for Training Projects:</b> Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
<b>Adverse Consequences:</b> Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
<b>Management Team:</b> Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
<b>Budget:</b> Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
<b>Innovative:</b> Fits current county-wide EMS model.	1	2	3	4	5
<b>Improvement of EMS System:</b> Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
<b>Replicable:</b> Model is defined and appears to be easily replicable.	1	2	3	4	5
<b>Justification Summary Provided:</b> Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
<b>TOTAL SCORE</b>	61				

Applicant Name: Titusville FR

Grant Request Description: AmbuMan Advanced Mannequin

Reviewer: Cory S. Richter

Signature: \_\_\_\_\_