

**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. Organization Name and Primary Mission/Function:** Rockledge Department of Public Safety  
Fire and EMS Division

**2. Grant Signer:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

**Name:** Dr. Brenda Fettrow

**Position Title:** City Manager

**Address:** 1600 Huntington Lane

**City:** Rockledge

**County:** Brevard

**State:** Florida

**Zip Code:** 32955

**Telephone:** 321-221-7540

**Fax Number:**

**E-Mail Address:** bfettrow@cityofrockledge.org

**3. Contact Person:** (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report )

**Name:** James Wilson

**Position Title:** Deputy Chief of Fire and EMS

**Address:** 1776 Jack Oates Blvd.

**City:** Rockledge

**County:** Brevard

**State:** Florida

**Zip Code:** 32955

**Telephone:** 321-221-7540

**Fax Number:**

**E-mail Address:** jwilson@cityofrockledge.org

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

Licensed EMS provider ☒ First Responder Organization ☐ Emergency Department ☐

EMS Training Center ☐ EMS Academic Institution ☐

Other pre-hospital EMS service provider ☐

Other (specify) \_\_\_\_\_.

**Medical Director of licensed EMS provider:**

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

Signature: \_\_\_\_\_ Unavailable to sign at time of application \_\_\_\_\_ Date: 12/12/2022

Print/Type: Name of Director Dr. David Williams, DO

FL Med. Lic. No. OS-6588

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.

Dr. Brenda Fetherow

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

MM / DD / YY: 12/13/2022



**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 under 4 minutes. Each station has one engine assigned and all are ALS licensed with a minimum of one Paramedic on board at all times providing ALS services under the Medical Direction of Dr. David Williams. As an all-services Fire Department, Rockledge utilizes many training tools in order to ensure competence, confidence and safe operations. Among the tools used, one in particular sticks out as desperately being in need of replacement; a manikin that is some 25-years-old, is in total disrepair and is beyond salvage. This manikin is utilized for extrication training, "dummy drags", medical scenarios and is placed into locations that make it difficult to rescue. Over the years the manikin has lost one leg, the chest plate and in addition the skin is worn, stained and torn. This manikin is used several times each week by on-duty crews and is also utilized during new-hire testing processes. One article written in 2019 states "the importance of realistic firefighter training cannot be over emphasized. And the more realistic it can be made the better." (Fire Engineering, 2019)

In the most recent full calendar year the department responded to a total of 4577 calls for assistance. Of this number 61 were actual fire responses while 3195 were EMS. The remaining balance of the responses were comprised of lift assist, special events, investigations, false alarms and cancellations. (ESO, 2022) Because such a high number of the responses handled involved having to lift and move patients/victims, the important role a life-sized manikin plays in the department becomes even more apparent. Arguably one of the most profound injury potentials modern fire services faces are those involving the safe movement of patients from the position found to the position desired. One article located that was written in 2017 cites the fact that 21% of all provider injuries are lower back injuries that resulted from patient lifting. (JEMS, 2017) With responses increasing, obesity becoming commonplace and the elderly population increasing the potentials of crew injuries increases exponentially and drastically.

Fortunately, with proper lifting techniques, training and healthy workout programs it is certain that many injuries can be avoided. Rockledge Fire Department is able to address two of these three critical components; the training and the workout regime. With the addition of a replacement manikin, training scenarios can be made more realistic, injuries no doubt avoided and in a very tangible way the citizens Rockledge Fire Department serves will benefit.



b. Present Situation:

RFD has an average response time of just under 4 minutes citywide (ESO, 2022). The dispatch services for the city are provided, via contract, by Brevard County Fire Rescue. This allows the simultaneous dispatch of the RFD licensed non-transport ALS asset as well as the licensed ALS transport unit from the county. In nearly every case RFD arrives on scene first and initiates the first patient contact. In most cases RFD arrives over two minutes prior to BCFR. Immediately upon patient contact RFD personnel begin the utilization of the Space Coast Regional EMS Protocols (Williams, 2022). The protocols take into consideration appropriate packaging and movement of patients including splinting, extrication and comfort care.

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

During training evolutions currently, the department is using a manikin that is well past its life expectancy and lacks any semblance of realism that an updated and more modern manikin would afford. Modern manikins allow for movement of a lifelike weighted manikin that can also receive simulated care; all-inclusive and immersive training that leads to increased levels of confidence when providers are called on to provide actual services.

c. The Proposed Solution

The proposed solution centers on the purchase of a new manikin, a Rescue Randy Combat Challenge Manikin. With realistic size, weight and proportions along with the capability to allow practice in providing treatment, this manikin will serve the department, and thus indirectly, the citizens for literally years to come.

d. Consequences if not funded:

Should this application fail to receive funding, and in no small part due to the fiscal challenges related to the post-pandemic era we are all now in, RFD will be forced to continue utilizing the old manikin performing less than ideal

training scenarios and thus leaving both the patients we serve as well as our personnel vulnerable to injuries that might otherwise have been avoided.

e. Geographic Area:

The City of Rockledge is an incorporated city in Central Brevard County made up of 13.5 square miles. The latest complete census showed 27,476 citizens. (Census, 2018) 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 soon Brightline) In addition to providing primary fire and ALS response coverage within the city limits of Rockledge, the department also has an automatic aid agreement with Brevard County Fire Rescue assisting in covering portions of unincorporated Viera and a mutual-aid response compact with the neighboring city of Cocoa. In addition to single family residences, Rockledge includes several Assisted Living Facilities and Nursing Care Facilities, a large hospital (Rockledge Regional) and several plans for expansion underway which will only serve to increase response numbers as both residential and industrial numbers increase in the years to come.

f. Proposed Time Frames:

The timeframe is as follows:

- |                                       |   |
|---------------------------------------|---|
| • Order manikin from medical provider | Within one week of receipt of grant award funds       |
| • Receipt of manikin                  | 8 to 12 weeks from time of order                      |
| • Grant closure                       | Immediately after receipt                             |
| • Training of use                     | Begins immediately on receipt                         |
| • Deployment                          | On completion of training; within one week of receipt |
| • Evaluation                          | Ongoing post deployment                               |

g. Data Sources:

- 1.) Rockledge Fire Department Response Data (ESO), 2021 – (ESO, 2022)
- 2.) **Reducing EMS Provider Lifting Injuries**, JEMS Online (JEMS, 2017)
- 3.) Space Coast Regional EMS Protocols, Dr. David Williams, Updated 2022 (Williams, 2022)
- 4.) **The Importance of Realistic Fire Training**, Fire Engineering Online (Fire Engineering, 2019)



h. Statement:

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

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

The City of Rockledge Fire Department, like literally every other department in the nation, is dependent on realistic and comprehensive training. Our philosophy is a simple one; we do not train until we get it right. We train until we cannot get it wrong. This sort of a training outlook requires that the right tools be made available to facilitate the training. One of the most important tools that we use is a lifelike manikin; one that allows training on lifting techniques and tactics even from difficult and precarious positions. These manikins help to ensure that providers do not get injured nor do they injure those being lifted. A weighted manikin reduces the risk to both fire personnel and those whom we serve. If even one workman's compensation claim is avoided, tens of thousands in savings will be realized. And this does not even take into account the positive affects on morale; personnel being given the right tools to train are far more likely to fully engage in the exercises and thus benefit to a greater degree.

9. Explain how this grant will improve training projects.

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

Literally 100% of Rockledge Fire Department personnel will receive training and benefit from the purchase of the manikin. In reality, multiple times. From safely dragging a simulated patient out of harm's way to extrication from a vehicle; removing a patient from a small confined space to lowering via ropes, the purchase of this manikin will lead to training exercises and outcomes that simply cannot take place currently. And it will involve each and every member of the department, current and future.

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.

Currently every single training evolution involving the use of a manikin utilizes the old and outdated model that has been in the possession of the city since approximately 1995. Going forward, if funded, every single training evolution will use the new manikin.

Each station and shift goes to the training center no less than three times per week. Fully one third of the training currently involves the use of the manikin. With three shifts using the manikin once per week, conservatively, and each station being actively involved and performing no less than two evolutions per session, the manikin is currently being used in approximately 6 training evolutions per week. Again, this is a conservative figure and does not include those times when new-hire training and/or testing is taking place, officer training is being held or other specialized training is hosted. (For example, law enforcement personnel also use the FD manikin on occasion and would also benefit if this grant application is selected for award.)



# Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

**Name of Grantee:** Rockledge Department of Public Safety Fire and EMS Division

Time Period Covered: Award Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Total Amount Requested \$ 1293.35

<b>Major Line Items:</b>	<b>TOTAL</b>
<b>Amount Requested:</b> <b>(Approved Budget Expenditure by Major Line Items)</b>	<b>\$ 1293.35</b>
Purchase of Rescue Manikin	
<b>TOTAL REQUESTED/BUDGETED EXPENDITURES</b>	<b>\$</b>

<b>Actual Expenditures (by Major Line Items)</b>	<b>\$ 1293.35</b>
<b>TOTAL EXPENDITURES (TO BE REIMBURSED)</b>	<b>\$</b>

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

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

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## Quotation

Quotation#:

12/12/2022

**Account Number: 106140-ESHIP002**

**BILL-TO**

CITY OF ROCKLEDGE FIRE DEPT  
1600 HUNTINGTON LN  
ROCKLEDGE, FL 32955-2660

Ship Method: NO FRT

Payment Terms: NET 30

**SHIP-TO**

CITY OF ROCKLEDGE FIRE DEPT  
1776 JACK OATES BLVD  
ROCKLEDGE, FL 32955-2856

Contact Name .

Phone Number .



Item	UOM	Description	Qty	Price	Ext.Price
6514351	1/EA	Rescue Manikin, Rescue Randy Combat Challenge, 165 lb	1	\$ 1,293.35	\$1,293.35

**Quote Total \$1,293.35**

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

or call (800) 533-0523

fax (800) 257-5713



## **RECORDS RETENTION**

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

## **DISALLOWED EXPENDITURES**

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

## **SUPPLANTING FUNDS**

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

## **EXPENDITURE REPORTS**

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

## **GRANT SIGNATURE**

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

## **RECORDS**

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

## **REIMBURSEMENT REQUIREMENTS**

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

## **EXPENDITURES**

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

**Completed applications should be mailed to the following address:**

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



# BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
<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>	65				

Applicant Name: \_\_\_\_\_

Grant Request Description: \_\_\_\_\_

Reviewer: \_\_\_\_\_

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

Rockledge Fire Dept.  
Rescue Randy Combat Challenge  
Susan Stan  
Julia

# 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
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<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
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<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>	56				

Applicant Name: Rockledge FD

Grant Request Description: Rescue Randy

Reviewer: Cory S. Richter

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