

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): _____

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Sustainability: The applicant has committed to funding the project in the future. No = 1, YES = 5	1
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TOTAL SCORE	54

Agency: Rockledge- Pump

Review Initials: JMA

Application Number (if multiples): _____

RECEIVED

JAN 14 2026

BCFR FINANCE

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 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: 1/13/20

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

MM / DD / YY: 01/12/2026

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.

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 Sapphire 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.



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
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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.**

SUPLANTING 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