

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”	5
Commitment: A thorough timeline that executes the grant project within the grant period.	4
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.	3
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.	5
Integration: Aligns with the current county-wide EMS model.	3
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	57

Agency: Cocoa FD

Review Initials: CSR

Application Number (if multiples): _____

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Agency: Cocoa Fire

Review Initials: JMA

Application Number (if multiples): _____

RECEIVED

JAN 30 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)

Cocoa Fire Department	
1. <u>Organization Name and Primary Mission/Function:</u>	
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: Jonathan Lamm	
Position Title: Fire Chief	
Address: 1740 Dixon Blvd	
City: Cocoa	County: Brevard
State: Florida	Zip Code: 32922
Telephone: 3216397613	Fax Number:
E-Mail Address: fireadministration@cocoaf1.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: Roderick Moore	
Position Title: Assistant Chief	
Address: 1740 Dixon Blvd	
City: Cocoa	County: Brevard
State: Florida	Zip Code: 32922
Telephone: 3216397609	Fax Number:
E-mail Address: fireadministration@cocoaf1.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: Larissa Dudley MD Date: 1/26/26

Print/Type: Name of Director Larissa Dudley MD

FL Med. Lic. No. ME 131434

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.

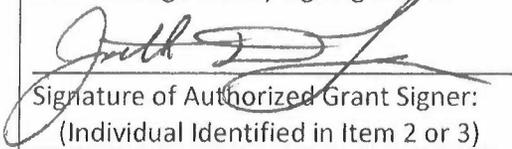
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by 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: 01/30/26

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.

Fire and EMS personnel are required to make quick, high-stakes clinical decisions in unpredictable and often life-threatening situations. The effectiveness of these decisions directly impacts patient survival and responder safety. Currently, our department relies primarily on traditional classroom instruction and limited hands-on training, which restricts consistent exposure to rare, high-risk, and complex medical emergencies. As a result, personnel have limited opportunities to practice high-acuity, low-frequency events such as cardiac arrest, pediatric trauma, and mass-casualty incidents in a realistic, controlled environment. The absence of a modern simulator limits team-based training increases the risk of skill degradation and responder injury, and reduces preparedness for critical incidents. An advanced EMS training simulator is needed to address these gaps, enhance clinical competency, and ensure that personnel are fully prepared to deliver safe, effective, and consistent emergency medical care to the community. A training simulator would enable our staff to “develop and refine both technical and non-technical skills in a safe and controlled environment, significantly enhancing their preparedness for real-life medical situations” (Elendu et al., 2024). This level of training will considerably improve clinical competence and patient outcomes while enhancing responder safety and self-efficacy.

Currently, our department uses a first-generation cardiac rhythm generator for EMS training. While this equipment can display basic textbook rhythms, it does not accurately reflect the dynamic and physiologic variations seen in real patients, such as rhythm changes influenced by hypotension or other underlying medical conditions. As a result, training opportunities are limited and do not fully prepare personnel for the complexity of real-world emergencies. To address this gap, our department requires a modern simulation trainer capable of presenting a wide range of cardiac rhythms and clinical scenarios. In addition to advanced rhythm

interpretation, the proposed simulator will incorporate waveform capnography and blood pressure measurements that mirror the functionality of the monitors currently used in the field. This enhanced realism will allow personnel to practice comprehensive patient assessment and clinical decision-making, ultimately improving preparedness and ensuring the highest standard of care for the community.

Our agency is requesting funding to acquire an EMS training simulator that will enhance the quality and effectiveness of emergency medical services delivered to the residents and visitors of the City of Cocoa and Brevard County. Specifically, we are requesting funds to purchase the REALITI PLUS360. This proposed simulator will be used to train our EMTs and paramedics in high-risk, low-frequency events such as cardiac arrest, severe trauma, respiratory failure, pediatric emergencies, and mass causality incidents. These scenarios require rapid clinical decision-making, precise technical skills and coordinated team responses. Simulation training strengthens all three competencies without risk to real-life patients. The simulator can support training scenarios ranging from basic to highly complex. This level of realism will enhance operational readiness and ensure that personnel are better prepared to manage the emergencies they encounter in the field.

The area that will benefit most from this simulator is the City of Cocoa, Florida, but it will also benefit the citizens of Brevard County when we respond to mutual aid calls. Cocoa covers a total area of 15.4 square miles with a mix of land and water. We have 41 firefighters who responded to 5,820 emergencies in 2025 (ESO reporting system). Additionally, the number of emergency calls is expected to rise significantly over the next five years due to projected population growth driven by new subdivisions, expanding commercial businesses, and the upcoming Brightline Train stop coming to Cocoa. Currently, about 20,000 residents live in the

city, with many more moving in daily. This simulator will be crucial for keeping pace with Cocoa's evolving community and commercial landscape, as well as the upwardly advancing training needs of first responders.

The simulator will be integrated into initial training, continuing education, remediation, and skills validation. Structured, scenario-based evaluations and debriefings will enable measurable assessments of provider performance and support ongoing quality improvement. The implementation of training using this simulator is expected to take less than a year. With our ACLS, PALS, and Paramedic/EMT renewals due this year, we plan to use this simulator to renew our personnel certifications before they expire. We have scheduled BLS/ACLS training for each of our shifts from March 11–13, 2026. Three employees will finish paramedic school this year and will need to be certified by the medical director. We also plan to use this equipment during orientation for new recruits. We anticipate hiring at least three new team members within the year, and the simulator will continue to be used long-term.

The data on the number of emergencies calls we responded to in 2025 was obtained from our ESO records management system. The population information cited in this narrative came from our GIS data reporting system. These systems allow us to break down these emergency calls by age, ethnicity, gender, and location.

This proposal does not duplicate any previously awarded grant or existing departmental initiative. The requested training simulator represents a new and distinct capability that is not currently available through prior grants, operating budgets, or existing resources. Although our department has ongoing training activities, none offer the advanced simulation functionality proposed in this application. The project aims to address identified gaps in current training capacity and to expand, rather than replace, supplant, or replicate, prior efforts.

Reference

Elendu, C., Amaechi, D. C., Okatta, A. U., Amaechi, E. C., Elendu, T. C., Ezech, C. P., & Elendu, I. D. (2024). The impact of simulation-based training in medical education: A review. *Medicine*, *103*(27), e38813. <https://doi.org/10.1097/MD.00000000000038813>

Data References

ESO. (2025). *Name of Report/Data Product* (Version) [Data set].

City of Cocoa. (2025). *City of Cocoa GIS data reporting system* [Map]. Cocoa Florida. Retrieved January 21, 2026

The implementation of an advanced EMS training simulator will provide a direct and measurable benefit to our community by enhancing the quality, safety, and effectiveness of emergency medical care during critical incidents. Simulation-based training enables our department to consistently practice high-risk, life-saving procedures in realistic environments without placing patients at risk. Through repeated exposure to complex scenarios, personnel will strengthen clinical proficiency, improve decision-making under pressure, and enhance team coordination. Collectively, these improvements are well documented to lead to better patient outcomes during medical emergencies (Kothari et al., 2020).

Citizens will benefit from faster, more accurate patient care during life-threatening emergencies. Moreover, the proposed initiative will reduce the likelihood of medical errors by allowing personnel to develop and refine skills in managing complex scenarios prior to encountering them in the field. In addition, standardized simulation training will promote greater consistency of care, ensuring that all patients receive high-quality treatment regardless of call type or location.

Additionally, the simulator enables training for rare but high-impact events, including pediatric emergencies, mass-casualty incidents, and disaster response. This will ensure that our department is prepared to effectively protect the community during large-scale or extraordinary emergencies. Ultimately, the primary goal of the simulator is to improve first responder training from basic to advanced levels. By strengthening the skills, preparedness, and clinical confidence of all personnel, the simulator will improve the overall quality of our department's emergency medical response. These improvements are expected to contribute to better patient outcomes, increased public trust in emergency services, and a safer, more resilient community. In the 12

months following the grant award, the training simulator will be utilized to enhance the competencies of all 41 EMT- and/or paramedic-certified members of the department.

Reference

Kothari, K., Zuger, C., Desai, N., Leonard, J., Alletag, M., Balakas, A., Binney, M., Caffrey, S., Kotas, J., Mahar, P., Roswell, K., & Adalgais, K. M. (2020). Effect of Repetitive Simulation Training on Emergency Medical Services Team Performance in Simulated Pediatric Medical Emergencies. *AEM education and training*, 5(3), e10537. <https://doi.org/10.1002/aet2.10537>

**Brevard County Fire Rescue
BUDGET/REIMBURSEMENT REQUEST
EXPENDITURE REPORT**

Name of Grantee: Cocoa Fire Department

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

Total Amount Requested \$ \$10,000

Major Line Items: REALiTi Plus Training Simulator	TOTAL
Amount Requested: \$10,000 (Approved Budget Expenditure by Major Line Items)	\$ 10,000.00
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$ 10,000.00

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

1/28/26
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.

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 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



3B Scientific
WORLDWIDE GROUP OF COMPANIES

www.3BScientific.com

American 3B Scientific, LP

2189 Flintstone Drive
Suite O
Tucker, GA 30084
United States
1-888-326-6335

Quote: SQ2634733

Date: 1/6/2026
Expiration Date: 2/5/2026

Account#
C904161 Cocoa Fire Rescue

Bill To:
Cocoa Fire Rescue
1740 Dixon Blvd
Cocoa, FL 32992
United States

Ship To:
Cocoa Fire Rescue
1740 Dixon Blvd
Cocoa, FL 32992
United States

PO#: RFP Tom Redmond

Sales Representative
Amanda Miller
Amanda.Miller@3BScientific.com
(941) 807-1285

Shipping Terms:
FOB Atlanta

SN	Item No.	Product Details	Quantity	Est. Ship Date	List Price	Unit Price	Extended Amount
1	1026692	REALITi Plus	1	3/30/2026	\$9,495.00	\$9495.00	\$9,495.00
2		Shipping	1	3/30/2026	\$65.95	\$65.95	\$65.95
Sub Total							\$9,560.95
Tax							\$0.00
Grand Total							\$9,560.95

This offer is subject to final confirmation, and the following stipulations must be observed prior to the remittance of funds, and prior to shipment.

- Validity: Prices valid until 2/5/2026
- Price and Quantities: The stated prices are calculated on the basis of the requested quantities of all products mentioned and can differ if partial orders are taken.
- Acceptable Terms of Payment: By wire transfer (T/T) of funds in advance to our bank account, by credit card, COD or direct debit.
Bank Account Information:
Bank of America, 600 Peachtree St. NE., Atlanta, GA. 30308, USA
Account No: 4451283595
Domestic Wire Routing No.: 026009593
ACH/EFT Routing No.: 111000012
International Wires Swift Code: BOFAUS3N (USD) BOFAUS65 (Foreign Currency)
- Legalization: If legalization is required, the cost will be charged to the purchaser.
- Delivery Terms: FOB Atlanta
- Packing and Packaging: Goods are supplied in 3B customary export packing and packaging. Extra packing/packing requirements are to be negotiated and are subject to additional charges.
- Delivery Time: Approximately 2 weeks after receipt of confirmed, irrevocable order. Delivery time is quoted on the basis of an up-to-date production schedule and is therefore subject to change.
- Product Alteration: 3B Scientific reserves the right to make minor alterations to the offered items, without prior notification to the customer.
If it is necessary to obtain an approval in accordance with German or European foreign trade regulations or US export control regulations to fulfill the offered legal transactions, consignments or services, then completion of the contract will depend upon receiving this approval. If approval is not given or adhered to or if collateral clauses are not fulfilled the contract ceases to be effective. Delivery only possible if no legal regulations prevent shipment on exporting day.