

**BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES**

**2025-2026 EMS TRUST AWARD GRANT APPLICATION**

**COMMITTEE SCORECARD**

<b>Instructions:</b> 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.	
	<b>Score</b>
<b>Problem Description:</b> The applicant clearly identifies the problem or need facing the community.	5
<b>Benefit to Emergency Services:</b> 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.	5
<b>Needs Based:</b> The proposed solution identifies a clear need and presents a clear value proposition.	4
<b>Project Definition:</b> The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	4
<b>Mission:</b> Offers a clearly defined vision meeting the intent of the grant award. <b>“To improve and expand prehospital emergency medical services in Brevard County”</b>	5
<b>Commitment:</b> A thorough timeline that executes the grant project within the grant period.	5
<b>Sustainability:</b> The applicant has committed to funding the project in the future. <b>No = 1, YES = 5</b>	5
<b>Outcome for Training Projects:</b> Training will be beneficial to a large subset of EMS providers, including first responders. <b>Not specified = 1, &lt;50 = 2, 51-100 = 3, 101-200 =4, &gt;201 =5</b>	4
<b>Adverse Consequences:</b> Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	4
<b>Management Team:</b> Is led by a committed management team with proven ability or potential to execute project.	5
<b>Budget:</b> Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	5
<b>Integration:</b> Aligns with the current county-wide EMS model.	5
<b>Impact to EMS System:</b> Level of impact by improving or expanding Emergency Medical Services within Brevard County.	5
<b>Justification Summary Provided:</b> Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	4
<b>TOTAL SCORE</b>	<b>65</b>

Agency: Cape Canaveral VFD

Review Initials: CSR

Application Number (if multiples): \_\_\_\_\_

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Agency: Cape Canaveral

Review Initials: JMA

Application Number (if multiples): \_\_\_\_\_

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

RECEIVED

JAN 30 2026

BCFR FINANCE

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)

<b>1. Organization Name and Primary Mission/Function:</b> Cape Canaveral Volunteer Fire Department	
<b>2. Grant Signer:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Chris Quinn	
Position Title: Fire Chief	
Address: 8970 Columbia Rd	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: (321) 783-4424 Ext 217	Fax Number: (321) 783-4887
E-Mail Address: cquinn@ccvfd.org	

<b>3. Contact Person:</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: Sean Sboto	
Position Title: EMS Chief	
Address: 190 Jackson Ave	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: (321) 783-4424 Ext 305	Fax Number: (321) 783-4887
E-mail Address: ssboto@ccvfd.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: \_\_\_\_\_

Print/Type: Name of Director \_\_\_\_\_

FL Med. Lic. No. \_\_\_\_\_

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.

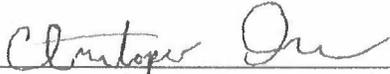
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by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



MM / DD / YY: 01/27/26

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.



**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**

**A) Problem description (Provide a narrative of the problem or need);**

Cape Canaveral Volunteer Fire Department is planning to implement Rapid Sequence Intubation allowing our paramedics provide a higher level of care to our patients during medical and/or traumatic events that require immediate airway control. To successfully implement this practice, we will need to train heavily on RSI indications and procedures, as well as have the best tools available to perform these skills in emergency situations.

**B) Present situation (Describe how this grant will impact/improve the current conditions or need);**

Currently, our department only intubates patients in cardiac arrest, unless a mutual aid unit is on scene with the capability to perform Rapid Sequence Intubation. We will be adding rapid sequence intubation medications and have already purchased various airway training manikins so that we can thoroughly train our providers prior to implementing this in the field. Currently we are lacking on the additional tools available to increase our success for our patients.

**C) The proposed solution (what will be purchased with the grant funds);**

The proposed solution to this would be to purchase the One Scope Pro, Video Laryngoscope for our three first due apparatuses. I feel having this device available, will help the success rate for our responders to be able to intubate critical patients.

**D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);**

The geographic area that would benefit from this grant would be the City of Cape Canaveral, the Canaveral Port Authority, and mutual aid areas in Brevard County and Cocoa Beach.

**E) The proposed time frames (Provide a list of the time frame(s) for completing this project);**

The proposed time frame that I would like to implement this procedure and equipment would be by July of 2026.

**F) Data Sources (Provide a complete list of data source(s) you cite);**

<https://www.boundtree.com/airway-oxygen-delivery/video-laryngoscopes/curaplex-onescope-pro-video-laryngoscope/p/2146-26785P>

**G) Statement attesting that the proposal is not a duplication of a previous effort**

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

8. This grant will positively affect provider service by giving the ability to use a video laryngoscope that can be used to help confirm proper ET Tube placement and increase our paramedics comfortability and confidence on scene while performing intubations. Having these video laryngoscopes as well as the ability to confidently RSI patients would also reduce the amount of stress on BCFR as we rely heavily on them to establish an advanced airway if needed on scene for any situation other than a code 99. These devices would be not only helpful to our providers, but also to the communities we serve.