

**BREVARD COUNTY FIRE RESCUE**  
**EMERGENCY MEDICAL SERVICES**  
**2024 GRANT APPLICATION**



*THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.*  
*(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)*

## INTRODUCTION

### The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

## ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

## MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.  
(Letters of support may be submitted and will not be counted as pages.)

**BREVARD COUNTY FIRE/RESCUE**  
**EMS GRANT APPLICATION**

*(Complete all items unless instructed differently within the application)*

<b>1. Organization Name and Primary Mission/Function:</b> City of Rockledge Fire Department; all-hazards response agency covering the City of Rockledge and surrounding areas.	
<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: 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: <a href="mailto:bfettrow@cityofrockledge.org">bfettrow@cityofrockledge.org</a>	

<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: 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: <a href="mailto:jwilson@cityofrockledge.org">jwilson@cityofrockledge.org</a>	

<b>4. Type of Service (check one):</b>
Licensed EMS provider <input checked="" type="checkbox"/> 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: *Dr. Larissa Dudley MS* Date: 11/4/24

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.

*D. Brenda Fetzrow*

MM / DD / YY: 11/5/2024

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.



## **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***



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 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.

In the most recent full calendar year the department responded to a total of 4782 calls for assistance. Of this number 59 were actual fire responses while 3145 were EMS. The remaining balance of the responses were comprised of lift assist, special events, investigations, false alarms and cancellations. (ESO, 2024) Of the EMS calls handled, 48 received advanced airway intervention in the form of endotracheal intubation or attempted intubation. The department realized a success rate of 81.25% (39) with 9 unsuccessful. (ESO, 2024) While these percentages are remarkable, it cannot be ignored that there is an additional breakdown regarding successful intubations; 29 were successful on first pass (60.4%), 9 were successful on the second attempt (18.75% and 1 was successful on a third attempt (2.08%). This means that 10 patients successfully intubated took more than one attempt while the additional 9 were failed attempts. This represents a total of 19 patients of the 48 who either received delayed or no intubation. (39.5%)

Fortunately, there is a proposed solution to the number of patients who received either no endotracheal intubation or delayed; video laryngoscopy. Evidence clearly shows that video laryngoscopy, or VL, offers an opportunity to achieve successful intubation on the first pass more frequently. An article in the New England Journal of Medicine used a study that was concluded in 2023 demonstrated a clear increase in the success rate. In the study, 600 of 705 (85.1% patients using VL were successfully intubated on first pass while 504 of 712 (70.8%) were successfully intubated on first attempt using standard tools and techniques. (NEJM Online, 2023) Given that the current Rockledge Fire Department first-pass intubation success rate is 60.4%, it is anticipated that both the first-time successful pass rate and the overall successful pass rate would improve. This statement is solidly founded on the studies performed in 2023, the numbers attained and a direct comparison of the two.

b. Present Situation:

RFD has an average response time of just over 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 their protocols with an emphasis on assessment and maintenance of a patent airway.

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 utilize vital life-saving skills including endotracheal intubation.

c. The Proposed Solution

The proposed solution centers on the purchase of video laryngoscopes in keeping with current trends in Emergency Medical Services and the wishes of our Medical Director to add this tool to our toolbox. The proposed solution is also in keeping with what almost every other licensed EMS provider in Brevard County has done to improve upon their first-pass success percentages.

d. Consequences if not funded:

Should this application fail to receive funding Rockledge Fire Department personnel will have to continue to utilize manual intubation tools and techniques. It is notable that the City of Rockledge has encumbered enormous expenses updating stations and purchasing a Quint Ladder Truck which means that the purchase of the VL devices has not been fit into the budget. The summary of the consequences is actually centered on patient outcomes. The science clearly shows that VL is a superior method of securing an airway via endotracheal intubation. If the devices are not purchased the current intubation success rates will remain unchanged.

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 29,134 citizens. (BEER, 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, a large hospital (Orlando Health Rockledge) 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 VL from primary medical supplier | Within one week of receipt of grant award funds |
| • Receive VL                             | 4 to 6 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 devices             |

g. Data Sources:

- 1.) Rockledge Fire Department Response Data (ESO), 2018 – Present (ESO, 2024)
- 2.) [Video versus Direct Laryngoscopy for Tracheal Intubation of Critically Ill Adults | New England Journal of Medicine Online \(NEJM Online, 2023\)](#)
- 3.) Space Coast Regional EMS Protocols, Dr. David Williams, Updated 2023 (Williams, 2023)
- 4.) Bureau for Economic and Business Research, 2024 (BEBR, 2024)

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 has already realized incredible success rates for first-pass intubations. The addition of the VL will only serve to improve those numbers as has been demonstrated in multiple scientific tests centered on the comparison of manual versus the use of VL.



**Quotation**

**Quotation#:** QUO-38794-V8H7D9

**Last Modified:** 10/24/2024 11:26 AM

**Customer PO #:**

**Account Number:** 106140ESHIP002

**Bill To:**

CITY OF ROCKLEDGE FIRE DEPT ESHIP002

Ship Method: NO FRT

Payment Terms: NET 30

**Ship To:**

CITY OF ROCKLEDGE FIRE DEPT ESHIP002  
1776 JACK OATES BLVD  
ROCKLEDGE, FL 32955-2856

Line No.	Item	Description	UOM	QTY	List Price	Your Price	Ext. Price
1	2146-26785	OneScope Pro Video Laryngoscope	EA	3	\$3,189.99	\$1,997.33	\$5,991.99

**Quote Total:** \$5,991.99

**Quote Expiration Date:** 01/24/2025

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.

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

# 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>	63				

Applicant Name: Rockledge

Grant Request Description: Video Laryngoscopes

Reviewer: Cory Richter

Signature: Cory S. Richter  
Digitally signed by Cory S. Richter  
 DN: cn=Cory S. Richter, o, ou,  
 email=crich296@att.net, c=US  
 Date: 2024.12.05 17:30:38 -05'00'

## 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>					

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

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

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

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

