

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.	5
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.	5
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	1
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.	4
Management Team: Is led by a committed management team with proven ability or potential to execute project.	5
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.	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	58

Agency: BCFR App4

Review Initials: csr

Application Number (if multiples): 4

BREVARD COUNTY FIRE RESCUE EMERGENCY MEDICAL SERVICES

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TOTAL SCORE	64

Agency: Brevard County Fire- Puls

Review Initials: JMA

Application Number (if multiples): 4

Dominguez, Orlando J

From: Guadiana, Claire <Claire.Guadiana@flhealth.gov>
Sent: Thursday, January 22, 2026 11:55 AM
To: Dominguez, Orlando J
Subject: Re: EMS Trust Award Funds/Brevard County Fire Rescue

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good morning Chief,

It was a pleasuring seeing you at the State meetings as well.

I think this system that you have created is outstanding for EMS within Brevard County as well as Statewide, and with that I approve this request.

With the new changes to the EMS County Disbursements, you will no longer have to apply for the disbursement, and you are not required to provide any documentation back to the State, all records will now be kept internally, and the money will automatically be disbursed quarterly.

Please let me know if you have any questions.

Thank you again for all that you do,

Claire



Claire Guadiana, FCCM

EMS Strategic Planning and Grants Program Manager
Bureau of Emergency Medical Oversight
Division of Emergency Preparedness and Community Support
4052 Bald Cypress Way, Bin A-22, Tallahassee, FL 32399
(c) 850-408-4817
Claire.Guadiana@FLHealth.gov

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

How am I doing? Please let me know by taking this short [survey](#). Thank you!

Florida has a very broad public records law. Most written communication to or from state officials regarding state business are public records, available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

From: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Sent: Tuesday, January 20, 2026 1:14 PM
To: Guadiana, Claire <Claire.Guadiana@flhealth.gov>
Cc: Dominguez, Orlando J <orlando.dominguez@brevardfl.gov>
Subject: EMS Trust Award Funds/Brevard County Fire Rescue

You don't often get email from orlando.dominguez@brevardfl.gov. [Learn why this is important](#)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hello Ms. Guadiana:

I hope this message finds you well. It was a pleasure seeing you at the recent State meetings. I'm following up on our conversation regarding the Emergency Medical Service (EMS) Trust Award. During our discussion, I inquired about the possibility of using EMS Trust Award funds to support a repeat project. Specifically, Brevard County has utilized Trust Award dollars to fund our PulsePoint initiative over the past six years. We would like to request approval to continue this important service by applying for funding to extend it for an additional five years.

Additionally, this past year Brevard County Fire Rescue hosted the Eagles Symposium, which was open not only to our local EMS providers, EMS educators and emergency department professionals but to participants across the state. We would like to request permission to use EMS Trust Award funds to support this valuable educational symposium for the next five years as well.

If these uses are permissible and meet with your approval, we will proceed with submitting the appropriate requests through our department's internal grant application process. I wanted to confirm this in advance to ensure alignment. Thank you again for your continued support and I look forward to seeing you at our next meeting. Be safe and have a great week.

-Orlando

Best wishes,
-Orlando

Orlando J. Dominguez, Jr., RPM
Assistant Chief of EMS Operations
Brevard County Fire Rescue
O: [321-633-2056](tel:321-633-2056)
F: [321-633-2057](tel:321-633-2057)
www.brevardfl.gov/firerescue
www.twitter.com/BCFREMS

Nearly all men can stand adversity, but if you want to test a man's character, give him power.

- Abraham Lincoln

"Under Florida Law, email addresses are Public Records. If you do not want your e-mail address released in response to public record requests, do not send electronic mail to this entity. Instead, contact this office by phone or in writing."

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. <u>Organization Name and Primary Mission/Function:</u>		Brevard County Fire Rescue						
<p>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)</p> <p>Name: Patrick Voltaire</p> <p>Position Title: Fire Chief</p> <p>Address: 1040 Florida Ave. S</p> <table border="1"> <tr> <td>City: Rockledge</td> <td>County: Brevard</td> </tr> <tr> <td>State: Florida</td> <td>Zip Code: 32955</td> </tr> <tr> <td>Telephone: 321-863-3734</td> <td>Fax Number: 321-633-2057</td> </tr> </table> <p>E-Mail Address: Patrick.Voltaire@brevardfl.gov</p>			City: Rockledge	County: Brevard	State: Florida	Zip Code: 32955	Telephone: 321-863-3734	Fax Number: 321-633-2057
City: Rockledge	County: Brevard							
State: Florida	Zip Code: 32955							
Telephone: 321-863-3734	Fax Number: 321-633-2057							

<p>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)</p> <p>Name: Orlando Dominguez</p> <p>Position Title: EMS Assistant Chief</p> <p>Address: 1040 Florida Ave. S</p> <table border="1"> <tr> <td>City: Rockledge</td> <td>County: Brevard</td> </tr> <tr> <td>State: Florida</td> <td>Zip Code: 32955</td> </tr> <tr> <td>Telephone: 321-863-3734</td> <td>Fax Number: 321-633-2057</td> </tr> </table> <p>E-mail Address: Orlando.Dominguez@brevardfl.gov</p>		City: Rockledge	County: Brevard	State: Florida	Zip Code: 32955	Telephone: 321-863-3734	Fax Number: 321-633-2057
City: Rockledge	County: Brevard						
State: Florida	Zip Code: 32955						
Telephone: 321-863-3734	Fax Number: 321-633-2057						

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: 1/26/2020

Print/Type: Name of Director Robert Ford III

FL Med. Lic. No. OS12456

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: 1-27-08

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.

**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.

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

7. Justification Summary

A: (Problem Description) In the event of an emergency where every minute matters and the prompt availability of resources means the difference between life and death, we want to ensure that the citizens of Brevard County are protected as well as equipped to aid others in need. Brevard County covers over 1000 square miles and is home to a population of approximately 643,979. The area also serves as a popular travel destination to more than 3 million people annually.

B: (Present Situation) In Brevard County, we are presented with a problem. An expedient response of resources trained in early Cardiopulmonary Resuscitation (CPR) and access to Automated External Defibrillators (AEDs) for our residents and visitors can be challenging. A need has been identified to have a system in place that will provide lifesaving intervention prior to emergency personnel arriving on scene. It has been proven that early interventions such as CPR and use of an AED have had a positive outcome on patients suffering from sudden cardiac arrest.

C: (The Proposed Solution) Traditionally, the ability to defibrillate rested solely in the hands of emergency medical personnel, first responders or with the hopes of having a bystander trained in CPR/AED present. Survival depends on the Emergency Medical Services system being contacted and arriving quickly. Unfortunately, a quick EMS response isn't always possible. The most efficient EMS system will have delays from traffic, secured buildings, gated communities, large buildings complexes and high-rises.

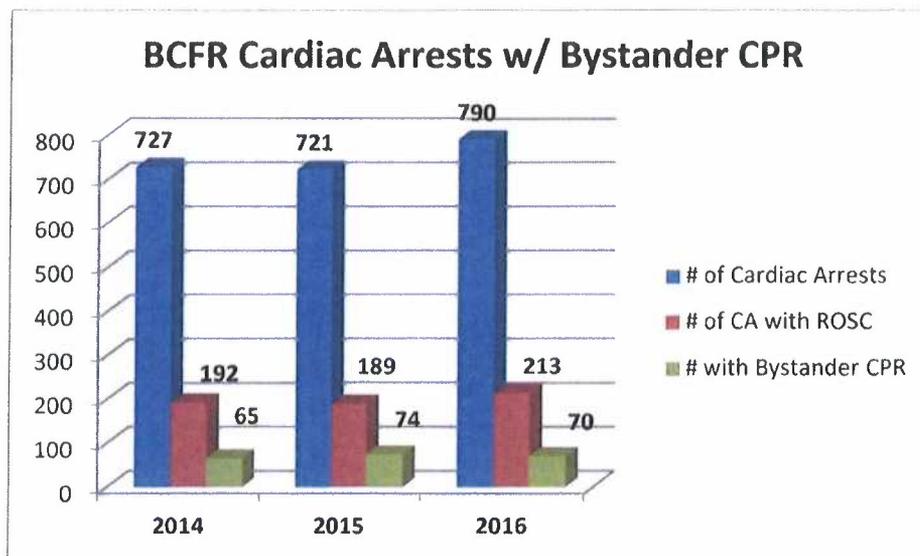
With the community AED program PulsePoint and a combined effort of working with local municipalities and the residents of Brevard County, we will be able to increase the survival rates of cardiac arrest victims. This result will be achieved by increasing citizen awareness of cardiac events and informing residents of public access defibrillator (AED) locations through real-time mapping of nearby devices. In addition, the program also encompasses a registration of trained CPR/AED bystanders who, by the activation of a smartphone app, would respond if nearby to the public location of the cardiac arrest. The goal is to initiate bystander CPR as soon as possible, before EMS arrives on the scene, giving the patient the best chance of survival. This system has already saved countless lives and is installed in hundreds of jurisdictions worldwide (PulsePoint 2017).

D: (Geographic Area) 24.9% of the county's permanent residents are over the age of 65 and, according to the Centers for Disease Control and Prevention, are statistically at a greater risk for heart disease, heart attack, or sudden cardiac arrest. Each year over 300,000 Americans suffer an out-of-hospital cardiac arrest. Most cardiac arrests are due to abnormal heart rhythms called arrhythmias. Ventricular Fibrillation (VF) is the most common arrhythmia that causes cardiac arrest. VF is a condition in which the heart's electrical impulses suddenly become chaotic, often without warning. This condition causes the heart's pumping action to abruptly stop. Defibrillation is the only known therapy for VF.

The victim's chances of survival falls 7-10% every minute without bystander CPR until defibrillation. The goal of the PulsePoint AED program is to deliver defibrillation to a sudden cardiac arrest victim within 3 to 5 minutes. Nationally, only about a third of cardiac arrest

victims receive bystander CPR, and AEDs are used only 3% of the time when needed and available (Centers for Disease Control and Prevention 2011).

With sudden cardiac arrests being the leading cause of death in the United States, more and more communities throughout the country are training individuals in CPR and the proper use of an AED. In the United States, nearly 2.3 million people every year take the Red Cross First Aid/CPR/AED training (The American National Red Cross 2017). In 2016, Brevard County had a total of 790 cardiac arrest cases prior to EMS arriving, 213 of which had a Return of Spontaneous Circulation (ROSC). Out of those 213 patients who regained spontaneous circulation, 65 had received CPR from a bystander prior to EMS arrival.



According to the American Heart Association, CPR that is performed within the first few minutes of a cardiac arrest can double or triple a person's chance of survival (AHA 2017). Most individuals trained in CPR and AED want to assist in saving another person's life; they just need the right tools to do so. Our goal is to enhance the frequency of early onset resuscitation efforts

in order to increase the chance of survival through public awareness and access to a system that allows them to respond to sudden cardiac arrests nearby. As you can see with the statistics of Brevard County, there is room for us as a department as well as a community to benefit dramatically by having a program in place that would provide the initiation of CPR within seconds of a cardiac arrest through the application PulsePoint.

E: (Proposed Time Frame) With an aggressive execution, Brevard county would like to continue have the PulsePoint program without disruption in service for the next 5 years.

F (Data Source)

American Heart Association

http://cpr.heart.org/AHA/ECC/CPRAndECC/AboutCPRFirstAid/CPRFactsAndStats/UCM_475748_CPR-Facts-and-Stats.jsp

The American National Red Cross

<http://www.redcross.org/news/article/CPRAED-Training-Saves-Lives>

Out-of-Hospital Cardiac Arrest Surveillance --- Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1, 2005--December 31, 2010

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6008a1.htm>

PulsePoint App

<http://www.pulsepoint.org>

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously):

Brevard County Fire Rescue has received approval from the Florida Department of Health to allow the continuation of this program through the use of EMS Trust Award Grant Funds. (Please see attached email and supporting documentation)

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

According to AHA, early CPR and application of the AED are two of the five essential links to the chain of survival. By utilizing PulsePoint as part of the emergency response system, it would allow for those citizens trained in CPR/AED and who are part of the BCFR PulsePoint registry to receive the notification of a cardiac arrest at the same time as first responders. The notification is received through the smartphone app from the 911 dispatch center and once notified, the bystander will acknowledge their availability to assist with the cardiac arrest victim. The smartphone app not only provides information as to the location of the victim but also allows the bystander to notify the dispatch center they are responding and then the app will display a map of the nearest AED locations.

The particular program for consideration is PulsePoint. Because the implementation has already taken place, the request is for the future EMS Trust Award dollars in the amount of \$18,000 annually for subscription fees per year, for the next 5 years. This is the same model used when the county served as the project coordinator to equip all EMS departments and

hospitals with the capability of transmitting and receiving STEMI ECG's approximately 15 years ago.

In the EMS Trust Award Grant application, we have included a sole source letter from the company stating that PulsePoint is the only provider of this type of community AED mobile application. There is also a letter from Brevard County Fire Rescue's Medical Director Dr. John McPherson discussing his strong endorsement of the product and how he believes it will be highly beneficial not only for our department, but the municipality agencies in our community as well. Our IT department's Systems Administer Matthew Wolfe has confirmed that the PulsePoint software is compatible with our E911 CAD software program for emergency response which we have shown through his email exchange with PulsePoint Vice President Kraig Erickson.

Overall, Brevard County Fire Rescue would like to thank you for your consideration of implementing the PulsePoint system into our community which will truly benefit Brevard County citizens, guests, employees and municipalities alike.