

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.	3
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.	3
Needs Based: The proposed solution identifies a clear need and presents a clear value proposition.	3
Project Definition: The agency provides clear plans with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	3
Mission: Offers a clearly defined vision meeting the intent of the grant award. “To improve and expand prehospital emergency medical services in Brevard County”	3
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	3
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.	3
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-G) found on Brevard County EMS Grant Application.	2
TOTAL SCORE	46

Agency: BCFR App 2

Review Initials: csr

Application Number (if multiples): 2

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TOTAL SCORE	41

Agency: Brevard County Fire- Ring

Review Initials: JMA

Application Number (if multiples): 2

BREVARD COUNTY FIRE/RESCUE

EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: Brevard County Fire Rescue

Our mission is to meet and exceed the needs of our community through the highest level of emergency response and prevention services. Brevard County Fire Rescue is committed to being recognized as "best in class," delivering the highest level of service to our residents and guests, today and every day. This is accomplished through our enduring commitment to excellence, strong sense of self-worth and development of community partnership.

Brevard County Fire Rescue is an all-hazards fire department which means we do more than respond to fire and medical emergencies. Brevard County Fire Rescue is the sole 911 transport agency for all of Brevard County.

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: Patrick Voltaire

Position Title: Fire Chief

Address:
1040 Florida Ave

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: 321-633-2056

Fax Number: 321-633-2057

E-Mail Address:

Orlando.Dominguez@brevardfl.gov

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)

Name: Chris Chadwick

Position Title:

EMS Administrative Support Specialist

Address:

1040 Florida Ave

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: 321-633-2056

Fax Number: 321-633-2057

E-mail Address:

Chris.Chadwick@brevardfl.gov

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: 1/26/2026

Print/Type: Name of Director Robert Ford

FL Med. Lic. No. 0512456

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: 1-27-26

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.

As an all-hazards fire department, Brevard County Fire Rescue provides far more than fire suppression and emergency medical response. Department services include, but are not limited to, technical rescue operations, countywide advanced life support transport, hazardous materials mitigation, ocean and marine rescue, and comprehensive community risk reduction and fire prevention programs. Brevard County Fire Rescue is the sole 9-1-1 ambulance provider for Brevard County. What makes our organization stand out as one of the top Emergency Medical Services providers in the state of Florida is our 34 Advanced Life Support transport units, advanced medical equipment, progressive medical protocols, unwavering commitment to continuous quality improvement and our unwavering men and women who are ready to serve you should you require our Emergency Medical Services.

Brevard County Fire Rescue has experienced numerous situations where patient care would have been positively impacted if Ring Rescue Kits had been available. Operating 33 stations across a 72-mile-long county and serving a population of approx. 658,447 (2024 Census estimate), the department frequently responds to calls from citizens who have rings stuck due to swelling,

trauma, or medical emergencies that make removal difficult or impossible without causing further injury.

The Ring Rescue Kits will be strategically placed at the five stations that house District Chiefs, with the two Community Paramedics and the EMS Office, ensuring rapid access countywide. In addition, Brevard County's Fire Rescues Training Division will maintain a Ring Rescue device to train new employees, ensuring proper and safe use of the equipment.

Currently, the hand-operated ring cutters available are only effective on soft metals such as gold or silver and are inadequate for newer, harder materials like tungsten and titanium. This limitation has resulted in delayed care and fewer safe options for ring removal. Local hospitals also lack these updated tools and frequently request assistance from Brevard County Fire Rescue to remove rings made of these materials. Having this equipment readily available would allow for faster intervention, reduced patient pain and injury, and improved outcomes for both community members and patients referred from local healthcare facilities. Once the funds are approved from this grant this equipment would be purchased and in place for use within 12 months.

Data sources: Med Alliance Group- Quote, Ring Rescue Web Page, Brevard County Fire Rescue Web Page, US Census Bureau.

There has been no request for this equipment previously using this Grant process or request.

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.

Brevard County Fire Rescue has experienced numerous situations where patient care would have been positively impacted if Ring Rescue Kits had been available to assist citizens who have rings stuck due to swelling, trauma, or medical emergencies that make removal difficult or impossible without causing further injury. Currently, the hand-operated ring cutters available are only effective on soft metals such as gold or silver and are inadequate for newer, harder materials like tungsten and titanium. This limitation has resulted in delayed care and fewer safe options for ring removal. Local hospitals also lack these updated tools and frequently request assistance from Brevard County Fire Rescue to remove rings made of these materials. Having this equipment readily available would allow for faster intervention, reduced patient pain and injury, and improved outcomes for both community members and patients referred from local healthcare facilities.

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

Name of Grantee: Brevard County Fire Rescue _____

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

Total Amount Requested \$ 36,915 _____

Major Line Items:	TOTAL
Amount Requested:	\$
(Approved Budget Expenditure by Major Line Items)	
Ring Rescue Kit (9)	\$26,955.00
Training Rings (600)	\$1500.00
Thumbscrew (2)	\$100.00
Replacement Discs and Lubricant (200)	\$8125.00
Spare Wall Adapter	\$115.00
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$36915.00

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

Date

Application Deadline

All applications must be received no later than January 30, 2026, at 17:00 hours.

RECORDS RETENTION

The grantee shall ensure that grant documentation is made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue’s notification. All costs for disallowed items are the responsibility of the grantee.

SUPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue’s Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the Notice of Award.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue’s Grant Administrator shall receive the signed application no later than the “additional data submission date’ listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff, then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

Brevard County Fire Rescue
ATTN: FIRE RESCUE FINANCE OFFICE
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955