

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)

1. <u>Organization Name and Primary Mission/Function:</u> Indian Harbour Beach Fire Department First Responder Agency	
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: John Coffey	
Position Title: City Manager	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: FL	Zip Code: 32937
Telephone: 321-773-3181	Fax Number:
E-Mail Address: jcoffey@indianharbour.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: David Lewis	
Position Title: Fire Chief	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: FL	Zip Code: 32937
Telephone: 321-426-2185	Fax Number:
E-mail Address: DLewis@indianharbour.org	

4. <u>Type of Service (check one):</u>
Licensed EMS provider _____ First Responder Organization <input checked="" type="checkbox"/> 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: 11/13/2024

Print/Type: Name of Director Leo Hsu, MD

FL Med. Lic. No. ME154961

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: 11/13/24

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.

7. Justification Summary

A. Problem Description: The incorporated city limits of Indian Harbour Beach has had fire protection provided by the Indian Harbour Beach Fire Department since its inception in 1962. The scope of service provided in the past and currently (2024) has been limited to that of fire protection only. Emergency Medical Services are an essential component of the scope of services provided by fire departments across the United States. According to the International Association of Fire Chiefs (IAFC), *"The American Fire Service is strategically and geographically well positioned to deliver time critical response and effective patient care rapidly. As such, the fire service has become the first-line medical responder for critical illnesses and injuries in almost every community in the United States."*¹ The City of Indian Harbour Beach is currently an exception to this norm as EMS first-response is not provided by the *local* fire department or authority having jurisdiction (AHJ). Oftentimes in our community, patients with critical illness or injuries must wait for a Brevard County rescue unit to arrive before anyone with formal medical training arrives. Some patients may have a local police officer arrive and render support, but they have little to no formal medical training beyond a CPR certificate.

Prior to 2024, leadership within the Indian Harbour Beach Fire Department did not support EMS as being an essential service provided to the community. A recent change in leadership within the Indian Harbour Beach Fire Department has realigned our service priorities with those that other communities around the United States have come to expect. The current leadership at the Indian Harbour Beach Fire Department understands that having trained, medical responders arrive within just a few minutes of a 911 call will mean the difference in improved patient outcomes rather than continued deterioration due to untimely access to needed medical care.

B. Present Situation: Since the Indian Harbour Beach Fire Department did not provide EMS first-response in their scope of services provided, any equipment and supplies needed for this endeavor was

absent, inconsistent, or outdated (expired). Additionally, outside of those volunteers who are currently licensed medical providers for their primary employers (nurses, paramedics, EMTs), the majority of the volunteers have no current medical training. The resources requested through this grant will provide for needed *minimum* training and equipment for the Indian Harbour Beach Fire Department personnel to render first-response medical care to the citizens and visitors of the City of Indian Harbour Beach. This positive change will provide an overall enhancement to the Brevard County's Emergency Medical System specifically in Indian Harbour Beach, which currently lacks a tiered medical response.

C. Proposed Solution: By utilizing available EMS Trust Grant funds, the Indian Harbour Beach Fire Department will:

1. Provide initial training for all of its firefighter staff to that of Emergency Medical Responder **at a minimum**. Continuing medical education will then be provided on a monthly basis to keep medical responder skill fresh and current and provide for CEUs for those credentialed medical responders (EMR, EMT, EMTP, RNs etc).
2. Purchase equipment and supplies to maintain a minimum BLS-level of care on both the engine, ladder, squad, and district apparatus.
3. Establish a contractual relationship with an experienced, Florida-licensed Medical Director to provide program oversight, training, and call-review.
4. Establish an EMS First-Response level of service at the BLS-level for critical medical, trauma, and motor vehicle accidents within our service area. This will initiate a tiered response EMS system that seamlessly integrates with Brevard County Fire and Rescue.

D: Geographic Area of Benefit: The immediate area geographic benefit will be the incorporated areas of the City of Indian Harbour Beach. Secondly, the areas outside of the City of Indian Harbour Beach will benefit as the Indian Harbour Beach Fire Department will be able to provide EMS First Response

with Mutual or Automatic Aid as requested to the neighboring departments of Satellite Beach, Indianalantic, and Brevard County.

E. Proposed Timeline: The following proposed timelines are approximate.

1. Emergency Medical Responder Training
 - a. Initial training for 15-20 participants (December 2024 - March 2025)
 - b. On-going continuing medical education (Monthly beginning in April 2025)
2. EMS Supply and Equipment Procurement (December 2024-March 2025)
3. Implement Critical EMS First Response in Indian Harbour Beach Fire Department
March-April 2025

F. Data Sources:

1. International Association of Fire Chiefs. (2009, May 7). IAFC Position Paper on Fire-Based Emergency Medical Services. <https://www.iafc.org/topics-and-tools/resources/resource/iafc-position-fire-based-emergency-medical-services>. Accessed 2024, November 4.
2. Duke G, Green J, Briedis J. Survival of Critically-Ill Medical Patients is Time-Critical. Critical Care and Resuscitation. 2004 Dec;6(4):261-7. PMID: 16556104.

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

This grant will enable the Indian Harbour Beach Fire Department to add EMS first-response to their scope of services provided. By providing EMS first-response, trained *local* firefighter responders would respond to critical medical and trauma incidents within the City of Indian Harbour Beach along with transport rescues from Brevard County. Responses by the *local* fire department would potentially decrease time to aid rendered as these units are geographically closer within the corporate city limits. For patients experiencing a life-threatening medical or trauma emergency, time to rendered care is a critical factor in their survival.²

Utilizing trained medical responders from Indian Harbour Beach Fire Department will also free up any prior responding mutual aid units and subsequently decrease their overall utilization and response times within their first-due jurisdiction. The above factors will have an overall positive impact on our EMS system county-wide.

This grant will directly provide for training materials, equipment, medical direction, and supplies for the Indian Harbour Beach Fire Department to implement an EMS first-response program. Based on data from BCFR/BCSO computer-aided dispatch, we expect approximately 630-650 patient encounters in our community annually.

Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

Name of Grantee: Indian Harbour Beach Fire Department

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

Total Amount Requested \$ \$31,347.96

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	\$
EMS Supplies (Airway, Dressings, etc)	\$ 1,939.62
EMS Equipment (AED, BP Cuff, Stethoscope, etc)	\$ 2,517.00
(Equipment & Supplies per Vehicle \$ 4,456.62)	\$ 4,456.62
Total Equipment and Supplies (4 Vehicles)	\$17,826.48
Medical Direction (12 months)	\$10,000.00
Training (Equipment & Books)	\$ 3,521.48
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$ 31,347.96

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.

David A. Lewis _____ 11/13/2024
Signature of Contact Person Date

Type text here

GRANT BUDGET LINE ITEM REQUEST

EMS SUPPLIES	\$1939.62 x 4 vehicles	\$7,758.48
Airway, Bandages, Infection Control, Immobilization, etc.		
EMS EQUIPMENT	\$2517.00 x 4 vehicles	\$10,068.00
AEDs, Pads, BP, Stethoscopes, Penlights, Pulse Ox, etc.		
MEDICAL DIRECTION AGREEMENT	(12 Months)	\$10,000.00
TRAINING EQUIPMENT & SUPPLIES		\$3521.48
AED Trainer, Books, CPR Mannequins, etc.		
	TOTAL REQUESTED	\$31,347.96

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***

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
	1	2	3	4	5
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	⑤
Benefit to Emergency Victims: 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
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	⑤
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	⑤
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	③	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	④	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	⑤
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	④	5
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	⑤
Replicable: Model is defined and appears to be easily replicable.	1	2	③	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	④	5
TOTAL SCORE	60				

Applicant Name: IHBFD

Grant Request Description: EMS Training & Supplies

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 17:22:37 -05'00'

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: 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
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____

