

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.	4
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.	4
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	5
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.	4
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.	4
TOTAL SCORE	56

Agency: Indian Harbor Beach VFD

Review Initials: CSR

Application Number (if multiples): _____

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TOTAL SCORE	60

Agency: Indian Harbour

Review Initials: JMA

Application Number (if multiples): _____

BREVARD COUNTY FIRE RESCUE

EMERGENCY MEDICAL SERVICES

2025-2026 EMS TRUST AWARD GRANT APPLICATION

RECEIVED

JAN 30 2026

BCFR FINANCE



RECEIVED

JAN 30 2026

Brevard County Fire Rescue

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. Organization Name and Primary Mission/Function: Indian Harbour Beach Volunteer Fire Department / First Responder Agency	
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: John Coffey	
Position Title: City Manager	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: Florida	Zip Code: 32937
Telephone: 321-773-3181	Fax Number:
E-Mail Address: JCoffey@indianharbourbeach.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: David Lewis	
Position Title: Fire Chief	
Address: 2055 South Patrick Drive	
City: Indian Harbour Beach	County: Brevard County
State: Florida	Zip Code: 32937
Telephone: 321-426-2185	Fax Number:
E-mail Address: DLewis@indianharbourbeach.gov	

4. Type of Service (check one):

Licensed EMS provider _____ First Responder Organization XX 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 Leo Hsu, MD

FL Med. Lic. No. ME 154961

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.

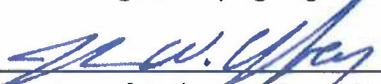
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by 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: 01/27/20

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.



Lifepak 15 CPO Unit

Quote Number: 11246436

Remit to:

Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Division:

Medical

Prepared For: INDIAN HARBOUR BEACH VOLNTR FIRE DEPT

Rep:

Kellie Smith

Attn:

Email:

kellie.smith1@stryker.com

Phone Number:

Quote Date: 01/28/2026

Expiration Date: 04/28/2026

Delivery Address

Sold To - Shipping

Bill To Account

Name: INDIAN HARBOUR BEACH
VOLNTR FIRE DEPT

Name: INDIAN HARBOUR BEACH
VOLNTR FIRE DEPT

Name: INDIAN HARBOUR BEACH
VOLNTR FIRE DEPT

Account #: 20100891

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Address: 1116 PINETREE DR
INDIAN HARBOUR BEACH
Florida 32937-4115

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Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99577-001957U	USED LP15,EN,SPO2CO,3L/12L,EX,NIBP,CO2	1	\$20,000.00	\$20,000.00
2.0	41577-000288	LP15 ACCRY SHIPKIT,AHA,S	1	\$0.00	\$0.00
3.0	21330-001176	LP 15 Lithium-ion Battery 5.7 amp hrs	2	\$436.80	\$873.60
4.0	11996-000543	EMS RD Rainbow SET MD20-04', 20-pin mini-D rectangular connector, 4ft.	1	\$235.30	\$235.30
5.0	11996-000510	RD rainbow SET MD20-05, 20-pin Patient Cable, 5 ft	1	\$211.90	\$211.90
6.0	11996-000516	RD rainbow SET Disposable 8-wavelength Pediatric Sensor, Box of 10	1	\$694.85	\$694.85
7.0	21300-008159	NIBP Tubing, Straight, 1.8 m (6 ft)	1	\$67.60	\$67.60
8.0	11160-000011	Reusable Cuff, Infant, 8-14 cm	1	\$21.45	\$21.45
9.0	11160-000013	Reusable Cuff, Pediatric, 13-20 cm	1	\$24.05	\$24.05
10.0	11160-000015	Reusable Cuff, Adult, 26-35 cm	1	\$28.60	\$28.60
11.0	11160-000019	Reusable Cuff, X-Large, Adult, 35-44 cm	1	\$46.80	\$46.80
12.0	11577-000002	LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device	1	\$312.00	\$312.00
13.0	11220-000028	LIFEPAK 15 Carry case top pouch	1	\$56.55	\$56.55
14.0	11260-000039	LIFEPAK 15 Carry case back pouch	1	\$79.95	\$79.95



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Version: 1
Prepared For: INDIAN HARBOUR BEACH VOLNTR FIRE DEPT
Attn:

Division: Medical
Rep: Kellie Smith
Email: kellie.smith1@stryker.com
Phone Number:

Quote Date: 01/28/2026

Expiration Date: 04/28/2026

#	Product	Description	Qty	Sell Price	Total
15.0	11577-000001	LIFEPAK 15 Shoulder strap	1	\$38.35	\$38.35
16.0	11111-000018	ECG Cable, 12-Lead, 5ft. - Trunk cable with AHA limb leads	1	\$356.85	\$356.85
17.0	11111-000022	ECG Cable, 12-Lead, 6-Wire Precordial Attachment (AHA)	1	\$143.65	\$143.65
18.0	11240-000032	Printer Paper, 100 mm (2 per box)	1	\$20.80	\$20.80
19.0	11996-000091	Adult QUIK-COMBO pacing/defibrillation/ECG Electrodes With EDGE System Technology	1	\$33.80	\$33.80
20.0	11996-000093	Pediatric QUIK-COMBO RTS pacing/defibrillation/ECG Electrodes With EDGE System Technology	1	\$40.95	\$40.95
21.0	11113-000004	QUIK-COMBO therapy cable for use w/LIFEPAK 15	1	\$360.75	\$360.75
22.0	21330-001365	Test Load, English	1	\$74.75	\$74.75
23.0	26500-002408	LIFEPAK 15 Operating Instructions	1	\$64.35	\$64.35
24.0	11140-000098	LP15 AC Power Adapter (power cord not included)	1	\$1,561.30	\$1,561.30
25.0	11140-000015	AC power cord	1	\$76.05	\$76.05
26.0	11140-000080	Extension Cable (5ft 3 in)	1	\$291.20	\$291.20
Equipment Total:					\$25,715.46

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Shipping and Handling:	\$167.77
Grand Total:	\$25,883.23

Prices: In effect for 30 days

Terms: Net 30 Days



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Kellie Smith

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Phone Number:

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Expiration Date: 04/28/2026

Shipping & Handling Includes:

Standard freight, special packaging, semi rigging cranes, labor & delivery of equipment to final location, removal of all packaging, pre-delivery site check, education/training

Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.

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: 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 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 began providing EMS last year (June 2025) and, as such, its medial first-response program is in its infancy. Licensed & certified firefighter first responders (Emergency Medical Responders, EMTs, Paramedics, & Registered Nurses with the Indian Harbour Beach fire department have manual sphygmomanometers and very basic medial assessment tools.

B. Present Situation: Since the Indian Harbour Beach Fire Department recently began providing EMS first response in their scope of services provided, all equipment provided for this endeavor was basic to and allowed for program quick-start in a "crawl, walk, run" plan of implementation with limited funding. The Indian Harbour Beach Fire Department seeks to upgrade its assessment equipment to include a certified pre-owned cardiac monitor/defibrillator (AED) with pulse oximetry, capnography, and automatic blood pressure capabilities. All responders are trained to at least the NREMT Emergency Medical Responder level, and many are Florida Emergency Medical Technician, Paramedics, and Registered Nurses. Often times, our fire department first responders arrive prior to the rescue transport unit and are delayed in assessment due to use of only basic equipment. The resources requested

through this grant will provide for needed rapid assessment of patients and timely pass-along of care by 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.

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

1. Purchase cardiac monitoring / defibrillation (AED) equipment and supplies to maintain a minimum BLS-level of care on the staffed apparatus.

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, Indialantic, and Brevard County.

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

Assuming an award timeline occurring on or about March 1, 2026:

1. Equipment purchased April 2026
2. Delivery May 2026.
3. Vendor training completed June 2026.

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 2026, January 15.
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.

G: Attestation

This grant request is to fund the purchase of lifesaving medical equipment and the proposal is not a duplication of any previous effort and in no way duplicates any grant project previously awarded.

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 medical-grade assessment equipment to effectuate their scope of services provided. Responses by the *local* fire department 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 patient assessment and monitoring equipment and supplies for the Indian Harbour Beach Fire Department to enhance its EMS first-response program. Based on data from BCFR/BCSO computer-aided dispatch, we expect approximately 630-650 patient encounters in our community annually.