

**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> <i>Brevard County Fire/Rescue</i>	
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: <i>Orlando Dominguez</i>	
Position Title: <i>EMS Assistant Chief</i>	
Address: <i>1040 Florida Ave S</i>	
City: <i>Rockledge</i>	County: <i>Brevard</i>
State: <i>FL</i>	Zip Code: <i>32955</i>
Telephone: <i>321-863-3734</i>	Fax Number: <i>321-633-2057</i>
E-Mail Address: <i>Orlando.Dominguez@brevardfl.gov</i>	

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: <i>Stephanie Cotton</i>	
Position Title: <i>Special Projects Coordinator II</i>	
Address: <i>1040 Florida Ave S</i>	
City: <i>Rockledge</i>	County: <i>Brevard</i>
State: <i>FL</i>	Zip Code: <i>32955</i>
Telephone: <i>321-505-7246</i>	Fax Number: <i>321-633-2057</i>
E-mail Address: <i>Stephanie.Cotton@brevardfl.gov</i>	

4. <u>Type of Service (check one):</u>	
Licensed EMS provider <input checked="" type="checkbox"/>	First Responder Organization <input type="checkbox"/> Emergency Department <input type="checkbox"/>
EMS Training Center <input type="checkbox"/>	EMS Academic Institution <input type="checkbox"/>
Other pre-hospital EMS service provider <input type="checkbox"/>	
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: John J. McPherson, MD Date: 11/15/24  
Print/Type: Name of Director John McPherson, MD  
FL Med. Lic. No. ME 58708

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]  
Signature of Authorized Grant Signer:  
(Individual Identified in Item 2 or 3)

MM / DD / YY: 11/15/24

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.

# Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

Name of Grantee: \_\_\_\_\_

Time Period Covered: Award Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_

<b>Major Line Items:</b>	<b>TOTAL</b>
<b>Amount Requested:</b> (Approved Budget Expenditure by Major Line Items)	\$
<b>TOTAL REQUESTED/BUDGETED EXPENDITURES</b>	<b>\$</b>

<b>Actual Expenditures (by Major Line Items)</b>	<b>\$</b>
<b>TOTAL EXPENDITURES (TO BE REIMBURSED)</b>	<b>\$</b>

I certify the above reports are true and correct. Expenditures were made only for items allowed by the grant.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

## **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. Justification Summary**

### **A) Problem description (Provide a narrative of the problem or need):**

Brevard County Fire Rescue (BCFR) holds the sole transport Certificate of Public Convenience and Necessity (COPCN) within Brevard County Florida for 911 responses. BCFR runs approximately 90,000 EMS calls per year and transports around 55,000 of those patients. Brevard County is a unique County in the fact that it is 72 miles long and covers approximately 1557 square miles. Brevard County Fire Rescue currently operates 32 ALS transport units located throughout the County. As the sole provider of 911 emergency transports, Brevard County Fire Rescue strives to provide the best industry practices of EMS service delivery to its citizens and guests. However, with the rapidly expansion and development of the local economy in Brevard County, there are some aspects of service delivery that would be a significantly beneficial addition. Clinical education is critical to maintain these best practice standards. Expanding BCFR's training resources to provide instruction from the EMS Eagles Global Alliance, internationally recognized physicians and medical experts in Emergency Medical Services (EMS), will ensure consistency, continuity, and quality of care. The goal is to not only provide this opportunity within just our own department, but to include our municipal agency partners as well.

**B) Present situation (Describe how this grant will impact/improve the current conditions or need):**

Hosting the EMS Eagles Global Alliance Symposium will allow BCFR to gather experts, enthusiasts, and practitioners from the field of Emergency Medical Services to share knowledge, enhance skills, and encourage collaboration.

Currently there is very limited availability for first responders to attend to these types of events in Brevard County. This event will provide BCFR and other local agencies access to educational opportunities and insight from leading subject matter experts, culminating in Continuing Medical Education (CME) credits towards the medical license renewal of each attendee.

**C) The proposed solution (what will be purchased with the grant funds):**

BCFR is requesting \$14,400 Funding provided by the EMS Trust Award Grant would be used by BCFR to host the EMS Eagles Global Alliance Symposium for up to 100 attendees. This event will focus on innovative practices, mental health in first responders, and advancements in emergency care. Additionally, this will provide a platform for education through workshops and keynote speeches from industry leaders and foster networking opportunities among EMS professionals to share resources and best practices.

The agenda is comprised of 30 objectives delivered over the course of 8 hours. The faculty will tentatively include the current Chair of the Standards and Practice Committee for the National Association of EMS Physicians/NAEMSP (Dr. Chris Colwell from San Francisco); the current Chair of the Board of Directors for the American

College of Emergency Physicians (Dr. Jeffrey Goodloe from Oklahoma City); the current State EMS Medical Director for New Mexico and Albuquerque Fire Department (Dr. Kim Pruett); President of the Florida Chapter of NAEMSP; Dr. Peter Antevy, and Dr. Joelle Donofrio, one of the Medical Directors from San Diego and expert in neonatal resuscitation and Deputy Secretary of Health for the State of Florida, Dr. Ken Schepcke.

Approximately \$9,900.00 of funding will be used to offset and travel costs (airfare, to and from ground costs, hotel, food) for the core faculty being brought in to speak and lead learning discussions as well as curriculum development and organization services costs.

- \$1200 each for Drs. Colwell, Goodloe, Donofrio, Pruett, Pepe (= \$6000).  
They will each be given this flat fee to offset all costs (airfares averaging around 500-600, hotel 1 night about 150-200, ground Orlando to Brevard/home parking, 100 -200, 2 days meals 160) with ability to retain and leftover amount for services rendered.
- Dr Schepcke must be funded by the State for official travel.
- In total, this remuneration for Dr. Pepe will be an additional \$3,900 (beyond the travel costs) using a discounted rate of \$125/hour professional time Dr. Pepe will be remunerated for providing all organizational aspects and multiple professional tasks including:
  - recruitment of top faculty
  - development of the curriculum covering about 30 topics

- establishing Objectives and Course Descriptions for physician CME for each of those 30 topics
  - organizing ground travel to Brevard County
  - establishing group accommodation arrangements
  - serving as main moderator and course director
  - interfacing with Brevard County officials to ensure all deliverables are met
  - providing the travel reimbursement dispersals to the other faculty five
- Approximately \$3000 of funding will be used to provide attendees coffee and lunch foods --- considering 100 attendees at \$30 each if unable to acquire sponsored catering service
  - Approximately \$1500 will be anticipated for location costs, equipment rental, AV-support and cleanup

**D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area):**

Brevard County is part of the East Central Florida Atlantic Ocean Coastline known as the Space Coast. The county is approximately 72 miles long and 22 miles wide. It is the home of Federal, State and Local critical infrastructure including the Kennedy Space Center, Cape Canaveral Air Force Station, Patrick Air Force Base, and Port Canaveral, one of the busiest cruise ports in the world. The county is also home to Melbourne-Orlando International Airport, the USSSA Space Coast Stadium, The Brevard Zoo, a major railway,

several area hospitals, and countywide major utilities. The county also has miles of accessible beaches making them a popular tourist destination. The entire county encompasses 1,015 square miles which includes inland water bodies. The current population is 643,979 and experienced a growth of 7.8% over the last several years (United States Census Bureau, 2023). BCFR is a large metropolitan sized fire rescue department. The department consists of approximately 700 uniformed and civilian career service employees. BCFR provides professional fire and EMS from 35 stations located throughout the county.

**E) The proposed time frames (Provide a list of the time frame(s) for completing this project):**

The estimated time frame to schedule and host the EMS Eagles Global Alliance Symposium will be within the first quarter of 2025.

**F) Data Sources (Provide a complete list of data source(s) you cite):**

EMS Eagles Global Alliance - <https://useagles.org/>

United States Census Bureau - <https://www.census.gov/quickfacts/brevardcountyflorida>

**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 not previously received grant funding to host the EMS Eagles Global Alliance Symposium.

**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.**

The Eagles are a coalition of physician leaders who serve as the jurisdictional EMS medical directors from the most of the largest United States municipalities and many of their counterparts in Europe, New Zealand, Australia, and several Pacific Rim metropolitan cities. Objectives include but are not limited to:

- Explain how EMS continues to take on a public health leadership role in the State of Florida.
- Articulate the design and findings to date regarding the State's C.O.R.E. Initiative for opioid addiction.
- Report the proposed purposes and outcomes of the F.O.C.U.S. initiative for the State of Florida.
- Describe the specific relative value and successes of implementing a statewide AED program across a large supermarket chain.
- Recount the top five trauma-related papers published over the last year and how they may likely affect EMS practice.
- Recite the components of the new prehospital interventions for pediatric traumatic brain injury.

- Explain why the femoral route is the best choice for intraosseous infusions, especially in children.
- Delineate when to use tranexamic acid and what the dosing regimen should be.
- Argue the rationale, issues and the pros and cons of calcium infusions for patients with potential internal bleeding, especially those receiving transfusions
- Recall why active shooter events and other malicious assaults have changed in nature and why they deserve additional scrutiny.
- Acknowledge that critical malicious attacks often occur at the end of events and often in an unexpected manner.
- Describe how the recent evolution of active assaults has led to an increasing and extended psychological aftermath for public safety rescuers.
- Recount the experience of rescuers who have responded to several of the nation's worse malicious assaults, including on-going ramifications.
- Detail how various drug and alcohol overdoses manifest themselves at meandering, multi-day festival sites.
- Describe a list of necessary treatments to have available for various types of large festivals.
- Report the risks and benefits of the various prehospital pharmaceutical options to be used when dealing with agitated/combatative patients.

- Recount why ketamine is not only able to safely terminate benzodiazepine-resistant convulsions, but also can be protective in terms of resolving respiratory parameter aberrations due to the seizures.
- Report the latest advice on stroke identification, triage and transport destination decisions.
- Describe new technological approaches to rapidly identifying major strokes in a larger number of patients
- Articulate new approaches for dealing with stroke assessments in Spanish-speaking patients.
- Detail some of best approaches and considerations that EMS crews should take into account when encountering a pregnant patient having a precipitous delivery.
- Describe common complications of precipitous deliveries and how to manage them.
- Articulate the rationale for creating formal centers of excellence for resuscitation.
- Catalog some of the major issues facing EMS systems across the country.
- Describe some of the various considerations that EMS personnel should take into account in 2024 for fire ground operations.



## 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	⑥
<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	⑥
<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>	64				

Applicant Name: BCFR-2

Grant Request Description: Eagles Alliance Global Simposium

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 17:13:01 -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: \_\_\_\_\_

