

**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 prehospital 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> Titusville Fire Department	
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: Scott Larese	
Position Title: City Manager	
Address: 555 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-Mail Address: lucas.senger@titusville.com	

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: Lucas Senger	
Position Title: Deputy Chief Support Services	
Address: 550 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-mail Address: lucas.senger@titusville.com	

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: 11-05-2024

Print/Type: Name of Director David T. Williams, D.O.

FL Med. Lic. No. 056588

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: 3 11 / 04 / 27

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.

- 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.

Brevard County Fire Rescue Emergency Medical Services

2024 Grant Application

Justification Summary

A. The City of Titusville Fire Department is seeking Federal Eastern International, Point-Blank plate carriers with front, back and side armor (Ballistic Vests) x 6. The six (6) plate carriers will be placed on the Battalion Chief vehicle for crew utilization if/when the need arises. The basis for the request is to increase/improve upon the personal protective equipment (PPE) current in place for Titusville firefighters to include added protection in the case of an active shooter type of incident. With the ever-present dangers associated with emergency scenes, firefighters are often left vulnerable for possible firefighter casualties. It remains a case of, when not if an active shooter incident will occur and we (fire department administration) have a responsibility to those individuals running these incident types, to ensure we have provided them with best/most appropriate PPE in order to safety and efficiently carry out their job duties. The intension of the added protection is not to put employees into harm's way (more so than they currently do) but rather to give them the ability to enhance their personal protection in the event that the incident turns unsafe in a moment notice.

B. The Brevard County Fire Rescue Emergency Medical Services 2024 Grant approval will allow the Titusville Fire Department personnel to enhance their own individual safety by utilizing ballistic vests if/when the need arises. Over the past several decades, active

shooter occurrences are becoming more and more prevalent. According to Apexofficer.com the current statistics show that as time goes on, active shooter incidents are becoming progressively more common, “Studies indicate that the rate at which public mass active shooter incidents occur has tripled since 2011; Between 1982 and 2011, a mass shooter incident occurred roughly every 200 days; Between 2011 and 2014 that rate has accelerated greatly with at least one mass shooting occurring every 64 days in the United States” (2023, Oliver). Concerns among local first responders regarding the level of protection their specific agency provides appears to be growing as the data comes in. Within the Titusville Fire Department, multiple employees have expressed concerns and have indicated a request improve upon the level of protection currently provided. It remains highly important that first-responder agencies all around the country continue to be proactive vs. reactive in regards to PPE. The Titusville Fire Department firmly believes that Point Blank plate carriers (Ballistic vests) are needed to improve the safety of our employees.

- C. Grant funds will be used to purchase Point Blank plate carriers x 6. Per the Federal Eastern International quote dated 10/28/2024, a cost of \$ 5,100.48 is needed.
- D. The geographical area to benefit the city of Titusville, FL and North Brevard including areas between Kings Hwy and North Brevard County line. Approximately 300sq miles. Approximately 47,000-60,000 people.
- E. Proposed time frame:
 - First Month- Grant Awarded

- Second Month- Purchase
- Third Month- Acquire, in-service training

** From proposal to in-service use the City of Titusville Fire Department expects the process to take 3 + months' time depending on availability **

F. Data Sources: Federal Eastern International
<http://www.pointblankenterprises.com/point-blank-body-armor/frk-720-plate-carrier.html>

G. The City of Titusville Fire Department has not applied for nor been awarded grant funds for Federal Eastern International, Point Blank FRK 720 plate carrier(s).

Brevard County Fire Rescue Emergency Medical Services

2024 Grant Application

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

The City of Titusville Fire Department (TFD) recognizes that our residents expect a certain level of care, professionalism and quality in a timely manner when they utilize the 9-1-1 system. Fire Department administration believes that with the purchase of the Federal Eastern International, Point Blank FRK 720 plate carrier(s), not only will our personnel have an additional layer of protection added to their current PPE but the quality of their potential life saving measures will be enhanced by simply knowing they are protected. This exists as a notion that has been adopted at the local, state and federal levels. According to the Florida Department of Health (Brevard County) Strategic Plan 2021-2025:

“Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors” ...DOH core functions and services, “Public Health Preparedness-- We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss”.

The improved safety of our EMTs and Paramedics is paramount to the overall success and outcome of the patient's condition especially in volatile situations. This extra layer of protection gives medical providers peace of mind when treating/caring for sick and injured individuals during times of unrest. It remains our belief that we have an obligation to the men/women of the Titusville Fire Department, their families and the community as a whole, to provide our personnel with the highest level of personal protection possible so that they may continue to provide the level of patient care expected from the community.

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

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.

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 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

Quote Date: 10/28/2024
 Quote Title: FRK 720
 Contact: Lucas Senger
 Customer Name: Titusville Fire Department
 Address:



Phone Number:
 Fax Number:
 Email Address: lucas.senger@titusville.com

1523 Chaffee Road S, Unit 12, Jacksonville, FL 32221
 Business Office: 727-827-2997; Fax: 727-954-8804
www.fedeastintl.com

Item Number / Item Description		Quantity	Unit Price	Line Total
Point Blank FRK 720 plate carrier, Includes BII-5 front, back, and side armor, Midnight Navy with white MEDIC		6	850.08	5,100.48
Comments:	Contract # NASPO #46151500-NASPO-21-ACS		Subtotal	5,100.48
Delivery Time:	Estimated	FL	Sales Tax	0.00%
Payment Terms:	Net 30		Total Tax	-
Validity Date:	90 days		Shipping/Handling	-
Quoted By:	Stan Reyzin 727-542-0190		Grand Total	\$5,100.48

Please send purchase order or order approval to the sales manager that provided this quote

Thank you for allowing Federal Eastern International to provide you with a quote.



FRK 720 Plate Carrier

The FRK 720 is exceptionally durable and adjustable, takes seconds to don and doff, and provides the best combination of protection, adaptability and function. These high performance plate carriers are completely customizable for every configuration, budget, and department need.



[SALES SHEET \(PDF\)](#)

[Features](#) [Ballistics](#) [Options](#) [Images](#) [Video](#)

- 500 denier CORDURA® construction
- Dual (two) loading plate pockets on front and back to fit two sizes of plate (Size dependent) All sizes fit 10"x12"
- 2 webbing adjustable shoulder strap with removable foam padded shoulders
- External cummerbunds (available in 3 sizes) feature envelope style opening at the top for ballistic inserts with an elastic hook/loop strap system on the inside for side hard armor plates
- 360 degree MOLLE throughout the carrier
- Rescue strap (Back)
- Custom ID placards for easy and immediate identification
- Cable routing elastic tabs
- COLOR: Black, Ranger Green, OD Green, Coyote, Red, Wolf Grey and Navy (Other Colors Available Upon Request)



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***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	59				

Applicant Name: Titusville

Grant Request Description: Ballistic Protection

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 17:47:36 -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: _____

