

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Council Members

FROM/PHONE: Don DiPetrillo, Fire Chief/EMC, 954 797-1213
Prepared by Julie Downey, Assistant Chief 954-797-1189

SUBJECT: Resolution

AFFECTED DISTRICT: All Districts

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPLICATION FOR A \$74,126.25 GRANT FROM THE FLORIDA DEPARTMENT OF HEALTH, EMS MATCHING GRANT PROGRAM, FOR THE PURCHASE OF AUTOMATIC CHEST COMPRESSION DEVICES (ACCD); AND AUTHORIZING ACCEPTANCE AND EXECUTION OF THE GRANT, IF AWARDED (WITH \$24,708.75 MATCHING FUNDS).

REPORT IN BRIEF: The Florida Department of Health administers the EMS Matching Grant program for projects that improve and expand EMS services in the State. Davie Fire Rescue wishes to apply for a \$ 74,126.25 grant to purchase 6 automatic chest compression devices (ACCDs). The ACCDs will be placed in the Fire Rescue units to assist personnel in delivering optimal cardiac care increasing the chance of survival in the event of a cardiac arrest. This grant program requires a 25% local share of the program costs, which equates to a \$24,708.75 cash match.

PREVIOUS ACTIONS: N/A

CONCURRENCES: N/A

FISCAL IMPACT:

Has request been budgeted? No

If yes, expected cost:

Account Name:

If no, amount needed: \$24,708.75

What account will funds be appropriated from: FY 2007-2011 Capital Improvements Budget, revenue source is Fire/EMS Impact fees Account # 001-0620-522-6461.

RECOMMENDATION(S): Motion to approve this resolution

Attachment(s): Resolution

RESOLUTION _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPLICATION FOR A \$74,126.25 GRANT FROM THE FLORIDA DEPARTMENT OF HEALTH, EMS MATCHING GRANT PROGRAM, FOR THE PURCHASE OF AUTOMATIC CHEST COMPRESSION DEVICES (ACCD); AND AUTHORIZING ACCEPTANCE AND EXECUTION OF THE GRANT, IF AWARDED (WITH \$24,708.75 MATCHING FUNDS).

WHEREAS, the Florida Department of Health administers the EMS Matching Grant program to fund projects to acquire or improve EMS systems or equipment; and

WHEREAS, Davie Fire Rescue will apply for a grant to purchase automatic chest compression devices for its rescue units,

WHEREAS, this equipment will serve to reduce the morbidity and mortality of cardiac arrest patients assisted by the Davie Fire Rescue Department.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council of the Town of Davie hereby authorizes the Fire Chief and/or his designee to submit a grant application to the EMS Matching Grant Program requesting \$74,126.25 in grant funds, and providing \$24,708.75 in matching funds.

SECTION 2. The Town Council authorizes the Fire Chief and/or his designee to accept and implement the grant, if awarded, and to execute all necessary grant contracts, reports, documents and extensions.

SECTION 3. The Town Council authorizes the Director of Budget and Finance to recognize grant revenue if awarded the grant, and to appropriate the grant funds and required match into the appropriate departmental budget.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006.

MAYOR/COUNCIL MEMBER

ATTEST:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006.



**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES**

**EMS MATCHING GRANT PROGRAM
APPLICATION PACKET**

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THIS DOCUMENT CONTAINS THE EMS GRANT PROGRAM APPLICATION, GUIDELINES AND GRANT EVALUATION WORKSHEET REFERRED TO IN CHAPTER 64E-2, FLORIDA ADMINISTRATIVE CODE (F.A.C.). THIS APPLICATION IS TO BE USED FOR BOTH THE RURAL AND MATCHING GRANT PROGRAMS

INTRODUCTION

This grant program provides emergency medical services providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical services systems, or equipment.

To apply for an EMS Matching Grant, an applicant must meet specific eligibility requirements. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Bureau of Emergency Medical Services.

You may submit any number of applications, and there is no limit on the amount of funds you may request for each application. Do not place more than one project in one application. However, do not fragment a request into more than one application if the activities are related. For example, a request for an ambulance, with medical equipment and radios for the ambulance, should all be in one application. However, a communication base station and dispatch equipment or training should not be included with the request for funding to purchase an ambulance.

ELIGIBILITY

WHO IS ELIGIBLE:

To be eligible for funding under the Rural and Matching Grant Programs, an applicant must meet the following criteria:

1. Eligible rural counties are defined in section 401.107(5), Florida Statutes, (F.S.) as “*a county with a total population of 100,000 or fewer people and density of less than 100 people per square mile.*”
2. Only boards of county commissioners and emergency medical services organizations determined by statute to be rural are eligible for rural grants.
3. Rural emergency medical service providers may also apply for funding from the matching grant program (75% state 25% local matching funds).
4. Emergency medical services providers, first responders and other EMS related organizations are eligible for the matching grant program.

WHAT IS ELIGIBLE:

1. The matching grant funds must be used for the improvement, and expansion of emergency medical services. Rural matching grant funds may be used to maintain services.
2. The grant funds must be used for one, or more of the activities outlined in section 401.113(2) (b), F.S.

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria applicable to the type grant submitted:

1. The grant applicant organization shall be based in a rural county if applying for 90% funding.
2. The applicant has received a letter endorsing the grant application from their Board of County Commissioners or the local EMS provider if not a licensed EMS provider.
3. The application is complete and signed.
4. The applicant demonstrates the grant will be used to reduce morbidity and mortality in the identified service area in an efficient and effective manner.
5. First responder organizations must attach a copy of the memorandum of understanding (MOU) with a licensed emergency medical services provider. If there is no MOU, then documentation must be attached to the application that demonstrates the applicant has made a reasonable effort to obtain one or that the applicant did not receive a response from the providers in the area of operation.
6. If a Private Not-For-Profit organization, a copy of IRS 501 (c) (3) letter or other legal documentation of this status must be attached to the application.
7. The application may not exceed the number of pages listed in the application packet. Letters of support will not be counted as pages, but may be submitted.
8. The following application form, a facsimile of it or an electronic copy shall be used. However, the content of the form shall be identical to the copy received from the Bureau or from its web page. The applicant shall comply with all the instructions provided by the Bureau.

EMS MATCHING GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Complete all items unless instructed differently within the application

Type of Grant Requested: Rural Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) _____

1. <u>Organization Name:</u> The Town of Davie Fire Rescue 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: Julie Downey	
Position Title: Assistant Chief	
Address: 6901 Orange Drive	
City: Davie	County: Broward
State: Florida	Zip Code: 33314
Telephone: 954-797-1213	Fax Number: 954-797-1234
E-Mail Address: Julie_Downey@davie-fl.gov	

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.)	
Name: Julie Downey	
Position Title: Assistant Chief	
Address: 6901 Orange Drive	
City: Davie	County: Broward
State: Florida	Zip Code: 33314
Telephone: 954-797-1213	Fax Number: 954-797-1234
E-mail Address: Julie_Downey@davie-fl.gov	

4. Legal Status of Applicant Organization (Check only one response):

- (1) Private Not for Profit [Attach documentation-501 (3) ©]
- (2) Private For Profit
- (3) City/Municipality/Town/Village
- (4) County
- (5) State
- (6) Other (specify): _____

5. Federal Tax ID Number (Nine Digit Number). VF 596046527

6. EMS License Number: 0639 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 6 BLS 6 ALS Transport 6 ALS non-transport.

8. Type of Service (check one): Rescue Fire Third Service (County or City Government, nonfire) Air ambulance: Fixed wing Rotowing Both Other (specify)_____.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

10. A) The Town of Davie Fire Rescue Department serves a population of over 80,000 in Broward County. According to EMS Pro/ Florida Aggregate Data from January 1, 2005 to December 31, 2005 the Town of Davie Fire Rescue Department responded to fifty (50) calls involving cardiac arrest where CPR had to be performed and four hundred and forty four (444) that had a chief complaint of chest pain that had the potential to develop into cardiac arrest. Of those patients receiving CPR, one (1) was resuscitated with return of a spontaneous pulse or .02% of the total cardiac arrest patients. Manual compressions in CPR produce poor blood flow and a low possibility of resuscitation. Manual compressions produce only 30-40% of blood flow to the brain and 10-20% of blood flow to the myocardial tissues (Kern, Bailliere's Clinical Anesthesiology 14(3): 591-609). Use of an automated chest compression device to augment manual compressions has shown to improve blood flow to normal levels and increase myocardial blood flow by 277%. Aortic pressures are 30% higher with an automated chest compression device and coronary perfusion pressure is improved by 33%. Studies have shown that patients that have been pulseless for more than 3 minutes need at least one minute of good CPR before defibrillation to enhance resuscitation effectiveness (Cobb, L. et al, J AM Med Assoc 281(13): 1182-1188). Automated chest compression devices are needed on front line rescue units that respond to cardiac arrests to increase resuscitation success rates.

B) Presently, all cardiac arrest patients are handled by an ALS transporting unit that is backed up by an engine company and/or supervisor unit. An extra paramedic is placed on the ALS transport unit to provide manual compressions, which makes one additional response unit out of service until the call is over and the paramedic can be returned to their unit. Manual compressions are performed by a paramedic standing in the back of the unit traveling at high speeds and through traffic, which has shown to produce inefficient cardiac perfusion. The potential for injury for the standing paramedic is increased especially if an impact should occur on the way to the hospital. Studies have shown that rescuer compressions degrade after only one minute in normal conditions (Ochea F.J., et al. The effect of rescuer fatigue on the quality of chest compressions. Resuscitation. 1998; 37:149-152). This provides inconsistent compressions and inadequate blood flow to the patient while it increases the chances of injury to the paramedic as fatigue worsens, where as an automated chest compression device would eliminate both of these problems. With limited personnel available on scene and enroute to the hospital it is difficult to perform all initial tasks that are required for successful resuscitation. An automated chest

compression device would provide personnel on scene to intubate, start IV's, administer drugs, defibrillate, package, and perform other necessary functions required by the American Heart Association (AHA) protocols for cardiac arrest while CPR is being performed.

C) The proposed solution is to provide automated chest compression devices to all front-line in service rescue units that respond to cardiac arrests within our response area. This would provide the patient with the best available chance for survival due to consistent depth and rates of compression even while the patient is being transported or carried down stairs. The automated chest compression device would also circulate drugs faster and more completely, improving the chances of inducing a rhythm that can be defibrillated. In addition, restoring blood flow to normal levels will help the paramedic to establish an intravenous line, due to the inflation of the veins, making it easier for the paramedic to locate a vein to initiate the IV line and administer life saving drugs according to AHA standards. Furthermore, by using automated chest compression devices it will reduce the stress and strain on the backs and bodies of the responding paramedics and make the ride safer for the paramedic during the normal emergency response to the hospital since they will not be standing performing compressions. Finally, automated chest compression devices reduce rib fractures and cartilage damage compared to manual compression during CPR.

D) The consequences if not funded would be no improvement in increasing our resuscitation rates for victims of cardiac arrest in our Town. Also, a continued increased risk to paramedics of injury from doing manual compressions from standing in the back of the rescue unit during the normal emergency response as well as a potential for significant injury with a vehicle impact. In addition, it will continue to tie up valuable resources that could be released to respond to other calls after the patient is placed on the automated chest compression device enroute to the hospital.

E) The geographic area that will be impacted by this project is - The Town of Davie, covering 42 square miles and is home to over 80,000 permanent residents, 20,000 seasonal residents with a daily transient population that exceeds 200,000 students, visitors and employees to hundreds of businesses that call the Town of Davie home. There are six fire rescue stations that are strategically placed to afford the residents the quickest responds time. (See attached map of the Town of Davie)

F) The proposed time frame is to select a vendor within 30 days of receiving the grant monies. Order the automated chest compression devices within 60 days of receiving grant monies. Begin training on the

devices within 60 days; place the devices on the specified vehicles for use within 90 days. After placing the devices on the specified vehicles, tracking of cardiac arrest and resuscitations would continue and report comparisons of previous years will be evaluated. Also see # 16 for timeframes.

G) Data sources are as follows: 1)EMS Pro/ Florida Aggregate data for cardiac arrest data, 2) Kern, Bailliere's Clinical Anesthesiology 14(3): 591-609, 3) Ochoa, F. et al, Resuscitation 37 (1998) April: 149-52, 4) Cobb, L., et al, J Am Med Assoc 281(13): 1182-1188, 5) Wik, L., et al, Circulation 106(19): II-366, 6) Paradis, N., et al, J Am Med Assoc. 263 (1990): 1106-1113, 7) Hightower, D. Annals of Emer Med. (1995): 26 (3): 300-303, Nadince, R., Amer Pub Health Assoc. 49650 Nov (2002), and 8) American Heart Association Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care, Sergio Timerman, Luis Farancisco Cardoso, Jose A.F. Ramires, Henry Halperin, Resuscitation 61 (2004) 273-280.

H) This grant proposal does not duplicate any previous efforts or duplicate any previous grant projects.

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary.

Justification Summary - page 3

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) Explain the derivation of all numbers.
- D) How does this integrate into your agency's five year plan?

11) A) According to EMS Pro/Florida Aggregate Data from January 1, 2005 to December 31, 2005 there were 50 cardiac arrest patients that were treated by our Fire Rescue system. Of those 50 patients, one patient had a return of a spontaneous pulse after treatment and had a pulse upon arrival at the hospital. This represents a successful resuscitation rate of 02 %. No patients (0%) had the benefit of an automatic chest compression device. All cardiac arrest patients were accompanied by extra crew members from other responding units which placed them out of service while the patient was transported to the hospital and until the crew member could be returned to their unit, thus diminishing available response. Also all cardiac arrest patients experienced some pauses in compressions due to patient being moved and other normal circumstances.

B) In the 12 months after implementation of the automatic chest compression devices, cardiac arrest survival rate where a patient arrives at the hospital with a pulse should improve by at least 30%. Studies have shown improvement of survival rates up to 73%. (Rezaee, M., et al, Amer Heart Assoc 76th Scientific Sessions, Improved Survival with a Novel Chest Compression Device, Nov. 10, 2003) The most recent study shows aortic pressures 133% higher than manual CPR and Coronary Perfusion Pressure 33% higher than manual CPR. (Timeraman, Cardoso, Ramires, Halperin, Resuscitation 61 (2004) 273-280, Improved Hemodynamic Performance with a Novel Chest Compression Device during Treatment of In-Hospital Cardiac Arrest). Also, the incidence of improved rhythms for defibrillation should improve by 30% due to restored normal blood circulation thus circulating vital life saving drugs. In addition, intravenous success rates should improve due to veins being filled with blood for easier cannulation. Paramedics will have more time to attend to vital functions such as airway control and drug therapy. Compressions will be consistent and at a constant rate even when a patient is being moved, even down stairs. Patients will experience less rib fractures and cartilage damage due to manual compressions. Rescuers will not experience the fatigue associated with manual compressions and incidences of back injuries should also decrease. Paramedics may remain safely restrained in the back of the rescue unit while providing vital care to the patient opposed to standing up performing

compressions, thus reducing their chances of being killed or injured in the event of a vehicle impact during an emergency response. Finally, after placing the patient on the automated chest compression device, the backup rescuer that would normally provide compressions on the way to the hospital can return to their unit thus providing more available coverage to respond to additional calls.

C) The data numbers in part A above were derived from EMS Pro/ Florida Aggregate Data and are the actual figures for that year. The data estimates in part B above are based on studies and results from a variety of sources that are listed in the justification of this packet. All figures are conservative estimates and much higher results are hoped for and anticipated. There is also mounting evidence in studies and actual incidences throughout EMS that indicate additional safety measures should be taken for paramedics in the field in regard to their back safety and vehicle crash safety.

D) In addition to the above projected outcomes, we anticipate that injuries to paramedics should be diminished due to not having to place additional stress and strain on backs and other areas of the body as occurs when manual CPR is performed. Also if paramedics are seated and restrained in the back of the unit enroute to the hospital during a "lights and siren" response it will reduce the possibility of death or injury to the paramedic in the unforeseen event of a vehicle crash. If the devices perform as expected, we anticipate that more of the devices will be purchased in subsequent years and that this will become a standard piece of equipment on all responding units. This will also assist us in by decreasing response times by not having to send an out of zone response unit when the primary unit is down due to an extra paramedic doing manual compressions enroute to the hospital.

E) This integrates into our 5 years plan by enhancing our cardiac care and outcomes for cardiac arrest patients. In addition, it provides us with enhanced response to our citizens due to increased availability of first response units thus improving response times. It should also reduce our overall paramedic injury rate

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2) (b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

15. A) This will serve the requirements of the population we respond to by improving cardiac arrest outcomes and lessen morbidity and mortality. It will also assist our system to respond faster and more efficiently due to freeing resources.

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B) This grant will help our agency meet the requirements of the 2002-2004 State EMS Goals and Objectives, Objective 3.4 to make a reduction in the incident rate of cardiac events and improve morbidity and mortality outcomes when cardiac events occur.(Ref: DOH Strategic Plan Goal III, Strategy M)

C) Yes

D) N/A

E) This grant will improve on a county wide basis by improving overall cardiac care with increased resuscitation rates and improving response times due to additional resources being freed up by the chest compression devices.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Select chest compression device vendor	Month 0	Month 2
Purchase chest compression devices	Month 2	Month 4
Train personnel on devices	Within one month after receiving devices for 30 days	
Place devices on response units	Within two months after receiving devices	
Ongoing data collection on cardiac arrests	Continuous	

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

18. <u>Budget:</u>		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
N/A		
TOTAL:		

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
N/A		
TOTAL:	\$	

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, and the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
6 Chest compression devices	\$65,970.00 Revivant Corp.	One device for each specified response unit
18 Spare batteries	\$ 10,350.00 Revivant Corp.	Three batteries for each device
Disposable chest straps	\$ 9,375.00 Revivant Corp.	One chest strap for each anticipated patient during the grant cycle
6 Battery Charger	\$10,770.00 Revivant Corp	One battery charger per device
6 Carry Cases	\$2,370.00 Revivant Corp	One carry case per device
TOTAL:	\$98,835.00	

State Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 75 Percent	\$74,126.25	
<input type="checkbox"/> Rural: 90 Percent	\$ _____	
Local Match Amount (Check applicable program)		
<input checked="" type="checkbox"/> Matching: 25 Percent	\$24,708.75	
<input type="checkbox"/> Rural: 10 Percent	\$ _____	
Grand Total	\$98,835.00	

19. <u>Certification:</u>	
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 that 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 the Florida Bureau of EMS. 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 by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS 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.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
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.	
<hr style="width: 50%; margin: 0 auto;"/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr style="width: 50%; margin: 0 auto;"/> / / MM / DD / YY

DH Form 1767, Rev. June 2002

MATCHING GRANTS EVALUATION WORKSHEET

INSTRUCTIONS FOR 75/25 PERCENT STATE EMS MATCHING GRANTS:

The scores will always be 0, 1, or 2. Unless specified otherwise within the form: 2 = the answer of the applicant is complete with no more than one fact omitted; 1 = more than one fact omitted but there is at least one fact present; and 0 = there is no useful information. Fractional scores between 0 and 2 may also be used (e.g. .5, 1.25, 1.5, etc.), but none greater than 2.

In order to place the total on a scale of 100, the total for each section is adjusted or multiplied by .69444. Adjusted scores of 55 or above will automatically be eligible for funding. The scores on the following evaluation sections show the maximum scores for each item and section. Note that the maximum score of 100 derives from adding the maximum totals of 11.11 and 88.89 in the two sections shown following.

<u>Justification Summary:</u> On no more than <u>three</u> one sided double spaced pages, provide a summary addressing this project for each topic listed below.				
Item	Score	Weight	Total	Team Comments
A) Problem description (Provide a narrative of the problem or need and the population impacted).	2	1	2	
B) Present situation (Describe how the situation is being handled now).	2	1	2	
C) The proposed solution (Present your proposed solution).	2	1	2	
D) Consequences if not funded (Explain what will happen if this project is not funded).	2	1	2	
E) The geographic area to be addressed (Provide a narrative description of the geographic area).	2	1	2	
F) The proposed time frames (Provide a list of the time frame(s) for completing this project).	2	1	2	
G) Data Sources (Provide a complete description of data source(s) you cite).	2	1	2	
H) Statement attesting that the proposal is not a duplication of a previous effort. (State this project doesn't duplicate what you've done on other grant projects under this grant program).	2	1	2	
TOTAL	XXX	XXX	16	
ADJ. TIMES .69444	XXX	XXX	11.11	

Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided double spaced pages for your response. Include the following:

Item	Score	Weight	Total	Team Comments
A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.	2	3	6	
B) In the 12 months <u>after</u> this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.	2	3	6	
C) Justify and explain how you derived the numbers in (A) and (B), above.	2	5	10	
Before and After Difference	2	50	100	
D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.	2	3	6	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			128	
ADJ. TIMES .69444	XXX	XXX	88.89	

Outcome For Training Projects: This includes all training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided double spaced pages for your response. Include the following:

Item	Score	Weight	Total	Team Comments
A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).	2	3	6	
B) How many people do you estimate will successfully complete this training in the 12 months <u>after</u> training begins?	2	3	6	
Before and After Difference	2	13	26	
C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months <u>before</u> the project and what the data	2	40	80	

should be in the 12 months <u>after</u> the training.				
D) Explain the derivation of all figures.	2	5	10	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			128	
ADJ. TIMES .69444	XXX	XXX	88.89	
GRAND TOTAL ALL ITEMS	XXX	XXX	100.0	XXXXXXXXXXXXXXXXXXXXXXXXXX

Outcome For Other Projects: This includes quality assurance, management, administrative, and others. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided double spaced pages for your response. Include the following:

Item	Score	Weight	Total	Team Comments
A) What has the situation been in the most recent 12 months for which you have data (include the dates)?	2	3	6	
B) What will the situation be in the 12 months <u>after</u> the project services are on-line?	2	3	6	
Before and After Difference	2	13	26	
C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months <u>before</u> the project and what the data should be in the 12 months <u>after</u> the project.	2	40	80	
D) Explain the derivation of all figures.	2	5	10	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			128	
ADJ. TIMES .69444	XXX	XXX	88.89	
GRAND TOTAL ALL ITEMS	XXX	XXX	100.0	XXXXXXXXXXXXXXXXXXXXXXXXXX

Research and Evaluation Justification Summary, and Outcome

Item	Score	Weight	Total	Team Comments
A) Justify the need for this project as it relates to EMS.	2	4	8	
B) Identify (1) location and (2) population to which this research pertains.	2	2	4	
C) Among population identified	2	5	10	

in 14(B) of the application, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).				
D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.	2	50	86	
D) (2) Explain the basis for your estimates.	2	8	16	
E) State your hypothesis.	2	2	4	
F) Provide the method and design for this project.	2	2	4	
G) Attach any questionnaires or involved documents that will be used.	2	2	4	
H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.	2	2	4	
I) Describe how you will collect and analyze the data.	2	2	4	
SUBTOTAL	XXX	XXX	144	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			144	
ADJ. TIMES .69444	XXX	XXX	100	

<u>Bonus Points for Statutory Considerations and Criteria:</u> The following are based on s. 401.113(2) (b) and 401.117, F.S.				
Item	Score	Weight	Total	Team Comments
A) Serve the requirements of the population upon which project will impact.	2	1	2	
B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.	2	1	2	
C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.	2	1	2	
D) Enable the vehicles of your	2	1	2	

organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility				
E) Enable your organization to improve or expand the provision of: 1) EMS services on a county, multi county, or area wide basis. Single EMS provider or coordinated methods of delivering services. 2) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.	2	1	2	
SUBTOTAL	XXX	XXX	10	

INSTRUCTIONS FOR 90/10 PERCENT STATE EMS RURAL MATCHING GRANTS:

Applicant Information

1. Explain the problem.
2. Explain why the resources you are requesting will resolve the problem.

Evaluation of the Application

The likelihood, based upon the information provided by the applicant, in the next 12 months the lives and health of the population being served will be adversely affected without the requested resources. Scores between 0 and 5 may also be used (e.g. .5, 1.25, 2.0, 2.5, 3.5, 4, 4.5, etc.), but none greater than 5.

- 5 High
- 3 Medium
- 1 Low
- 0 Not sufficiently established in the information provided

Explanation for assigned score.

Note: if there are tie scores among applications and it affects whether or not which ones will be offered funding, the following priorities will prevail among the affected tie scores:

1. Medical equipment used at emergency scenes.
2. Rescue equipment used at emergency scenes.
3. Injury prevention.
4. Communications equipment.
5. EMS staff training.

FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This section is applicable to all grantees. An audit, performed in accordance with Section 215.97, F.S., performed by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the department in effect during the audit period.

Compliance findings related to grants with the department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. All questioned costs and liabilities due to the department shall be fully disclosed in the audit report with reference to the department grant involved.

CONDITIONS APPLICABLE TO FOR-PROFIT ORGANIZATIONS

The method of payment to for-profit organizations is cost reimbursement. For-profit organizations shall request reimbursement as follows:

1. Submit reimbursement requests to the department accompanied by signed invoices and copies of both sides of the payment checks. If the grantee doesn't regularly receive copies of checks from its financial institution, the department may accept other documentation evidencing payment.

The invoices must clearly indicate the service or product delivered, date delivered, date paid, item cost, total cost, and the person receiving the service or product.

2. A copy of the approved budget must be in the reimbursement material. The grantee must show which item in the budget corresponds to each item in the reimbursement form. Every item on the reimbursement form must be identical to or clearly included under the approved budget items.
3. The grantee shall submit invoices for personnel services and fees on a time/rate basis. The invoices must identify each individual by name, state the services provided, the time period covered by the invoice, and the hourly rate and number of hours worked for each individual. Appropriate time sheets or time logs must accompany the invoice.
4. The grantee must submit a final invoice for payment to the department within 40 days after the grant ends or is terminated. If the grantee fails to comply and does not obtain a written waiver from the department, all rights to payment are forfeited.

SECTION 215.97 F. S. (GRANTS AND AIDS APPROPRIATION)

If the grantee receives funds from a grants and aids appropriation, the grantee shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has “received” funds when it has obtained cash from the department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee’s fiscal year to the following, unless otherwise required by F. S.:

- A. Department of Health
Office of the Inspector General
4025 Bald Cypress Way, Bin A03
Tallahassee, Florida 32399-0704

- B. Department of Health
Bureau of Emergency Medical Services
Matching Grant Manager
4025 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1735

- C. **Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:**

Office of the Auditor General
Post Office Box 1735
Tallahassee, Florida 32302

RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the department, or its designee, upon request for a period of five years from the date the audit report is issued, unless extended in writing by the department.

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 clearly included under an existing line item.

Any disallowed EMS grant expenditure shall be returned to the department by the grantee within 40 days after the department's notification. The costs of disallowed items are the responsibility of the grantee.

VEHICLES AND EQUIPMENT

The grantee shall own all items; including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

TRANSFER OF PROPERTY

A private organization owning any equipment funded through the grant program in whole or in part and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

REQUESTS FOR CHANGE

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, June 2002. The grantee shall obtain written approval from the department prior to making the requested changes. The following changes must be requested:

1. Extension of the grant's ending date. If an extension is being requested, the proposed new ending date shall be identified in the request. The grant extension request shall be received by the department prior to the ending date indicated in the award letter.
2. Changes in the project activities.
3. Redistribution of the funds between entities or equipment approved.
4. Establishing a new line item in the budget.
5. Changing a salary rate more than 10%.

EARLY ENDING DATE

If the project accomplishes the listed objectives and all funds have been expended, the grantee may request that the grant be closed prior to the ending date indicated in the award letter. The grantee shall submit a final expenditure report and a written narrative description of the grant activities and the impact the purchase or training had on the delivery of EMS.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

DEPOSIT OF FUNDS

Matching grant funds provided to an applicant shall be deposited in a separate account and any interest earned shall be returned to the department with the final report. All interest earned shall be documented on the required reports.

REPORTS

Each grantee shall submit two reports to the department. The due dates for the required reports shall be specified in the letter from the department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The department shall receive the signed application no less than 5 working days prior to the grant review team meeting, published in the FAW.

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 a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

FINAL REPORTS

Within 120 days of the grant ending date a final report shall be submitted to the department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, 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.

COMMUNICATIONS EQUIPMENT

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

EXPENDITURES

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

CREDIT STATEMENT

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

"Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services."

If the sponsorship reference is in written or other visual material, the words, "State of Florida, Department of Health, Bureau of Emergency Medical Services" shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.