

BREVARD COUNTY
EMS ADVISORY COUNCIL
GRANT APPLICATION

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 and fund specialized or previous unfunded education program to benefit the EMS community.

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.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community, this includes:

- Emergency Departments of Brevard County
- All EMS First Responders
- Transporting agencies of Brevard County
- Any and all Educational facilities that provide education to EMS

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 Brevard County.
2. The applicant demonstrates the grant will be used to reduce morbidity and mortality in the identified service area in an efficient and effective manner.
- 3.. The application is complete and signed.
4. 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.

EMS MATCHING GRANT APPLICATION

Brevard County Fire Rescue

Complete all items unless instructed differently within the application

1. <u>Organization Name and Primary Mission/Function:</u>	
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:	
Position Title:	
Address:	
City:	County: Brevard
State: Florida	Zip Code:
Telephone:	Fax Number:
E-Mail Address:	

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:	
Position Title:	
Address:	
City:	County:
State: Florida	Zip Code:
Telephone:	Fax Number:
E-mail Address:	

4. Type of Service (check one): Rescue Fire Third Service (County or City Government, non-fire) Air ambulance: Fixed wing Roto-wing Both Other (specify) _____.

5. 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: _____

Print/Type: Name of Director _____

FL Med. Lic. No. _____

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.

If your activity is a research or evaluation project, omit Item 6, and skip to Item Number 7. Otherwise, proceed to Item 6 and the following items.

6. 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).

Next, only complete one of the following: Items 7 or 8. Read both and then select and complete the one that pertains the most to the preceding Justification Summary.

7. 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.

8. 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 do you estimate will successfully complete this training in the 12 months after training begins?

B) 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.

9. 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 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 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 by Brevard County.

I accept that 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.

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.

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

MM / DD / YY:

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 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 clearly included under an existing line item.

Any disallowed EMS grant expenditure shall be returned to Brevard County by the grantee within 40 days after the department's notification. The costs of 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. Funds received under any other grant program cannot be used to fulfill the matching requirement for the matching grant program.

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, copies of any training records, a narrative of the activities completed or the progress of grant activities during the reporting period along with copies of any invoices or like documentation of expenditures. 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.

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

Timothy J. Mills Fire Rescue Center

1040 S. Florida Ave.

Rockledge, FL 32955

ATTN: William Farmer