



## EMS MATCHING GRANT APPLICATION

FLORIDA DEPARTMENT OF HEALTH  
Emergency Medical Services Program

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. Organization Name: Levy County Board of County Commissioners

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: Desiree Mills

Position Title: Chairman of the Board of County Commissioners

Address: 310 School Street

City: Bronson

County: Levy

State: Florida

Zip Code: 32621

Telephone: 352-486-5219

Fax Number: 352-486-5167

E-Mail Address:

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: James M. Harrell

Position Title: Director, Department of Public Safety

Address: PO Box 448

City: Bronson

County: Levy

State: Florida

Zip Code: 32621

Telephone: 352-486-5209

Fax Number: 352-486-5401

E-Mail Address: [mharrell@levydps.com](mailto:mharrell@levydps.com), [arinaudo@levydps.com](mailto:arinaudo@levydps.com)

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

- (1)  Private Not for Profit [Attach documentation-501(c)(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 59-6000717 \_ \_

6. EMS License Number: 3802 Type:  Transport  Non-transport  Both

7. Number of permitted vehicles by type: \_\_\_\_\_ BLS; 17 ALS Transport; \_\_\_\_\_ ALS non-transport.

8. Type of Service (check one):  Rescue;  Fire;  Third Service (County or City Government, non-fire);  Air ambulance;  Fixed wing;  Rotowing;  Both;  Other (specify) \_\_\_\_\_.

9. 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: 02/13/2024

Print/Type: Name of Director Charles Hwang Jr.

FL Med. Lic. No. ME 126436

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 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).



**Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.**

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) 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 before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

**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.

**ALL APPLICANTS MUST COMPLETE ITEM 15.**

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.



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
Purchase equipment and accessories	immediately	90 days
Training	immediately	120 days
Implementation into service	90 days	120 days

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.

We do not receive enough funds from the County Awards Grant to fund such a project; we are using those funds for training this year.

18. Budget:		
<b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	<b>Costs</b>	<b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Expenses:</b> 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).	<b>Costs:</b> List the price and source(s) of the price identified.	<b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Vehicles, equipment, and other</b> operating capital outlay means equipment, fixtures, and other tangible personal property of a non-consumable and non- expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	<b>Costs:</b> List the price of the item and the source(s) used to identify the price.	<b>Justification:</b> State why each of the items and quantities listed is a necessary component of this project.
Mechanical CPR Devices and Accessories	50000	Key component of project
<b>TOTAL:</b>	<b><u>\$50,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>State Amount</b> (Check applicable program)		
<input type="checkbox"/> Matching: 75 Percent	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input checked="" type="checkbox"/> Rural: 90 Percent	<b><u>\$45,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Local Match Amount</b> (Check applicable program)		
<input type="checkbox"/> Matching: 25 Percent	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input checked="" type="checkbox"/> Rural: 10 Percent	<b><u>\$5,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Grand Total</b>	<b><u>\$50,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

DH 1767 [2013]



19. 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 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 any attached grant terms and conditions and acknowledge this by signing below.	
<hr style="width: 40%; margin: 0 auto;"/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr style="width: 10%; margin: 0 auto;"/> / / MM / DD / YY

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**THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.**



FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT

## REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of section 401.113(2)(b), Florida Statutes, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

### DOH Remit Payment To:

A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1<sup>st</sup> application page.

Name of Agency: Levy County Emergency Medical Services

Address in State  
Financial System: PO Box 448  
Bronson, FL 32621

Federal 9-digit Identification Number: 59-6000717 3-digit Seq. Code: 063

Authorized Official: \_\_\_\_\_  
**Signature** **Date**

Desiree Mills, Chairman of the Board of County Commissioners  
Type or Print Name and Title

Sign and return this page with your application to:

Florida Department of Health  
Emergency Medical Services Unit, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722

**Do not write below this line. For use by State Emergency Medical Services Section.**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2023 – 2024

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	03	SF003	751000	059999

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_



## 10. Justification Summary

**A) Problem Description** Levy County is served with seven (7) frontline advanced life support (ALS) transport units as well as first response from three (3) County Fire Stations and six (6) Municipal Fire Departments. Due to our large service area and location of the nearest, most appropriate receiving facilities, transport times for Levy County EMS can be more than an hour; up to 70 miles. In addition, there are instances where the local Fire Station/Department is first on scene with basic first responder equipment due to lengthy ambulance response times as a result of our large, rural response area.

Performing compressions for an extended period of time as a result of lengthy response or transport times leads to fatigue which can cause the quality to degrade. Other problems with manual CPR include physical abilities, interruptions during movement of the patient, variations in technique/training, etc. Levy County relies on Fire Departments in the area to respond when one of our ambulances is coming from out of zone (extended response times), for high acuity calls, and to assist with manpower; there are times this means a first responder could be managing a patient who requires CPR by themselves due to our long transport times, limited resources, and personnel availability.

CPR equipment has become the standard of care among rural EMS providers, vital to providing quality patient care during extended transports. According to a 2012 article in *JEMS*, "Manual chest compressions are often done incorrectly, especially in the back of a moving ambulance, and incorrect chest compressions can negatively impact survival studies showed interruptions of chest compressions were common, averaging 24% to 57% of the total arrest time."

Since we rely so heavily on the surrounding Fire Departments to assist us with patient care, it is imperative that they have the appropriate equipment to provide such services. We have two (2) municipal departments that we work alongside that do not have a standardized mechanical CPR device which could be easily interchanged among our departments (as transport necessitates). This means that patients in their response zones are at risk for not receiving the best possible care (high quality, consistent CPR) when they need it.

Levy County does not provide a large tax base and budgeting for such equipment would take away from other necessary expenditures including personnel, required equipment, and training.

**B) Present Situation** Currently, two (2) of the Municipal Fire Departments are not stocked with a mechanical CPR device. CPR equipment has become the standard of care among rural First Responders. Transport times are typically at least an hour or more and with only seven (7) frontline transport units covering such a vast area, local First Responders may be the only ones on scene for an extended period of time, waiting for a transport unit to arrive. Performing compressions, by yourself for an extended period of time leads to fatigue; due to fatigue, quality compressions may often not be delivered. Although all EMS and First Responder Personnel are training in CPR, the fact remains that different techniques do exist. The use of automatic, mechanical CPR devices improves the quality of chest compressions by providing a consistent rate and depth of compression. Mechanical CPR can also allow for defibrillation during compressions; according to a 2012 article in *JEMS*, the LUCAS device showed that defibrillations did not compromise CPR and can be delivered during ongoing mechanical compressions without any pauses. In 2023, our



department listed CPR as a treatment type 168 times. If are able to obtain two (2) more devices to provide to our assisting agencies, we could ensure that each possible responding agency is equipped with a device for those times that they are first to respond, providing the best possible care. The end result would mean standardizing (increasing) the level of care provided to all of our patients.

**C) Proposed Solution** After conducting a needs assessment, grant funding is being requested for the purchase of two (2) mechanical cardiopulmonary assist systems (mechanical CPR devices); this would mean a unit is in place on each of our frontline advanced life support (ALS) transport unites, each County Fire Station, and each Municipal Fire Department. The particular device we use has been found to be far superior to other, similar devices from its very first use in the field. The transfer from manual to mechanical CPR is much smoother and shorter than other, similar devices by several seconds. Strong radial pulses were noted almost immediately upon starting the device which can be rare to find. There are also no disposal costs associated with this particular device like there are with many others. Due to our large service are and no facility in the County to transport critical patients to, our longest transport distance is roughly 70 miles to the nearest hospital. Having the ability to provide the most adequate CPR possible with the first responding unit on scene and having it continue without interruption through the duration of transport can only be achieved with the use of a mechanical compression device. The device will also allow responders to perform other necessary procedures while eliminating poor quality CPR as a result of fatigue; this is a great benefit considering some agencies can only send a single responder to each call.

**D) Consequences if Not Funded** Without grant funding for this project, we will continue to operate and train with current equipment. Without this equipment we will not be able to upgrade our standard of care to *all* of our patients countywide; we will not expect to see an increase in CPR related patient outcomes and will continue risking having zones without the best possible equipment for extended periods of time due to response times. If this funding is not made available, we will continue to seek other options for funding until this need can be met.

**E) Geographic Area to be Addressed** Levy County is a rural community with approximately 40,979 citizens in 1,118 square miles (2020 census data) on the Gulf Coast of North Central Florida. Levy County is a mostly agricultural community with a large elderly population. The Department operates seven (7) frontline ALS transport units 24/7/365 to provide for the citizens and visitors of Levy County. Additionally, we contract with local municipalities to provide first response coverage to the unincorporated areas within the County, as well as providing automatic and mutual aid assistance.

In 2023, Levy County EMS responded to 9,579 requests for EMS response resulting in 6,329 transports utilizing ALS transport units staffed with a minimum of one (1) Paramedic and one (1) EMT.

According to the U.S. Census, nearly 20% of our population is aged 65 or older. There are three (3) healthcare facilities located in Levy County; none of which are hospitals, which means patients on the far western side of the County may face transport distances up to 70 miles away. Due to the lack of resources available in the County, transports can last up to two (2) hours.

**F) Proposed Time Frames** If awarded grant funds for this project, the purchase of the equipment would begin immediately. Once the equipment is received, refresher training would be completed and the equipment would be put in service immediately.

**G) Data Sources** Data obtained for this project was retrieved from the U.S. Census Data for 2020, the Journal for Emergency Medical Services (JEMS), Physio-Control, and the Levy County EMS reporting software.

**H) Statement** The previous awards grant for this project did not aware enough funds for a device for all of our frontline transport units, the County Fire Station, and local Municipal Fire Departments. This proposal is not a duplication of any previous efforts by Levy County for funding under this grant program.



## **11) Outcome for Projects that Provide or Effect Direct Services to Emergency Victims**

**A)** In 2023, Levy County EMS responded to 168 calls for service that required CPR as a 'treatment'. In instances where the mechanical device was available and used, personnel provided positive feedback regarding their experience using the device. Family members of patients present while the device was being used to help their loved ones have approached us to tell us how important they feel the mechanical CPR devices are for our rural community. Citizens have expressed how they see the device freeing up the hands of first responders to continue other necessary treatments for patients.

**B)** In the 12 months following the implementation of this project, raw data for the number of patients requiring CPR may vary. However, First Responders in Levy County will be better prepared to handle all calls requiring CPR intervention. Use of a mechanical CPR device will remove fatigue as a factor in performing proper CPR 100% of the time and will ensure a standard level of care to be provided to all citizens and visitors across the County.

**C)** In addition to reducing the physical stress on First Responders, simple logic reflects that the use of a mechanical device over physical performance would provide a more consistent delivery and a higher potential of a better patient outcome.

During public relations events, patient family members have described their pleasure with the availability of the mechanical CPR devices and it is our hope to make one available for each responding agency so we can provide the same capabilities countywide, regardless of the responding agency.

Data referenced above was retrieved from Levy County EMS report documentation software.

**D)** If grant funding is made available for this project, Levy County will be able to equip every agency with first responders in Levy County with a mechanical CPR device. Interruptions in CPR will be limited to shear seconds (during placement of the device) for virtually all patients requiring CPR intervention in the County. As well, with the use of the mechanical device, additional personnel would not necessarily be needed to provide this standard of care.

**E)** The Vision of Levy County EMS is to develop, manage, and operate a comprehensive emergency response organization to serve the citizens and visitors of Levy County. The Department will embrace new technologies and techniques, focusing on training and education to provide the highest level of customer service and satisfaction in a professional and caring manner. This project will enable Levy County EMS to provide quality care to the citizens and visitors of the County by prudent utilization of public funds for purchase of equipment that meets or exceeds industry standards of care.

### **15) Statutory Considerations and Criteria**

**A)** The addition of the mechanical compression devices will enable all First Responders in Levy County to enhance their capabilities allowing us to provide quality CPR to virtually all patients in need of such intervention. Not only will these devices increase the level of care, but also the chance of survival for those in need of lifesaving CPR by eliminating fatigue caused by manual CPR compressions performed by First Responders throughout the entire County.

**B)** Having these devices across units within all Fire and EMS agencies in the County will provide for a standard of care for all patients.

**C)** Having these devices across units within all Fire and EMS agencies in the County will provide for a standard of care for all patients.

**D)** N/A

**E) 1)** These devices will enable all Fire and EMS First Responders in Levy County to improve the level of care and chances of survival for the citizens and visitors of Levy County who are in need of lifesaving CPR. Experimental studies have shown that compressions by the mechanical device sustain a higher blood flow to the brain and heart when compared to manual compressions; to avoid neurological damage, this is necessary. These devices are functional in providing the same quality regardless of conditions or crew fatigue. The Mission of Levy County EMS is to preserve life and property, promote public safety, and foster economic growth. Our Vision state that we will embrace new technologies and techniques; funds for the purchase of these devices will improve the EMS/First Responder services provided to the citizens and visitors of Levy County.

**2)** The use of the mechanical CPR devices by all Fire and EMS agencies across Levy County would allow us to better work together with the Fire Departments by having a standard piece of equipment that can be interchanged as needed; the device in use could stay with the patient and the Fire Department personnel could take the device not in use off the ambulance as to always have one available for use across frontline units in the County.

**3)** N/A