

Applicant Information

Special Note: Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS with costs for automated external defibrillators. We intend to fund grant requests of this type.

Optional: In your application package cover letter you may request to be, or recommend a person to be, a reviewer of matching grant applications during this grant cycle.

Request for Grant Fund Distribution Page: This page is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion, as indicated on the form.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form and the exact corresponding address of its 9-digit federal tax ID plus its 3-digit sequence code.

Number of Pages: Each application must be no more than 15 one-sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These pages will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one-sided pages.

Fastening. If you send a paper application, do not use a booklet cover. Simply staple it in the upper left corner, with the first page of the application form the first of the stapled pages.

While preparing the application, you may contact state EMS staff for assistance.

EMS MATCHING GRANT APPLICATION



**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Section**

(Complete all items unless instructed differently within the application)

Type of Grant Requested: Rural Matching

ID Code (The State EMS Section will assign the ID Code – (leave this blank) _____)

1. <u>Organization Name:</u> Levy County Board of County Commissioners	
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: John Meeks	
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
Email 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: 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
Email Address: mharrell@levydps.com	

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): _____

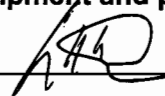
5. Federal Tax ID Number (Nine Digit Number): VE 59-6000Z17

6. EMS License Number: 3849 Type: Transport Non-transport Both

7. Number of Permitted Vehicles by Type: 0 BLS 14 ALS Transport 0 ALS non-transport

8. Type of Service (check one): Rescue Fire Third Service (County or City Government, non-fire) Air Ambulance Fixed Wing Rotor Wing 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: 25 January 2021

Print/Type: Name of Director Charles Hwang Jr

Florida License Number 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.

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	30 days	90 days
Training for staff	60 days	120 days
Routine use on all frontline units	120 days	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.

We do not receive enough funds from the County Awards Grant to fund such a project. We are using this year's County Awards Grant for advanced EMS training.

18. Budget:		
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.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate 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.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, Equipment, and Other: 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.	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.
Pumps and accessories	35800	Key component of project
Service Agreement	11000	For proper maintenance and repair
TOTAL:	<u>\$46,800.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program) <input type="checkbox"/> Matching: 75 Percent	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input checked="" type="checkbox"/> Rural: 90 Percent	<u>\$42,120.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program) <input type="checkbox"/> Matching: 25 Percent	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input checked="" type="checkbox"/> Rural: 10 Percent	<u>\$4,680.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	<u>\$46,800.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

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 later. 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 the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.	
I agree that 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 Emergency Medical Oversight. This includes material that 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 Emergency Medical Oversight.	
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight 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 toward 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 the above and also accept any attached grant terms and conditions and acknowledge this by signing below.	
* _____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	____/____/____ MM / DD / YY

DH FORM 1767 [2013]

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

APPROVED AS TO FORM AND LEGAL
 SUFFICIENCY Anne Bast Brown
 Anne Bast Brown, County Attorney

**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) (a), *Florida Statutes*, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:

Ask a finance person in your organization who does business with the state to provide the information to complete the top part of this form, but it should be signed by the person identified in Item 2, 1st application page.

Name of Agency: Levy County Emergency Medical Services

Mailing Address: PO Box 448

Bronson, FL 32621

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

Authorized County Official: _____

Signature

Date

John Meeks, 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 State EMS Unit Supervisor Date

Approved By: _____
Signature of Contract Manager Date

State Fiscal Year: 2019 - 2020

<u>Organization Code</u>	<u>EO</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

Pre-hospital emergency care often requires the delivery of precise doses of medications to a patient over extended periods of time. The use of mechanized IV pumps is a more accurate method of delivering medications in terms of both rate and dosage versus the manual method. IV pumps for emergency services are often used while transporting patients who require specific dosage over a long period of time. Traditionally, paramedics utilizing the manual method have to judge the rate of administration of these medications based on what they can see, leaving it open to human error, misjudgment, or other erroneous issues; the use of IV pumps is far more accurate.

Levy County transports can sometimes last close to two (2) hours and currently, when medications are needed through IV pumps we are using antiquated equipment they is subject to failure at any time and is limited on ability to be repaired based on part availability.

B) Present Situation

Currently, the IV pumps being used by Levy County EMS are all antiquated and have recently met the end of their serviceable life. As pumps fail they are being removed from our units and properly discarded as there is no means to repair them. This means that as the condition of our aged pumps continue to deteriorate, paramedics must revert to manual methods and judge the rate of flow and dosage based on their calculations of dosage and the rate at which one drop of medication travels through IV tubing. While this method is acceptable, an IV pump is preferred because the machine is more accurate and less prone to human error.

Transport time in Levy County can last up to two (2) hours and be as far as 70 miles. This means that if a patient requires a continuing dosage of medication, a crew member could be required to constantly monitor the flow of the IV for up to two hours.

C) Proposed Solution

Levy County EMS is requesting funding to purchase enough IV pumps to place one on each frontline unit as well as two (2) backups or for additional units being brought online.

If awarded funding, this purchase will provide the citizens and visitors of the Levy County and surrounding areas with up-to-date equipment capable of delivering medications at an exact rate and flow through the duration of long transports instead of relying on human calculations which could be more prone to error.

D) Consequences if not funded

If this funding is not awarded, the Department will be forced to continue using antiquated equipment which becomes more unreliable after every use or other, manual methods of setting the drip rate for medicine delivery during transports which is subject to human error.

E) Geographic areas to be addressed

Levy County EMS serves rural Levy County in its entirety; including 40,801 citizens in 1,118 square miles (2010 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 respond to mutual aid requests for the surrounding counties of Marion, Dixie, Gilchrist, Alachua, and Citrus. In 2020 Levy County EMS responded to 8,481 requests for EMS response resulting in 5,709 transports utilizing ALS transport units staffed with a minimum of one (1) Paramedic and one (1) EMT.

According to the U.S. Census, 19.4% 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 typically last up to two (2) hours.

F) Proposed time frame

If approved, Levy County EMS will order and purchase the equipment, warranties and maintenance packages immediately. Receipt of the equipment will take approximately two months. Upon delivery, the equipment will be added to apparatus inventory and staff members will be trained on safe and efficient use. Staff members should be adequately refreshed on their use of the equipment fairly quickly and the equipment will be put into use immediately and continue through the life of the equipment.

G) Data Sources

County Demographics obtained from Levy County Property Appraiser. Transport and call statistics taken from Levy County EMS reporting system.

H) This proposal for funding is not a duplication of any other previous efforts to obtain funding for the purchase of IV Pumps through this grant program.

11. Outcome for Projects that Provide or Effect Direct Services to Emergency Victims

A) In the past 12 months, Levy County EMS has provided many transports requiring the administration of medication over a long period of time, though our reporting software does not define those specifically in reports.

B) In the 12 months after the project's resources are funded and online, with training and the use of new equipment, the Department will utilize IV pumps as needed. The use of mechanized IV pumps for each patient would decrease the uncertainty "human error" can cause.

C) Statistics for this section are derived from data obtained from reviews of the Levy County EMS reporting system.

D) The expected outcome for this project is the use of IV pumps to treat patients requiring medications over extended periods of time significantly reducing the risk of human error due to dosage miscalculations.

E) This project will integrate into the Countywide five-year plan of providing the citizens and visitors of the County with the best quality equipment available. While any EMS agency should have a goal to provide patients with at least the industry standard of care, we want to be sure we are maximizing the standard of care to the full extent.

15) Statutory Considerations and Criteria

A) This project will serve the requirements of the population by providing equipment that have better functionality than manual methods; this, combined with training will lead to better outcomes for our patients.

B) IV pumps have become the industry standard of care. While manual methods are acceptable, we want to be able to provide the best opportunity for a positive outcome for all of our patients.

C) IV pumps have become the industry standard of care. While manual methods are acceptable, we want to be able to provide the best opportunity for a positive outcome for all of our patients.

D) N/A

E) The addition of current, up-to-date IV pumps would bring our organization back to meeting the industry standard of care. While manual methods of providing medication doses are acceptable, the ability to mechanize this would reduce the possibility of human error, free up time for the care provider providing emergency services, and overall improve the care provided to the patient.