



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: Chairperson 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: Mitch 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, 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 59-600071Z _ _

6. EMS License Number: 3802 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; ☐ 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: Anthony Joseph Meyer, MD Date: 1/25/2025

Print/Type: Name of Director Anthony Joseph Meyer

FL Med. Lic. No. ME163053

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	120 days
Training	Immediately upon arrival of equipment	120 days
Implementation	120 days	150 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 typically use those funds for training opportunities.

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.
TOTAL:	\$ 0.00	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:	\$ 0.00	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 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.

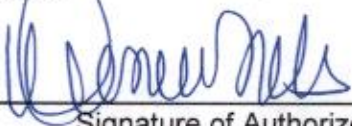
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is 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 *Florida Administrative Weekly*, 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.



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

01/30/25
MM / DD / YY

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, 1st application page.

Name of Agency: Levy County Emergency Medical Services

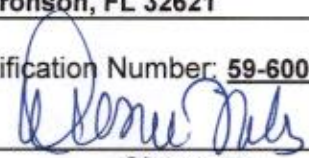
Address in State

Financial System: PO Box 448

Bronson, FL 32621

Federal 9-digit Identification Number: 59-6000717

3-digit Seq. Code: 063

Authorized Official: 

Signature

1/30/25
Date

Desiree Mills, Chairperson 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: 2024 – 2025

<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 EMS currently has seven (7) frontline ALS transport units, none of which are stocked with a video laryngoscope. Due to our large service area and location of the nearest hospitals, transport times for Levy County EMS patients can be up to 70 miles and last well over an hour. In addition to our service area, our demographics include a high number of elderly, cancer, dialysis, diabetic, obese, and other specialty patients. Our location is predominantly rural as well and relative to the number of calls we respond to, we have a fairly high number of trauma calls.

Video laryngoscopes have become the standard for pre-hospital care. Failure to quickly establish an airway can result in further medical complications, the need for additional interventions, or even death. According to the 2014 article "*What is the role of video laryngoscopy in pre-hospital care?*" found in the National Library of Medicine, it was expected that failed [direct] intubation rates in EMS could be as high as 7%. For calendar year 2024, we attempted 111 intubations and our reporting system cites only 79 successes.

B) Present Situation

Currently, none of our seven (7) frontline transport units are stocked with a *video* laryngoscope. While standard laryngoscopes have been a common tool in airway management for many years, video laryngoscopes have made their mark in the EMS industry and are easily becoming the standard in airway management. In 2024, we responded to 9,492 calls for service and transported 6,348 patients. Of those, we placed 172 advanced airways; 101 intubations and 71 iGels. Our protocols outline two options for airway management; intubation or iGel. Additionally, the protocols allow for (2) attempts for intubation and then resort to iGel placement for airway management. Since iGel is not considered a long-term airway option, standard intubation is the preferred method for reduction in further complications in the chance tube placement is required for more than 24 hours or a better sealed airway (ETT) is more appropriate. Our intubation success rate for the year was only 71%. If we had video laryngoscopes in our ambulances, our team could complete advanced airways much easier, with better visualization and

requiring less force, expediting advanced treatment and reducing the risk of further airway management techniques being required during transport and in the hospital setting.

C) Proposed Solution

After conducting a needs assessment, funding is being requested for the purchase of eight (8) video laryngoscopes; one for each of our frontline ALS transport units with one (1) spare. It is expected that we would heighten our intubation success rate resulting in an improvement in EMS care.

D) Consequences if Not Funded

Without funding for this project, Levy County EMS will continue to operate as we are, working to do what we can to improve intubation success rates and treating our patients to the best of our abilities with the tools we have available. If this funding is not made available, we will continue to seek other options for funding until this need can be met as the addition of this tool can only improve the level of service we provide to the citizens and visitors of Levy County.

E) Geographic Area to be Addressed

Levy County EMS serves rural Levy County in its entirety; including 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 respond to mutual aid requests for the surrounding counties of Marion, Dixie, Gilchrist, Alachua, and Citrus. In 2024 Levy County EMS responded to 9,492 requests for EMS response resulting in 6,348 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 Timeframe

If grant funding is awarded, the video laryngoscopes, accessories, warranties, and maintenance package will be purchased immediately following the County Purchasing Policy. Upon receipt of the equipment, staff members will receive training for safe, appropriate, and efficient use. It is estimated that training will take up to 30 days after receipt of the equipment. Immediately thereafter, the equipment will be placed on all frontline units for use.

G) Data Sources

Data obtained for this project was retrieved from the U.S. Census Data for 2020, Levy County EMS reporting software.

H) Statement

This proposal is not a duplication of any previous efforts by Levy County for video laryngoscopes under this grant program.

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

A) In 2024, Levy County EMS responded to 9,492 requests for EMS response resulting in 6,348 transports. Our reporting system identifies that Levy County EMS attempted 172 total advanced airways (101 intubations, 71 iGels) with a 71% intubation success rate. Reports also show that 10 of the 111 intubations we attempted were second attempts.

B) In the 12 months following implementation of this project, we expect to see an increase in our intubation success rate; while we would hope to reach 100%, we understand that isn't realistic and we will maintain iGel as a secondary option. However, we will ensure the video units will be available for use for 100% of our patients. The ability to see more for a successful intubation will only improve the quality and level of treatment our patients will experience. While there will still be a need for iGels, we can estimate that there would be a reduction in iGel use for our department overall as well.

C) Numbers above were obtained by evaluating data from the Levy County EMS reporting system.

D) If grant funding is made available for this project, Levy County EMS will be able to equip every frontline ALS transport unit with a video laryngoscope device. Intubation success rates will increase, and the level of service will increase with it. Patients will be able to obtain faster, more appropriate care with the use of these devices in the pre-hospital setting as well as upon arrival to the ED when the patients are transferred with the advanced information that will be able to be provided by our team to the hospital staff.

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 video laryngoscopes will enable Levy County EMS to enhance capabilities of EMS staff throughout the County and allow us to provide quality care across all transports. These devices will also increase the level of care and chances of survival for trauma patients in need of a more advanced airway.

B) These devices would allow us to meet the required standards set forth by law or rule.

C) These devices would allow us to meet the required standards set forth by law or rule.

D) Our units already have a direct communications linkup with the primary receiving facilities.

E) 1) These devices will enable our organization to improve the level of care and chances of survival for the citizens and visitors of Levy County. These devices are functional in providing ETT placement. The Mission of Levy County EMS is to preserve life and property, promote public safety, and foster economic growth. Our Vision states that we will embrace new technologies and techniques; funds for the purchase of these devices will improve the EMS services provided to the citizens and visitors of Levy County.

2) As the sole EMS provider in Levy County, these devices will allow us to provide improved airway intervention/access on patients.

3) N/A