

*2020 BROWARD COUNTY EMS GRANT APPLICATION*  
*"Funding to improve or expand prehospital EMS Systems"*

**Section I**

1. **Project Title:** 24th Annual First There First Care EMS Conference

Is this a pilot project?       Yes    No

2. **Project Cost \$:** 60,000

3. **Agency Name:** Fire Chief's Association of Broward County

Address: 6919 W. Broward Blvd. Suite 152 Plantation FL 33317

Telephone: 954-720-4315                      Fax: 954-979-5982

4. **Project Manager:** The individual with direct knowledge of project and responsible for project implementation.

Name: Rodney Turpel, Fire Chief and FCABC Treasurer

Telephone: 954-720-4315                      Email: rturpel@nlauderdale.org

5. **Authorized Signatory:** The individual authorized to sign the application on behalf of the agency or entity.

Name of Signatory: Frank Babinec, Fire Chief

Title of Signatory: President, FCABC

6. **Projects Impacting Direct Services to Emergency Victims:** This may include, but is not limited to: vehicles, medical and rescue equipment, communications, dispatch, navigation, and other equipment that impacts on-site treatment. (Countywide projects must offer participation to all licensed EMS providers, based upon levels of service.) Attach Form A.

Countywide:               Yes       No

Multiple Agencies:    Yes       No      How Many? \_\_\_\_\_

Single Agency:         Yes       No

7. **Projects Impacting Indirect Services:** Training of all types (public, first responders, law enforcement personnel, EMS personnel and other healthcare staff), research, and documentation. (Countywide projects must offer participation to all licensed EMS providers.) Attach Form A.

Countywide:               Yes       No

Multiple Agencies:    Yes       No      How Many? \_\_\_\_\_

Single Agency:         Yes       No

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**8. Problem/Unmet Need Description:** Provide a narrative of the problem or need and the population affected by describing the present situation and management (if any) and the potential adverse consequences if not addressed.

Due in large to financial limitations, critical staffing down-time, and the continuing education/training needs of all EMS systems providers in Broward County EMS administrators are continually seeking the opportunity to present cutting edge and dynamic patient trends and treatments to their pre-hospital emergency medical service providers. No consolidated and EMS focused conference or educational event is readily accessible to the over 3,000 + EMS providers in Broward County, as well as the several thousand other EMS providers in the South Florida area. This type of opportunity for education is only offered twice yearly elsewhere in the state in Orlando and Daytona at a significant and direct financial expense to all Broward EMS agencies, as well as governmental and private sector participants. This event over the past 7 years has been a continued success with each year becoming more and more popular throughout our Broward County agencies. A minimal conference fee will be charged to non- Broward pre-hospital EMS providers and extra hospital Emergency Department nurses to assure the events expenses are covered.

This year again we wants to continue to include all 17 local Broward hospitals to allow (5) five participants from their emergency departments. We request \$60,000 grant to continue the number of eligible participants up to 500 + for additional Broward County pre-hospital EMS providers and nurses to attend at no charge. The balance of the funding will be from sponsorship, registration fees donations and vendor sales.

If this grant is not continued to be funded, Hospitals EMS providers and nurses will continue to have to seek out mandatory CEU training outside of the county, miss cutting edge trends and techniques in EMS patient care, and expend much greater financial resources for less quality and networking opportunities. Fragmentations of EMS systems skills, treatment and protocols may occur, and as a result overall pre-hospital patient outcomes and ED Department EMS mortality and morbidity rates may increase or not continue to improve.

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**9. EMS Improvement and Expansion to Resolve Problem or Address Needs:**

Describe proposed solutions to the problem and/or need (question #8 – problem description). State the improvements that are reasonably foreseeable and measurable. Use data, scientific, or anecdotal information to support the agency's request. Explain how the project will improve and/or expand prehospital EMS in Broward County. Be specific.

Fire Chiefs Association of Broward County (FCABC) in conjunction with the Broward County EMS Council has during the past 23 years successfully hosted the Annual 1st There 1st Care EMS Conference & Mike Haygood Advanced Life Support Competition. Both the Council and Fire Chiefs have jointly provided direct financial assistance via grants and supplemental funding for event development, coordination, support services, and staffing for this three day event.

Last year's event at the Bonaventure Resort and Spa in Weston, Florida hosted over 1000 + honored registers participants from throughout Broward, Miami Dade, Palm Beach, Monroe and other counties for the first three day long events. In addition, over 100 nursing registrants from are hospital emergency departments, EMS physicals, political, quests and others attended. More than (75) sponsors, and also financially supported the Conference.

Twenty-four (24) ALS/EMS provider agencies teams participated in the competition event from throughout the State. The 4th Annual Emergency Department Nurses Competition kicked off with 5 teams with great enthusiasm and hopes to expand that competition again this upcoming year. In addition as always, we the recognized the outstanding contributions to pre-hospital EMS and Nursing by individuals and agencies were recommended by the organizing committee, FCABC and Broward EMS Council.

The entire EMS Conference has improved steadily since the early years in content, value and participation. The EMS conference and ALS/EMS competition and Nurses completion will hone the skills and teamwork and Paramedic, EMT's and ED Nurses by continuing to improve and advanced patient care needed of all the citizens and visitors in Broward County, Florida. The conference and competitors will help keep all EMS/Nursing providers at the forefront of the pre-hospital care.

This years event will be hosted at the new Hard Rock Live Convention Center in Hollywood. This will be a return for the event which was at this venue 3 years ago. We are also looking at combining economies of scale with one of the largest national physician conferences "A gathering of Eagles" which will occur after our event on the Thursday and Friday of this week.

Proposed format for this year's event:

Day 1- (Monday) ALS & Nursing Competitions, Resuscitation Academy,Critical Care Course.

Day 2- (Tuesday) Critical Care Course, Mini Sessions Lectures, EMS/ALS Team Finals, vendor setup and Half Day Exhibit, Medical Directors and Fire Chief's Meetings.

Day 3- (Wednesday) Opening Ceremony,Pre-hospital EMS Conference, Vendor Exhibit, EMS Gala with Annual Awards Ceremony during this event.

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<p><b>10. Measurable Outcomes:</b> Outcomes should be viewed from the perspective of the project and provide for: improved conditions/service - for patients as well as EMS personnel; expanded services; new knowledge; or improved knowledge. <b>Outcomes must be measurable and attainable. (Attach additional pages, as needed.)</b></p>	
<p><b>A. Project</b></p>	<p>24 Annual 1st There 1st Care EMS Conference June 8, 9, 10, 2020</p> <p>Hard Rock Live Convention Center, Hollywood Florida</p>
<p><b>B. Activities</b></p>	<p>Conference Planning Sessions 12 to 15 meetings Develop &amp; Coordinate Staffing, Conference, Sponsors, Speakers, venue, site planning, annual awards, event supplies, ALS/EMS/Nursing Competitions Planning, Awards</p>
<p><b>C. Outcomes</b></p>	<p>Provide innovative EMS education to over 1000+ EMS and Nursing professionals in pre-hospitals and ED department, provide relevant CEU's and CNU's over 3 days</p>
<p><b>D. Indicators</b></p>	<p>Present workshops &amp; Lectures, Protocols updates, Clinical Updates, Medical Advances</p>
<p><b>E. Data Source</b></p>	<p>Attendance rosters, post event &amp; lectures evaluations</p>
<p><b>F. Data Collection Method</b></p>	<p>Sign-in rosters, registrations forms, evaluations, EMS &amp; Nursing Skill Competition scoring</p>

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**11. Project Schedule:** Please complete the table below. Insert additional rows if needed.

Months after Grant is Executed	Activity
	Secure conference venue & establish theme
	Secure speakers establish conference
	Advertise register attendees and conference
	Final activity & invoices

**12. Supporting Research or Literature?**  Yes (Attachment A)  No  
 (Required if this is a Pilot Project.)

**13. Letters of Support or Reference?**  Yes (Attachment B)  No

**14. Budget:** Do not use brand names when listing items. Use only generic names. Round up/down to the nearest dollar. Please use the table below. Insert additional rows if needed. Do not include extended warranties.

Item	Unit Cost	Quantity	Total
			\$60,000
Delivery charges, if any			
<b>Total</b>			<b>\$60,000</b>

**15. Future Expenses:** Estimate the maintenance or other required recurring expenses per unit after the first grant year (if applicable). Note: No funding will be provided for these expenses under this grant program and must be absorbed by the grant recipient(s). Discuss this issue with your agency as it may affect its budget.

Items	Cost

**Grant monies cannot be used to replace existing equipment.**

*FB*

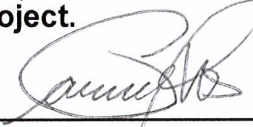
Initials of authorized signatory acknowledging the individual understands this statement.

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16. **Medical Director Approval:** For all projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code.

The undersigned, as Medical Director for this agency, supports and approves this project.

Signature: 

Date: 9/13/2019

Printed Name: Antonio Gandia MD

17. **Partial Funding:** Will the agency accept partial funding?  
(Note: If the agency is awarded partial funding, an amendment to the outcomes and budget forms must be submitted).

Yes, the agency will accept partial funding

No, the agency will not accept partial funding

Signature: 

(Authorized Signatory)

Printed Name: Frank Babinec, President FCABC

AGENCY NAME: Fire Chiefs Association of Broward County

AUTHORIZED SIGNATORY: 

DATE: 9/10/19

PRINT AUTHORIZED SIGNATORY NAME: Frank Babinec

TITLE: President FCABC

PROJECT MANAGER'S SIGNATURE: 

PRINT PROJECT MANAGER'S NAME: Rodney Turpel

TITLE: Treasurer, FCABC

TELEPHONE: 954-720-4315

EMAIL: rturpel@nlauderdale.org

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**If this is a Single Agency Project, this is the last page of the application.**

**If this is a Multiple Agency/Countywide Project (excluding Countywide training projects), please continue by completing the Participating Agency Summary Sheet (Form A) and Section II for each Participating Agency.**

**Grant Application Submission Deadline:**

**TBD**

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**SECTION II**  
**(Complete for ALL "Multiple Agencies" or "Countywide" Projects,**  
**EXCLUDING Countywide Training Projects)**

**Does your agency desire to participate in the grant project?**

If No, ignore the remaining questions and return the form to the Project Manager (GRANTEE).

\_\_\_\_\_  
**Initials of authorized signatory for Participating Agency**

If Yes, complete remaining items and return to:

Project Manager (name) \_\_\_\_\_

The undersigned Participating Agency \_\_\_\_\_  
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the \_\_\_\_\_ (GRANTEE) on a Project Application for

(Project Title and Summary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as part of the BROWARD COUNTY EMS GRANT FUNDING. The Participating Agency acknowledges that, to be included as a Participating Agency under the agreement between BROWARD COUNTY and GRANTEE for BROWARD COUNTY EMS GRANT FUNDING ("Agreement"), it will be required to agree to the terms and conditions for the funding.

**1. Medical Director Approval:**

For projects requiring approval from the agency's Medical Director in accordance with Chapter 401, Florida Statutes, or Chapter 64J-1, Florida Administrative Code, the agency's Medical Director must complete the following:

**As Medical Director for above Participating Agency, I support and approve this project.**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**2. Recurring Expenses after the grant year:**

The estimate for maintenance or other required expenses per unit after the first grant year, if applicable, are listed below. These costs will be absorbed by the grant recipient(s) (including each Participating Agency) and not paid from grant funds.

Item \_\_\_\_\_ Cost \$ \_\_\_\_\_

\_\_\_\_\_ Initials of authorized signatory for \_\_\_\_\_  
(Participating Agency)

**3. State the number of items requested or Training Participants.** \_\_\_\_\_

**4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PARTICIPATING AGENCY PROJECT LEADER TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**6. PROJECT MANAGER (GRANTEE'S RESPONSIBLE AGENT) SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PROJECT MANAGER TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_