

2022 BROWARD COUNTY EMS GRANT APPLICATION

"Funding to improve or expand prehospital EMS Systems"

Section I

1. **Project Title:** 25th Annual First There First Care EMS Conference: EMS Education

Is this a pilot project? Yes No

2. **Project Cost \$:** 75,000

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: Julie Downey, 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.

Systematic and quality pre-hospital care is a vital component to a healthcare delivery system and essential in improving the lives of patients. Broward County EMS leaders are continually seeking opportunities to provide education and training on dynamic patient trends and cutting edge treatment modalities for their pre-hospital emergency medical service providers.

Research by De Lorenzo et al. and Lantman et al., support that directed continuing education (CE) programs can not only help first responders to retain knowledge but also improve pre-hospital skills (De Lorenzo, and Lantman). No consolidated and collaborative EMS focused continuing education program or conference is readily accessible to all of the over 3,000 + EMS providers in Broward County and several thousand additional EMS providers across South Florida. The closest opportunity for education is offered biannually elsewhere in the state in locations such as Orlando and Daytona. This creates a significant and direct financial expense to all Broward EMS agencies, as well as governmental and private sector participants. Traveling to conferences outside of the area limits the ability of partnering local EMS agencies to send a large number of providers to learn and work together during these educational offerings.

EMS providers in Broward County need a local conference and large educational structure to collaborate within the 18 EMS agencies in Broward County and local healthcare providers to fulfill the educational needs while maximizing reach with limited funds.

The First There First Care EMS conference has been the solution and successful collaborative opportunity for our Broward County EMS and healthcare agencies for the last 24 years.

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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.

The Fire Chiefs Association of Broward County (FCABC) in conjunction with the Broward County EMS Council has, during the past 24 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.

The 24th Annual Conference hosted over 850 + honored registered participants from throughout Broward, Miami Dade, Palm Beach, Monroe and other counties for the three day long events. In addition, over 150 nursing registrants from area hospital emergency departments, EMS physicians, politicians, administrators and guests were in attendance. The FTFC EMS Conference has improved steadily since its inception in content, value and participation.

This conference and ALS/EMS competitions will improve the skills and teamwork of Paramedics and EMT's, by continuing to improve and advanced patient care needed of all the citizens and visitors in Broward County. The conference and competitions will help keep all EMS providers at the forefront of the pre-hospital care.

Therefore, in an effort to address the need for ongoing EMS education, decrease morbidity and mortality, and increase competency with pre-hospital and emergency skills, we propose a continuation of grant funding to support the education and training needs for each of the 18 municipal Broward EMS agencies as well as some of the local healthcare providers. Each EMS agency as well as local healthcare providers will have the opportunity to send pre-hospital and emergency care providers to participate in offered trainings.

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<p>10. Measurable Outcomes: 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. Outcomes must be measurable and attainable. (Attach additional pages, as needed.)</p>	
<p>A. Project</p>	<p>* Design and create First There First Care EMS Conference for 2022</p> <p>* Offer lectures, classes, and trainings to 280 pre-hospital and emergency providers</p>
<p>B. Activities</p>	<p>* Educate pre-hospital providers on the latest pre-hospital and emergency care trends and data</p>
<p>C. Outcomes</p>	<p>* 18 Broward County pre-hospital and healthcare agencies educated at a collaborative EMS conference -280 attendees</p> <p>* Sign in sheets collected in every training to track number of participants from each EMS agency</p>
<p>D. Indicators</p>	<p>* Increased access to relevant EMS education and training</p>
<p>E. Data Source</p>	<p>De Lorenzo, R. A., & Abbott, C. A. (2007). Effect of a focused and directed continuing education program on prehospital skill maintenance in key resuscitation areas. <i>The Journal of emergency medicine</i>, 33(3), 293-297.</p> <p>Latman, N. S., & Wooley, K. (1980). Knowledge and skill retention of emergency care attendants, EMT-As, and EMT-Ps. <i>Annals of emergency medicine</i>, 9(4), 183-189.</p>
<p>F. Data Collection Method</p>	<p>Sign in sheets collected in every training to track number of courses delivered and participants trained from each EMS agency.</p>

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

Months after Grant is Executed	Activity
0-8 months	Plan Conference
1-9 months	Schedule courses and trainings for Conference
9 months	Deliver EMS Conference, training and courses to EMS

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
See budget attachment			
Delivery charges, if any			
Total			\$75,000

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.

n/a


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.

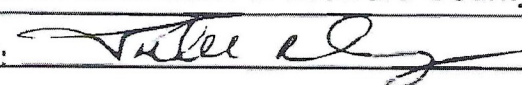

The undersigned, as Medical Director for this agency, supports and approves this project.

Signature:  Date: 9/13/21
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: Julie Downey, President FCABC

AGENCY NAME: Fire Chief's Association of Broward County
AUTHORIZED SIGNATORY: 
DATE: 9/13/21
PRINT AUTHORIZED SIGNATORY NAME: Chief Julie Downey
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

EMS Education Grant Attendee Allocation

	Registrations Alloted	Total Agencies	Total Registrations	Cost
Hospitals	6 per agency	17	102	\$25,500
Private Ambulance	6 per agency	3	18	\$4,500
EMS Agencies	weighted by population served*	18	180	\$45,000
Totals	\$250 Reg Fee	38	298	\$75,000

Broward EMS Agencies Registration Calculations*

Broward EMS Agencies	Approximate Population	Population Weight	Allotted Registrations	Cost
Coral Springs Fire Department	130,000	7.0%	24	\$4,800
Davie Fire Rescue	100,000	5.4%	18	\$3,600
Fort Lauderdale Fire Rescue	179,000	9.7%	32	\$6,400
Hollywood Fire Rescue	152,000	8.2%	30	\$6,000
Lauderhill Fire Rescue	72,000	3.9%	14	\$2,800
Lighthouse Point Fire Department	11,000	0.6%	6	\$1,200
Margate/Coconut Creek Fire Rescue	117,000	6.3%	22	\$4,400
Miramar Fire Rescue	138,000	7.5%	26	\$5,200
North Lauderdale Fire Rescue	44,000	2.4%	9	\$1,800
Oakland Park Fire Department	44,000	2.4%	9	\$1,800
Pembroke Pines Fire Rescue	169,000	9.1%	33	\$6,600
Plantation Fire Rescue	93,000	5.0%	18	\$3,600
Pompano Beach Fire Rescue	110,000	5.9%	20	\$4,000
Seminole Tribe of Florida, EMS	4,000	0.2%	6	\$1,200
Sheriff of Broward Country/Hallandale	320,000	17.3%	57	\$11,400
Southwest Ranches	8,000	0.4%	6	\$1,200
Sunrise Fire Rescue	94,000	5.1%	18	\$3,600
Tamarac Fire Rescue	65,000	3.5%	12	\$2,400
Totals	1,850,000	100%	360	\$72,000

<u>EMS Grant Funds for FTFC Registrations</u>	<u>Cost Per Attendee/ Per Day</u>	<u>Total Registrations Available for FTFC Conference</u>	<u>Remaining Funds</u>
\$75,000	\$125	596 (298 per day)	\$0

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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:

Wednesday, September 15, 2021 at 3 p.m.

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Form A

**Participating Agency Summary Sheet
(Attach a copy of negative responses)**

Agency Name	Not Interested	No Response	Quantity Requested
Broward Sheriff's Office Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Coral Springs Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	
Davie/Southwest Ranches Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Ft. Lauderdale Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Hollywood Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Lauderhill Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Lighthouse Point Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	
Margate/Coconut Creek Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Miramar Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
North Lauderdale Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Oakland Park Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Pembroke Pines Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Plantation Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Pompano Fire Resue	<input type="checkbox"/>	<input type="checkbox"/>	
Seminole Tribe of Florida, EMS	<input type="checkbox"/>	<input type="checkbox"/>	
Southwest Ranches Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Sunrise Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Tamarac Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Private Ambulance Providers	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda canpineda@mhs.net

The undersigned Participating Agency Broward Sheriff's Office Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the

Fire Chief's Association of Broward County (GRANTEE) on a Project Application for

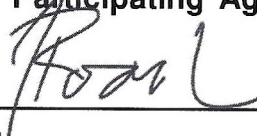
(Project Title and Summary) EMS education at First There First Care EMS Conference

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: Dr James Roach

DATE: September 10, 2021

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SECTION II

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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda- canpineda@mhs.net

The undersigned Participating Agency Coral Springs Parkland Fire Department
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the Fire Chief's Association of Broward County (GRANTEE) on a Project Application for

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

AUTHORIZED SIGNATURE: 

PRINT NAME: Peter Antevy MD

DATE: 9/10/2021

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SECTION II

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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda- canpineda@mhs.net

The undersigned Participating Agency Davie Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the Fire Chief's Association of Broward County (GRANTEE) on a Project Application for


(Project Title and Summary) EMS education at First There First Care EMS Conference

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

AUTHORIZED SIGNATURE: 

PRINT NAME: Peter Antevy, MD

DATE: 9/10/2021

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SECTION II

**(Complete for ALL "Multiple Agencies" or "Countywide" Projects,
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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda- canpineda@mhs.net

The undersigned Participating Agency HOLLYWOOD FIRE RESCUE
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the Fire Chief's Association of Broward County (GRANTEE) on a Project Application for

(Project Title and Summary) EMS education at First There First Care EMS Conference

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

AUTHORIZED SIGNATURE: 

PRINT NAME: RANDY KATZ DATE: 9/10/21

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SECTION II
(Complete for ALL "Multiple Agencies" or "Countywide" Projects,
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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda- canpineda@mhs.net

The undersigned Participating Agency Pompano Beach Fire Rescue
(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the Fire Chief's Association of Broward County (GRANTEE) on a Project Application for

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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:

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

AUTHORIZED SIGNATURE: RICHARD PALEY J Digitally signed by RICHARD PALEY J
Date: 2021.09.13 16:51:08 -04'00'

PRINT NAME: Richard Paley **DATE:** 09/13/21

2022 BROWARD COUNTY EMS GRANT APPLICATION

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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).

N/A

Initials of authorized signatory for Participating Agency

If Yes, complete remaining items and return to:

Project Manager (name) Candace Pineda canpineda@mhs.net

The undersigned Participating Agency Sunrise Fire Rescue

(Agency name)

agrees to enter into an ADDENDUM TO BROWARD COUNTY EMS GRANT FUNDING AGREEMENT and acknowledges that it has joined in with the

Fire Chief's Association of Broward County (GRANTEE) on a Project Application for

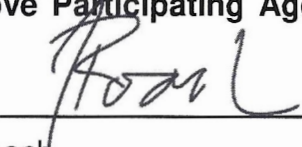
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AUTHORIZED SIGNATURE: 

PRINT NAME: Dr James Roach

DATE: September 10, 2021