

2022 BROWARD COUNTY EMS GRANT APPLICATION
"Funding to improve or expand prehospital EMS Systems"

Section I

1. Project Title: MCI Triage Bags

Is this a pilot project? [] Yes [x] No

2. Project Cost \$: 53,492.40

3. Agency Name: Oakland Park Fire Rescue

Address: 2100 NW 39 ST, Oakland Park, FL 33309

Telephone: (954)630-4547 Fax:

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

Name: Marc Vermont

Telephone: (954)630-4547 Email: marc.vermont@oaklandparkfl.gov

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

Name of Signatory: Steven Krivjanik

Title of Signatory: Fire Chief

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 [x] No

Multiple Agencies: [x] Yes [] No How Many? 2

Single Agency: [] Yes [x] 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 [x] No

Multiple Agencies: [x] Yes [] No How Many? 2

Single Agency: [] Yes [x] 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.

Current MCI triage bags are outdated and obsolete. The procedures, equipment, operating guidelines, protocols have all been improved since the last grant that provided these triage bags. The condition of the bags have also deteriorated beyond repair.

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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.

Updating the triage bags, equipment and training on the use of these new triage bags, the residents of Broward County will receive the most up to date care for MCI events in the pre-hospital setting.

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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>	
A. Project	Replacement of obsolete and deteriorated MCI triage bags and equipment.
B. Activities	Hollywood and Oakland Park Fire Rescue Departments will partner together to provide training to all personnel, including other Broward County Agencies that already have the updated triage bags.
C. Outcomes	In critical, time sensitive MCI events, rapid triage is the best opportunity to save the most number of lives. In order to do so efficiently and effectively, the most current equipment and training is necessary.
D. Indicators	Successful completion of a three hour MCI triage refresher class to all personnel. This will include familiarization with the new MCI triage bags as well as practical and cognitive skills.
E. Data Source	Course rosters from each class presented.
F. Data Collection Method	Successful completion of the course will be compiled and recored electronically.

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

Months after Grant is Executed	Activity
One	Obtain quotes for the purchase of MCI bags and purchase of the bags.
One & Two	Develop Curriculum for the training of personnel.
Two & Three	Deliver classes to all personnel and place bags in service.

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

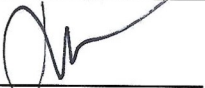
14. Budget: Do not use brand names when listing items. Use only generic names. Round up/down to the nearest dollar. Please use the table below. Insert additional rows if needed. Do not include extended warranties.

Item	Unit Cost	Quantity	Total
MCI bags complete kit	1783.08	30	53,492.40
Delivery charges, if any			
Total			\$ 53,492.40

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
None	\$0

Grant monies cannot be used to replace existing equipment.



 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.

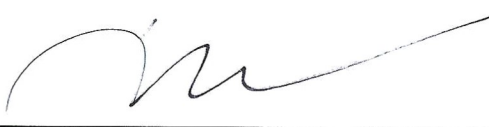
Signature: _____ Date: _____

Printed Name: N/A

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).

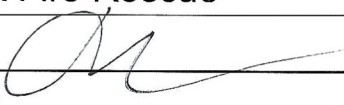
Yes, the agency will accept partial funding

No, the agency will not accept partial funding

Signature:  _____
(Authorized Signatory)

Printed Name: Steven Krivjanik

AGENCY NAME: Oakland Park Fire Rescue

AUTHORIZED SIGNATORY:  _____

DATE: 9/9/21

PRINT AUTHORIZED SIGNATORY NAME: Steven Krivjanik

TITLE: Fire Chief

PROJECT MANAGER'S SIGNATURE:  _____

PRINT PROJECT MANAGER'S NAME: Marc Vermont

TITLE: Assistant Fire Chief

TELEPHONE: (954)630-4547

EMAIL: marc.vermont@oaklandparkfl.gov

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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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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) Marc Vermont

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
Oakland Park Fire Rescue (GRANTEE) on a Project Application for

(Project Title and Summary) MCI Triage Bags

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: N/A

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 None Cost \$ 0

____ Initials of authorized signatory for Hollywood Fire Rescue
(Participating Agency)

3. State the number of items requested or Training Participants. 20

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: 9/9/21

PRINT NAME: Marc Vermont

PROJECT MANAGER TITLE: Assistant Fire Chief

DATE: 9/9/21 TELEPHONE: (954)630-4547


EMAIL: marc.vermont@oaklandparkfl.gov

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2. Recurring Expenses after the grant year:

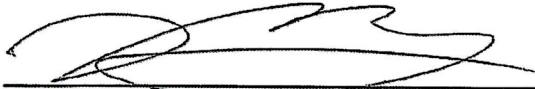
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Item None Cost \$ 0

 Initials of authorized signatory for Hollywood Fire Rescue
(Participating Agency)

3. State the number of items requested or Training Participants. 20


4. PARTICIPATING AGENCY AUTHORIZED SIGNATORY:

 DATE: 9/9/21

PRINT NAME: Dan Booker

TITLE: Fire Chief

5. PARTICIPATING AGENCY PROJECT LEADER SIGNATURE:

 DATE: 9/9/2021

PRINT NAME: Simon J. Serrao

PARTICIPATING AGENCY PROJECT LEADER TITLE:
Asst. Div Chief of EMS/Training

EMAIL: sserrao@hollywoodfl.org

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

 DATE: 9/9/21

PRINT NAME: Marc Vermont

PROJECT MANAGER TITLE: Assistant Fire Chief

DATE: 9/9/21 TELEPHONE: (954)630-4547

EMAIL: marc.vermont@oaklandparkfl.gov