

**2021 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 \$:** 35,000

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 23 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.

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.

The 23rd Annual Conference hosted over 1000 + honored registered 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 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/Nursing competitions will improve the skills and teamwork of Paramedic, EMT's and Nurses, 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/Nursing 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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<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>	
<b>A. Project</b>	<ul style="list-style-type: none"> <li>• Design and create First There First Care EMS Conference for 2021</li> <li>• Offer lectures, classes, and trainings to pre-hospital and emergency providers</li> </ul>
<b>B. Activities</b>	<ul style="list-style-type: none"> <li>• Educate pre-hospital providers on the latest pre-hospital and emergency care trends and data</li> </ul>
<b>C. Outcomes</b>	<ul style="list-style-type: none"> <li>• 18 Broward County pre-hospital agencies educated at a collaborative EMS conference</li> <li>• Sign in sheets collected in every training to track number of participants from each EMS agency</li> </ul>
<b>D. Indicators</b>	<ul style="list-style-type: none"> <li>• Increased access to relevant EMS education and training</li> </ul>
<b>E. Data Source</b>	<p>De Lorenzo, R. A., &amp; 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., &amp; 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>
<b>F. Data Collection Method</b>	Sign in sheets collected in every training to track number of courses delivered and participants trained from each EMS agency.

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

Months after Grant is Executed	Activity
0-8months	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			
<b>Total</b>			<b>\$ 35,000</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
None	

**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: 9/4/2020

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: 9/11/2020

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

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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:**

**Tuesday, September 15, 2020 at 2 p.m.**

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**Form A**

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

<b>Agency Name</b>	<b>Not Interested</b>	<b>No Response</b>	<b>Quantity Requested</b>
Broward Sheriff's Office Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Coral Springs Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	
Davie 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 EMS	<input type="checkbox"/>	<input type="checkbox"/>	
Sunrise Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Tamarac Fire Rescue	<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"/>	
	<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).

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

If Yes, complete remaining items and return to:

Project Manager (name) Chief Rodney Turpel

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

## 24st Annual First There First Care - BUDGET 2021 (1)

<b>***Sponsor Revenues***</b>						
<b>Start up</b>						
Vendor Checks						
Hospital Checks						
Registration Company						
ALS/Nurses Comp. Checks						
Broward EMS Grant Award						
Square						
FFCA						
BCHC						
<b>Projected Revenue Total</b>						
<b>***Event Expenses***</b>						
Facility Rental and Incidentals						
Participant scholarships						\$20,000
Event Day						
Event overage**						
Event Final						
Registration & Event Bright Fees						
Event Planner						
Shirts and Polos						
AV + Video						\$5,000.00
Awards						
Promotional PR, Photo, Gifts						
Banners and Boards etc.						
EMS Galla						
Insurance						
<b>Speakers Fees**</b>						\$10,000.00
<b>Incidentals</b>						
<b>Refunds</b>						
<b>Projected Expense Total**</b>						<b>\$35,000.00</b>
<b>***Budget Summary***</b>						