

2021 BROWARD COUNTY EMS GRANT APPLICATION

"Funding to improve or expand prehospital EMS Systems"

Section I

1. Project Title: Ballistic Protective Equipment
- Is this a pilot project? Yes No
2. Project Cost \$: 52,680
3. Agency Name: Pompano Beach Fire Rescue
- Address: 120 SW 3rd Street
- Telephone: 754-224-8457 Fax: _____
4. Project Manager: The individual with direct knowledge of project and responsible for project implementation.
- Name: Frank Galgano
- Telephone: 754-224-8457 Email: frank.galgano@copbfl.com
5. Authorized Signatory: The individual authorized to sign the application on behalf of the agency or entity.
- Name of Signatory: Frank Galgano
- Title of Signatory: Assistant 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 No
- Multiple Agencies: Yes No How Many? 16
- 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? 16
- 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.

Ballistic Protective Equipment (BPE) provides an essential protective barrier between fire/rescue and EMS personnel who respond to active killer, and mass casualty events. BPE provides the emergency responder with a high layer of torso and head protection against ballistic firearms, projectiles and close contact stabbings from penetrating injury. In addition to active killer and mass casualty events, this grant opportunity provides BPE for fire/rescue and EMS personnel who also supports other law enforcement events, such as frequent domestic violence emergencies, fights, bomb threats and suicides.

With the advent of 10 year national studies supporting victim survival rates, operating under the safety of BPE and rapid EMS deployment, has determined that victim survival rates could increase with immediate (EMS) response and care during active killer events. Fire/rescue and EMS personnel wearing BPE during threatening events, is not a trend but a current mandated safety and protection policy for many fire/rescue and EMS agencies in Broward County.

Standards describing emergency scene response with BPE, and FEMA guidelines providing those standards for Fire/Rescue and EMS response is part of county wide and EMS agency practice and policy. For those agencies that can fund it, BPE is part of the operations plan and policy for active killer events. Large and small scale emergency response by fire/rescue, respond in unison with law enforcement to violent environments within warm and hot zone emergency scenes. In order for EMS care to be effective, methods for protecting personnel from penetrating trauma to the torso and head from firearms, stabbings or other projectile related assaults, BPE will reasonably reduce or eliminate life threatening injury to the emergency responder.

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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.

Countrywide training for active killer and mass casualty events, including BPE training has taken place for several years. Active killer or mass casualty scenarios include multi patient trauma exercises with fire/rescue and EMS personnel who provide emergency care under threat of assault. Training programs and opportunities to train with BPE continue to evolve, but fire/rescue and EMS agencies and their personnel are limited to supportive responses with law enforcement and immediate patient care, if personnel are not supplied with the proper BPE equipment.

In FBI report from 2018 and 2019

<https://www.fbi.gov/file-repository/active-shooter-incidents-in-the-us-2019-042820.pdf/view> and National FBI casualty reporting cases in Florida (Broward County),

<https://www.fbi.gov/file-repository/active-shooter-one-page-summaries-2000-2018.pdf/view>, Pompano Beach 2019 statics (attached) reveals the incidence and prevalent threat of harm, brought to emergency responders, if BPE is not provided, as well as patient delay to care without the protection of BPE.

As with all fire/rescue agencies in Broward county, it is the mission of Pompano Beach Fire Resue (PBFR) to protect and preserve, life and property. Like many jurisdictions in the county, PBFR is challenged every year with budget decisions, and is unable to fund every important project.

The matching grant program serves as the determinant source in whether PBFR can afford to purchase necessary BPE in 2021. Currently PBFR has only six sets of BPE which is split between two Battalion Chief zone areas of coverage in the City. It is the standing operating procedure that one or both Battalion Chiefs responds to active killer and mass casualty events. Since each Battalion Chiefs carries three sets of BPE gear in their SUV, they physically will deliver, or will coordinate three to six sets of BPE to the active killer, mass casualty, domestic violence, bomb threat etc. to the emergency scene.

Due to funding constraints, PBFR has been limited to just six sets of BPE in our jurisdiction. This grant proposal expands and matches the equipment type found within our current inventory, and also matches the inventory type of equipment that our neighboring mutual cities are already using. If this grant is approved, then our current inventory of 6 sets of BPE will properly increase our front line emergency staffing to a total of 36 sets of BPE.

The intent of this proposal, is for our two Battalion Chief SUV's to carry 6 sets of BPE each, (not 3), so that the PBFR Battalion Chief can immediately supply PBFR emergency responders or mutual aid agencies or mutual zones with immediate access to 12 sets of BPE. The grant also provides new inventory to PBFR, by supplying eight front line ALS units with three sets of BPE on each unit. Currently none of our ALS transport or non transport vehicles carry BPE.

In summary, this grant will support the purchase of 30 sets of BPE equipment and accessories to our PBFR and/or mutual units. The grant supports the level of protection level of protection against emergency events described above. Upon grant awardment, PBFR will actively pursue the remaining portion of the cost of this grant proposal, by January of 2021.

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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.)	
A. Project	To provide funding for Level II ballistic protective equipment (BPE) for Pompano Beach Fire Rescue and outfitting multi agency response to active killer emergencies, domestic violence, bomb threats and mass casualty events.
B. Activities	If awarded the matching grant request of \$52,680, Pompano Beach Fire Rescue will purchase 30 sets of BPE. If the matching grant is approved with any portion thereof, then Pompano Beach will purchase BPE body armor supplies, including helmets, vests, plate insert guards ,and required accessories to outfit up to 10 EMS units or 30 EMS personnel by January of 2021.
C. Outcomes	This grant expands BPE already being used by PBFR. During scene incidents of threatening events, this grant will support the same type of BPE equipment that neighboring mutual aid agency are using. The City of Pompano Beach facilitates a planning process to guide this grant opportunity for PBFR as a priority and funding strategy. This process includes the opportunity for public comment and city commission approval. The grant award will be conducted in one reading at a public hearing held at a City Council in January 2021. Once the public reading is approved, then a project order to place BPE on 10 front line EMS units.
D. Indicators	Equipment needs - Pompano Beach Fire Rescue is expanding its current inventory of 6 complete sets of BPE equipment to protect more EMS personnel (PBFR and mutual aid units) to an additional 30 EMS personnel, for a total of 36 EMT's and paramedics.
E. Data Source	<ol style="list-style-type: none"> 1. Pompano Beach Fire Rescue 911 statistics 2019 2. Resistance of Body Armor NIJ Standard-0101.06 2016 (ballistic-resistance-body-armor-nij-standard-010106.htm) 3. FEMA Operational consideration Guide for Active Shooter, Mass Casualty Events 2013 4. FBI report from 2018 and 2019. https://www.fbi.gov/file-repository/active-shooter-incidents-in-the-us-2018-042820.pdf/view 5. National FBI casualty report https://www.fbi.gov/file-repository/active-shooter-one-page-summaries-2000-2018.pdf/view 6. Research out of Drexel University's determined that EMTs and paramedics are 14 times more likely to be violently injured on the job than the firefighters they work alongside. https://www.emsworld.com/news/12161353/study-high-risk-of-assault-for-emts-paramedics
F. Data Collection Method	Pompano Beach Fire Rescue's plan for data collection required for this grant, and performance measures will include tracking expenses, and coordinating with the appropriate staff to collect efficiencies and cost savings attributed to the matching grant implementation. Cost and delivery data will be made available for the matching grant report as required.

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

Months after Grant is Executed	Activity
December 2020	Process Grant opportunity for City Commission Approval and funding, 2 readings
January 2021	Purchase BPE Equipment

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

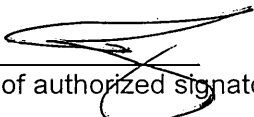
14. Budget: Do not use brand names when listing items. Use only generic names. Round up/down to the nearest dollar. Please use the table below. Insert additional rows if needed. Do not include extended warranties.

Item	Unit Cost	Quantity	Total
Body Armor Vests	634	30	19,020
Helmet	430	30	12,900
Level IV Shooter Plates	165	60	9,900
Trap Armor	99	30	2,970
Groin Plate, Medic Pouch, Vest Carry Bag	263	30	7,890
Delivery charges, if any			N/A
Total			\$ 52,680

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
N/A	N/A

Grant monies cannot be used to replace existing equipment.

FG 
 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 14 2020

Printed Name: Michael Farrell

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 Galgano

AGENCY NAME: Pompano Beach Fire Rescue

AUTHORIZED SIGNATORY: _____

DATE: 9 14 2020

PRINT AUTHORIZED SIGNATORY NAME: Frank Galgano

TITLE: Assistant Chief

PROJECT MANAGER'S SIGNATURE: _____

PRINT PROJECT MANAGER'S NAME: Frank Galgano

TITLE: Assistant Chief

TELEPHONE: 754.224.8457

EMAIL: frank.galgano@copbfl.com

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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)**

Agency Name	Not Interested	No Response	Quantity Requested
Ft. Lauderdale Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Oakland Park Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Lauderhill Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Lighthouse Point Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Broward Sheriff's Office Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
North Lauderdale Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Tamarac Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Margate Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Plantation Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Davie Fire Rescue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
American Medical Response (AMR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Coral Springs Fire Rescue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sunrise Fire Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
American Ambulance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lauderdale by the Sea	<input checked="" 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"/>	
	<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) Frank Galgano frank.galgano@copbfl.com 754.224.8457

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
Pompano Beach Fire Rescue (GRANTEE) on a Project Application for

(Project Title and Summary) Ballistic Protective Equipment (BPE)

To provide BPE equipment to Pompano Beach Fire Rescue and mutual aid
agency units responding to active shooter events, domestic violence,
bomb threats or acts of mass destruction.

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: 9 18 2020

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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 N/A Cost \$ N/A

_____ 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: _____