



## **EMS MATCHING GRANT APPLICATION**

### **FLORIDA DEPARTMENT OF HEALTH Emergency Medical Services Program**

***Complete all items unless instructed differently within the application***

**Type of Grant Requested:** ☐ Rural ☒ Matching

**ID. Code** (The State Bureau of EMS will assign the ID Code – leave this blank) \_\_\_\_\_

1. Organization Name: Hernando County, Florida

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: Brian Hawkins

Position Title: Chairman, Hernando County Board of County Commissioners

Address: 15470 Flight Path Drive

City: Brooksville

County: Hernando

State: Florida

Zip Code: 34604

Telephone: 352-587-3000

Fax Number:

E-Mail Address: bhawkins@co.hernando.fl.us

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: Paul Hasenmeier MPA, EFO

Position Title: Fire Chief and Public Safety Director

Hernando County Fire Rescue

Address: 15470 Flight Path Drive

City: Brooksville

County: Hernando

State: Florida

Zip Code: 34604

Telephone: 352-754-5810

Fax Number:

E-Mail Address: phasenmeier@co.hernando.fl.us

4. Legal Status of Applicant Organization (Check only one response):

- (1) ☐ Private Not for Profit [Attach documentation-501(c)(3)]  
(2) ☐ Private for Profit  
(3) ☐ City/Municipality/Town/Village  
(4) ☒ County  
(5) ☐ State  
(6) ☐ Other (specify): \_\_\_\_\_

5. Federal Tax ID Number (Nine Digit Number): VF 59-1155275 \_ \_

6. EMS License Number: 2703 Type: ☐ Transport ☐ Non-transport ☒ Both

7. Number of permitted vehicles by type: \_\_\_\_\_ BLS; 18 ALS Transport; 18 ALS non-transport.

8. Type of Service (check one): ☒ Rescue; ☒ Fire; ☐ Third Service (County or City Government, non-fire); ☐ Air ambulance; ☐ Fixed wing; ☐ Rotowing; ☐ Both; ☐ Other (specify) \_\_\_\_\_.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: \_\_\_\_\_ Date: 1/22/25

Print/Type: Name of Director Dr. Roderick Bennett

FL Med. Lic. No. ME98577

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

**If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.**

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need).
- B) Present situation (Describe how the situation is being handled now).
- C) The proposed solution (Present your proposed solution).
- D) Consequences if not funded (Explain what will happen if this project is not funded).
- E) The geographic area to be addressed (Provide a narrative description of the geographic area).
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project).
- G) Data Sources (Provide a complete description of data source(s) you cite).
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

**Next, only complete one of the following: Items 11, 12, 13 or 14. Read all four and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all, that credible before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.**

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS, and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five-year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

**Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.**

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one-sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.  
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

**ALL APPLICANTS MUST COMPLETE ITEM 15.**

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
  - 1) EMS services on a county, multi county, or area wide basis.
  - 2) Single EMS provider or coordinated methods of delivering services.
  - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

## 10. Justification Summary

### ***Problem description***

Hernando County Fire Rescue (HCFR) currently utilizes Power-PRO XT powered ambulance cots with a Power-LOAD system manufactured by Stryker on all their primary ambulances. These systems were initially implemented with only a powered cot on each ambulance. By 2020, all HCFR ambulances were equipped with both a powered ambulance cot and a Power-LOAD system for loading and transporting patients. Implementation of these systems were initiated to decrease back injuries to HCFR personnel and increase patient safety. Battery-powered hydraulic lift systems help reduce exertion when lifting and lowering by supporting the cot and patient during loading and unloading. The current Power-PRO XT powered ambulance cots will no longer be available for purchase as of March 31, 2025 (Discontinuation of Products Notice attached). This means that HCFR will have to purchase Power-PRO2 units by Stryker or replace both the cot and loading systems on future units with a different manufacturer. Current Power-PRO XTs assigned to HCFR ambulances have an expected service life of 7 years (Stryker, 2008).

### ***Present situation***

HCFR currently replaces cots (stretchers) when a new ambulance is purchased. HCFR has 12 new ambulances on order with 4 expected to be delivered in the fall of 2025. These ambulances will replace older units with the possibility of two to three becoming additional frontline ambulances. To improve efficiency of funds, HCFR plans to purchase cots separately from the ambulance sale price to both save money and decrease the overall price of the new ambulances.

### ***Proposed solution***

County agencies are consistently encouraged to find ways to improve on spending practices and decrease expenditures. HCFR plans to achieve this by utilizing specific funds earmarked for the outright purchase of cots rather than including them in the overall sale price of an ambulance. HCFR plans to purchase 4 new Power-PRO2 powered ambulance cots to continue to meet the current standard that both HCFR personnel and patients are accustomed to.

### ***Consequences if not funded***

EMS workers experience rates of musculoskeletal injuries from overexertion 5X more often than the average U.S. worker, and the single greatest risk factor for overexertion injuries for healthcare workers is manual patient handling (Hogya, 1990). Without the replacement of the discontinued product, HCFR will be forced to extend the service life of current powered cots or replace the cots with a different product which will cause a strain to the system both financially and with training.

### ***Geographic area to be addressed***

Hernando County is located on the central-west coast of Florida north of Tampa Bay. Its west coast is fronted by the Gulf of Mexico, Citrus County to the north, Sumter County to the east, and Pasco County to the south. Hernando County stretches 37 miles east to west and 18 miles north to south for a total of 478.3 square miles (Census Bureau, 2023). The County currently has 14 fire stations, with 3 additional stations slated for construction in the next two years.

Between 2010 and 2022 the county's population grew an average of 1.5% per year, for a total of 206,896 residents in 2022. Between 2021 and 2022 alone, the population grew by 3.1% (Our Changing Population: Hernando County, Florida, 2023).

### ***Proposed Timeframes***

Action Required	Personnel Responsible	Completion Date
Purchase 3 Power-Pro 2 Cots	Hernando County Fire Rescue	3 months after grant award
Implement on ALS Transport Units	Hernando County Fire Rescue	1 month after grant award

### ***Statement attesting that the proposal is not a duplication of a previous effort***

Hernando County has never applied for or received the EMS Matching Grant for powered ambulance cots.

### ***Data Sources***

*Census Bureau.* (2025, January 15). Retrieved from [www.census.gov](http://www.census.gov)

Hogya PT, Ellis L. Evaluation of the injury profile of personnel in a busy urban EMS system,

*The American Journal of Emergency Medicine*, 1990;8(4):308-311.

*Our Changing Population: Hernando County, Florida.* (2023, January 15). Retrieved from USA

Facts: <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/florida/county/hernando-county/>

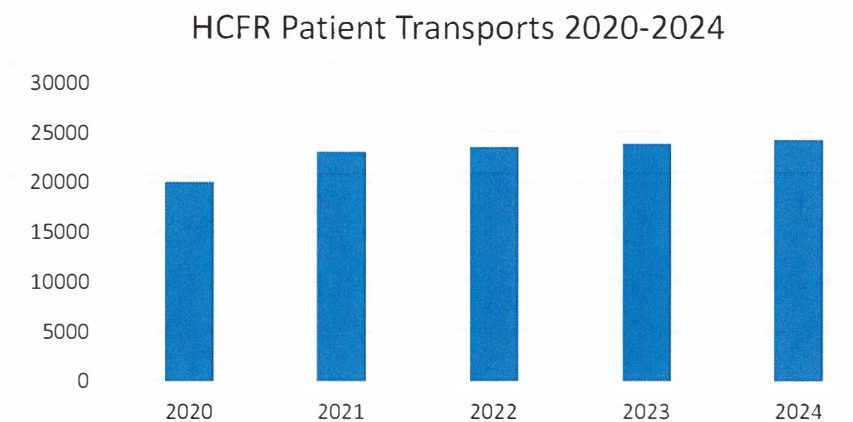
Stryker. (2008). Power-PRO™ XT: Operations/Maintenance Manual.

### **11. Outcome for Projects That Provide or Effect Direct Services to Emergency Victims**

#### ***Needs Assessment Data***

Having the ability to transport patients in the most safe and effective manner is the cornerstone of Emergency Medical Services. HCFR strives to provide safe, high-quality service to the

citizens of Hernando County. As with every piece of medical equipment, stretchers have a standard service life. That standard is stressed with increased use. HCFR has seen a steady increase in calls for service and patient transports. From 2020 to 2024, HCFR has seen an increase of 4,308 patient transports.



### ***Proposed Outcomes***

HCFR will receive 4 new rescue/ambulance units in the next twelve months. These units will need to be equipped with the proper cots to be able to provide the same level of service to the citizens of Hernando County. Acquisition of the new Stryker Power-PRO2 powered cots will satisfy the need.

### ***Justification***

The proposed outcomes will help maintain the standard level of care for providing safe and efficient patient transport while providing emergency care. Safety to both the patient and emergency care provider are the priority of HCFR.



### ***Other Anticipated Outcomes***

In addition to the primary outcomes indicated, HCFR personnel will continue to have the decrease physical exertion of manually lifting patients and stretchers into their rescues. This will help maintain the relatively low Worker's Comp claims within the department.

### ***Consistency with Five-Year Plan***

HCFR has plans to increase and expand service throughout the entire County by adding three additional fire stations with three additional rescues. These rescues will be equipped with the same cots/stretchers as the current rescues.

## 15. Statutory Considerations and Criteria

Justify that this project will:

### ***A) Serve the requirements of the population upon which it will impact.***

Hernando County has seen a steady increase in the number of patient transports over the past five years. As the population and growth within the County increases, so to will the number of patient transports. This increase in transports will continue to stress the standard service life of HCFR's current stretchers causing the need for earlier replacement.

### ***B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.***

HCFR continues to strive to provide the best care and treatment to the citizens of the County. This is accomplished by providing HCFR personnel with the latest technology to improve workplace ergonomics and decrease patient lifting injuries. Establishing a department standard that includes a power assisted cot on every rescue/ambulance

enables HCFR emergency vehicles and their staff to conform to standards established by the department.

***C) Enable vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule, or regulation of the department.***

To safely and effectively transport sick and injured patients, every HCFR rescue/ambulance must be equipped with a stretcher/cot to complete this task. As such, every HCFR transport unit is equipped with a power assisted cot as required by rule of the department.

***D) Enable vehicles of your organization to have at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.***

N/A

***E) Enable your organization to improve or expand the provision of 1) EMS services on a county, multi county, or area wide basis; 2) Single EMS provider or coordinated methods of delivering services; 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.*** N/A

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Purchase of equipment	1 month	4 month
Deployment of equipment	10 <sup>th</sup> month	

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

The purchase of 4 Power-PRO2 stretchers exceeds the award of the EMS County grant. The EMS County grant will be utilized for 19 sets new tactical vests and helmets, as well as, laryngoscope blades for our new GlideScope systems.

18. <u>Budget:</u>		
<b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	<b>Costs</b>	<b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Expenses:</b> These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	<b>Costs:</b> List the price and source(s) of the price identified.	<b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total



19. <u>Certification:</u>	
My signature below certifies the following.	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and, on any attachments, are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept any attached grant terms and conditions and acknowledge this by signing below.	
<hr/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr/> <div style="display: flex; justify-content: space-around;"> <span>/</span> <span>/</span> </div> MM / DD / YY

DH 1767 [2013]

**THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.**

**FLORIDA DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES (EMS) GRANT UNIT**

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of section 401.113(2)(b), Florida Statutes, the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

A finance person in your organization who does business with the state should provide the address and corresponding 9 and 3 digit numbers of this part of the form, but it should be signed by the person identified in Item 2, 1<sup>st</sup> application page.

Name of Agency: Hernando County

Address in State

Financial System: 15470 Flight Path Drive

Brooksville, FL 34604

Federal 9-digit Identification Number: 59-1155275 3-digit Seq. Code:       

Authorized Official: \_\_\_\_\_

**Signature**

**Date**

Brian Hawkins, Chair

Type or Print Name and Title

*Sign and return this page with your application to:*

*Florida Department of Health  
Emergency Medical Services Unit, Grants  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722*

**Do not write below this line. For use by State Emergency Medical Services Section.**

Grant Amount for State to Pay: \$ \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of Contract Manager Date

State Fiscal Year: 2024 – 2025

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>	<u>Category</u>
64-61-70-30-000	03	SF003	751000	059999

Federal Tax ID: VF \_\_\_\_\_ Seq. Code: \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY:

By: Melissa Tartaglia  
County Attorney's Office



## Discontinuation of Product Notice

December 2023

Dear valued customer,

As Stryker introduces new products into our portfolio, we retire older models. Accordingly, we are discontinuing sales of the following model in the United States and Canada effective **March 2025**.

Product	Model	US and Canada obsolescence date
Power-PRO XT powered cot	6506-000-000	March 31, 2025

If you purchase this model noted above from Stryker, or an authorized distributor, prior to March 2025, it will carry the standard (respectively) limited warranty. In addition, Stryker's policy states that we will remain committed to supporting the noted products above and providing service parts for seven years after discontinuation (March 2025).

At Stryker, our teams are dedicated to providing our customers with products that meet our high standard of quality and mission in caregiver injury prevention. As a leader in the industry, it is our commitment to continue investing in technological enhancements and comprehensive service options in partnership with our customers. Please contact your local sales account manager for more information.

We thank you for your business and continued partnership.

Troy Weatherhead

Director of Marketing

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## Emergency Care

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