



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	
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: John Allocco	
Position Title: Chairman, Board of County Commissioners	
Address: 15470 Flight Path Drive	
City: Brooksville	County: Hernando
State: Florida	Zip Code: 34604
Telephone: 352-540-4353	Fax Number:
E-Mail Address: Phasenmeier@hernandocounty.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	
Position Title: Fire Chief/Director of Public Safety	
Address: 15470 Flight Path Drive	
City: Brooksville	County: Hernando
State: Florida	Zip Code: 34604
Telephone: 352-540-4353	Fax Number:
E-Mail Address: phasenmeier@hernandocounty.us	

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

(1) Private Not for Profit [Attach documentation-501 (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; 16 ALS Transport; 16 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: _____ *Michael LoGuidice* Date: 1/13/23

Print/Type: Name of Director Dr. Michael LoGuidice, S.R. _____

FL Med. Lic. No. 0S8587 _____

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.

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.

<i>Work Activity</i>	<i>Number of Months After Grant Starts</i>	
	<i>Begin</i> _____	<i>End</i> _____
Order 40 AED's and accessories	0	2
Inservice training on equipment	2	3
Distribute to vehicles and fixed location sites	3	4

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.

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

Expenses: 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).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	<u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non- consumable and non-expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
AED's (40 each)	\$57,440	
TOTAL:	<u>\$57,440.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

<p>State Amount (Check applicable program)</p> <p><input type="checkbox"/> Matching: 75 Percent</p> <p><input type="checkbox"/> Rural: 90 Percent</p> <p>Local Match Amount (Check applicable program)</p> <p><input type="checkbox"/> Matching: 25 Percent</p> <p><input type="checkbox"/> Rural: 10 Percent</p> <p>Grand Total</p>	<p><u>\$43,080.00</u></p> <p><u>\$0.00</u></p> <p><u>\$14,360.00</u></p> <p><u>\$ 0.00</u></p> <p><u>\$ 0.00</u></p>	<p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p> <p>Right click on 0.00 then left click on "Update Field" to calculate Total</p>
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10. **Justification Summary**

A. Problem Description

Between January 1, 2022 and December 31, 2022, Hernando County Fire & Emergency Services (HCFES) responded to 40,146 total calls for service. During that time there was 695 cardiac arrest calls, 23 of which or 3% of these cardiac arrest cases had defibrillation use. This is an indication that there is a lack of available AED's to be utilized within the first 3 minutes in which the highest rates of successful resuscitation occur.

AED's are a vital component to the resuscitation process in the event of sudden cardiac arrest patients. Having them readily available for use by the lay person or trained medical professionals significantly improves chance for survival. According to the Sudden Cardiac Arrest Foundation, in 2020 a nationwide average of 9% of lay persons utilized an AED in out-of-hospital cardiac arrest cases. There are states with higher utilization percentages, but that is also based on availability. The more readily available the AED, the more likely a lay person rescuer is to use them.

The lack of available AED's throughout our community and funding challenges the county faces hampers the ability to make available these life saving devices. The safety and welfare of the community depends on early access to life saving emergency care.

B. Present Situation

HCFES currently has no AED's available for the many staff and training vehicles used daily. Many of the heavily trafficked public buildings throughout the county lack AED availability as well. Replacement AED's for aging equipment are not funded potentially leaving locations that have an AED today without one in the future. This gap can delay rapid AED utilization. There are numerous employees that travels the community daily without an AED and are trained in basic first aid and AED use.

In the event an AED is not available for a sudden cardiac arrest event, 9-1-1 activation is relied upon to dispatch and respond the closest emergency medical response unit. HCFES operates 14 advanced life support fire engines, 10, 24-hour advanced life support ambulances and 1, 12-hour advanced life support

ambulance. When dispatching units to an emergency, the communications center utilizes automatic vehicle location (AVL) devices to identify the closest available unit to an emergency.

C. Proposed Solution

Placement of AED's in high use locations for already trained staff to use will increase the ability for rapid response to a sudden cardiac arrest event. All HCFES staff vehicle will be outfitted with AED's for times when they are the closest available unit to respond to a sudden cardiac arrest event.

D. Consequences if not funded

Hernando County Fire & Emergency Services will continue to provide 9-1-1 emergency medical services under current practices. Locations presently equipped with AED's approaching expiration will not be equipped with AED's once current equipment expires. Locations presently lacking AED's will continue to not have them.

E. Geographical area to be addressed

Hernando County is located on the central-west coast of Florida north of Tampa Bay. It is bounded by the Gulf of Mexico on the west, 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 (approximately 306,000 acres). The Tampa-St Petersburg-Clearwater MSA (Metropolitan Statistical Area) checked in with a Census 2021 population of 3.22 million with 200,638 living in Hernando County. According to the U.S. Census Bureau, the county has a total area of 589 square miles, 478 square miles is land and 111 square miles is water.

F. Proposed time frame

HCFES will commit to the following proposed timeline if funding is awarded:

Action	Personnel Responsible	Completion Timeline
Order 40 LPCR2 Semi-Automatic, WIFI enabled AED's and corresponding accessories	Logistics Manager Russell	8 weeks after funding approved
Provide Training and in service as needed	Training Captain Moulton	Completed approximately 2 weeks after deliver
Distribute to vehicles and other fixed locations	Logistics Manager Russell	1-3 days after completion of training and in services

G. Data Sources

- aedusa.com. (n.d.). *What is the defibrillator survival rate.* <https://www.aedusa.com/knowledge/what-is-the-defibrillator-survival-rate/>
- Hernando County Fire & Emergency Services data collection from Image Trend
- Sudden Cardiac Arrest Foundation. (03/03/2022). *AHA releases Heart and Stroke Statistics – 2022 Update.* <https://www.sca-aware.org/sca-news/aha-releases-heart-and-stroke-statistics-2022-update>

H. Statement

Hernando County Fire & Emergency Services has not previously submitted project requests that would duplicate or otherwise augment prior grant submissions in association with this current project submittal request.

11. Outcome For Projects That Provide Direct Services to Emergency Victims

A. Quantify what the situation has been in the most recent 12 months.

Hernando County Fire & Emergency Services responded to 40,146 calls for service from January 1, 2022 through December 31, 2022. Of those calls for service, 695 were cardiac arrest events. 3% or 23 incidents of all cardiac arrest events resulted in the utilization of defibrillation. During data collected in 2020 from the Sudden Cardiac Arrest Foundation, 9% of lay persons utilized AED's to provide defibrillation. Data for HCFES is incomplete pertaining to AED use prior to EMS arrival.

B. Estimate the 12 month after outcome on A

In addition to the current available AED devices, it is anticipated by adding additional devices county wide, the AED's will be able to be used in greater frequency prior to EMS arrival.

C. Justify A and B

Due to the aging population within Hernando County and the population continuing to grow, having available AED's at more locations throughout the county will be promoted and their use encourage through various community risk reduction programs and public education. In addition, having AED's placed on many additional vehicles will allow for trained personnel to respond to sudden cardiac arrest events they are in close proximity to when strategically placed fix mounted AED's are not nearby.

D. What other outcomes of this project do you expect?

- Allows trained personnel to initiate care and resuscitation attempts with greater speed exponentially increasing survival chances to sudden cardiac arrest victims.
- Having AED's on vehicles could place life saving devices in closer proximity to person's suffering from sudden cardiac arrest events throughout the community.
- Provide a baseline roadmap for potential investment in the PulsePoint location aware CPR/AED notification system.

E. How does this integrate into your agency's five-year plan?

Utilizing industry standards and best practices, research and planning continues to provide data showing early activation of 9-1-1 and fast and effective CPR/AED use is key to increasing survival rates for sudden cardiac arrest events. Ensuring that the equipment and trained personnel continue to be available throughout the community in addition to the EMS system expansion is our top priority. Additional budget funding to ensure adequate equipment maintenance and replacement will be sought in future years.

15. Statutory Considerations and Criteria

A. Serve the requirement of the population which it will impact

The population of Hernando County continues to age in addition to the large and growing retirement communities and various assisted living facilities. These devices will allow employees of Hernando County, Hernando County Fire & Emergency Services and the lay person to rapidly initiate life-saving interventions. Fast and effective CPR/AED use is key to the increased survival potential of sudden cardiac arrest victims.

B. Enable emergency vehicles and their staff to conform to state standards – N/A

C. Enable the vehicles to contain minimum equipment – N/A

D. Enable the vehicles to have direct communications – N/A

E. Enable your organization to improve or expand the provisions of:

1) EMS Services on a county, multi county or area wide basis. Hernando County and HCFES vehicles that travel to bordering counties or other locations that would be equipped with AED's can and would be expected to respond and initiate care when in close proximity for sudden cardiac arrest events regardless of where they are.

2) Single EMS provider or coordinated methods of delivering services. N/A, addressed above under subsection 1).

3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services. N/A

17. County Governments

Hernando County utilized their county EMS grant to purchase EMS equipment (adult and pediatric laryngoscopes, stair chairs and pediatric Handtevy bags) that was necessary to put three additional ambulances in service for use due to high utilization of existing ambulances. Funding was not available for both projects. Hernando County anticipates utilizing all funds available under the County EMS Grant.

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.	
_____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	01 / 24 / 23 MM / DD / YY

DH FORM 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) (a), *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, 1st application page.

Name of Agency: Hernando County

Address in State: 15470 Flight Path Drive
Financial System Brooksville, FL 34604

Federal 9-digit Identification number: 59-1155275 3-digit seq. code _____

Authorized Official: _____ 1/24/23
Signature Date

John Allocco, Chairman
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 State EMS Unit Supervisor Date

Approved By: _____
Signature of Contract Manager Date

State Fiscal Year: 2022 - 2023

<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: _____