

## **Application Form Instructions for 2023-2024 Matching Grant Requests**

**Optional:** In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications during this grant cycle. If selected, reviewers will only evaluate applications that are not associated with them.

**Request for Grant Fund Distribution:** This form is page 9 of the application. A staff member of your organization who handles financial transactions with the state must complete the top part of the form. The address must match the address in the state financial system for your organization's corresponding nine-digit ID code and the additional three-digit sequence code of the address for any funds to be provided. State EMS staff will complete the bottom part, as indicated on the form. This form must be completed for distribution of awarded state funds.

**Number of Pages:** Each application cannot exceed more than 15 one-sided pages, including the form and all content. Reviewers may not read any pages beyond 15 one-sided pages. However, the applicant may submit a one-page cover letter and letters of recommendation, which do not count against the 15 one-sided page limit.

**Note:** This instruction form is for informational purposes only and is not part of form DH 1767.



**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. <u>Organization Name:</u> Alachua County	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Mary C Alford	
Position Title: Chair, Alachua County Commission	
Address: 12 SE 1 <sup>st</sup> Street	
City: Gainesville	County: Alachua
State: Florida	Zip Code: 32601
Telephone: 352-264-6900	Fax Number:
E-Mail Address:	

3. <u>Contact Person:</u> (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: Misty Woods	
Position Title: Assistant Chief	
Address: 911 SE 5 <sup>th</sup> Street	
City: Gainesville	County: Alachua
State: Florida	Zip Code: 32601
Telephone: 352-384-3136	Fax Number:
E-Mail Address: MWoods@alachuacounty.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 59-6000507 \_ \_

6. EMS License Number: ALS101 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 5 BLS; 28 ALS Transport; 17 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: 1/5/2024

Print/Type: Name of Director Jason Maury Jones

FL Med. Lic. No. ME115097

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).

### Justification Summary

- A)** Alachua County Fire Rescue does not have a multi-use, intelligent, multi-modifiable transport ventilator on their primary 911 ambulances. Currently, ALS transporting units are capable of providing supplemental oxygen, nebulization of medications, Continuous Positive Airway Pressure (CPAP), or intubation for our patients with respiratory distress with our current equipment. For many of our patient's, BiPAP is a better option for treatment of their respiratory needs. BiPAP has been shown to be an effective, well tolerated method of ventilation that results in lower instances of orotracheal intubation and shortened duration of hospitalization from those suffering from respiratory distress v failure. In addition, for patient requiring orotracheal intubation, newer state-of-the-art ventilators are able provide active feedback to providers which allows for adjustments based solely on patient specific parameters and lung compliance.
- B)** During the past fiscal year (FY23), October 1<sup>st</sup>, 2022 – September 30<sup>th</sup>, 2023, Alachua County Fire Rescue responded to a total of 48,328 calls for service of which 46,264 were medical calls. Of the 34,631 total transports, 3,980 were respiratory related, 4,639 were cardiac related, 2,318 required nebulized medications, 3,390 required acute oxygen administration, 138 required Non-Invasive Ventilation, 312 required intubation (orotracheal intubation and / or supraglottic airway placement), and there were 91 patients transported requiring invasive ventilation.
- C)** Alachua County Fire Rescue's proposed resolution is to purchase 7 new Hamilton T-1 Ventilators for our rural units with extended transport times. Alachua County Fire Rescue proposes this specific device as it will lead to improved patient outcomes and an overall safer and more efficient prehospital experience.
- D)** Without this additional equipment, patients with Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), and pulmonary edema may not receive optimal pre-hospital care and require more invasive respiratory support up to and including orotracheal intubation. The

increased time to accurate oxygenation and ventilation modality has a correlation to increased hospital length of stay, rehabilitation, and mortality. Similarly, these devices will assist in providing patient specific respiratory support parameters leading to better patient outcomes.

- E)** Alachua County, nestled in North Central Florida, covers over 969 sq miles with a full-time population of 284,030 (as of 2022) which is intermittently increased throughout the year by approximately 55,000 students whom attend the University of Florida and Santa Fe College. 15.5% of the county's population consists of those over the age of 65 years, 8% under the age of 65 living with disability, 12.4% under the age of 65 without health insurance, and 19% living in poverty. Many of the aforementioned having multiple comorbidities.

As with many locales throughout the state, health disparities are prevalent within Alachua County. This is compounded by the fact that UF Health Shands is located within Alachua County leading to many chronically ill persons relocating to the area to remain in close proximity to the services that Shands provides.

Alachua County Fire Rescue is surrounded by Bradford, Putnam, Marion, Union, Columbia, Gilchrist, Clay, and Levy County for which we also provide mutual aid.

- F)**
- a. The time frame to purchase the abovementioned equipment is within 30 days of funding.
  - b. Within 45 days of receiving the ventilators, all Advanced Life Support Transport Providers will be trained.
  - c. Within 60 days of receiving the ventilators, they will be placed into service on all rural transporting units.

**G) Data Sources:**

- 1) Hamilton T-1 Product Procurement
- 2) Jason Jones, MD, FACEP, FAEMS, Board Certified in Emergency Medicine and EMS

- 3) Torben Becker, MD, PhD, MBA, RDMS, FAWM, FAEMS, Board Certified Emergency Medicine, Critical Care Medicine, and EMS
- 4) Alachua County Fire Rescue Records
- 5) United States Census Bureau
- 6) American Association for Respiratory Care. (2020). *Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents*. <https://www.aarc.org/wp-content/uploads/2020/03/ventilator-acquisition-issue-paper.pdf>
- 7) Petter, A. H., Chiolero, R., Cassina, T., Chassot, P., Müller, X. M., & Revelly, J. (2003). Automatic “Respirator/Weaning” with Adaptive Support Ventilation: The Effect on Duration of Endotracheal Intubation and Patient Management. *Anesthesia & Analgesia*, 97(6), 1743–1750. <https://doi.org/10.1213/01.ane.0000086728.36285.be>
- 8) Sülemanji, D., Marchese, A. D., Garbarini, P., Wysocki, M., & Kacmarek, R. M. (2009). Adaptive support ventilation. *Anesthesiology*, 111(4), 863–870. <https://doi.org/10.1097/aln.0b013e3181b55f8f>
- 9) Yosefy, C., Hay, E., Ben-Barak, A., Derazon, H., Magen, E., Reisin, L., & Scharf, S. (2003). BiPAP Ventilation as Assistance for Patients Presenting with Respiratory Distress in the Department of Emergency Medicine. *American Journal of Respiratory Medicine*, 2(4), 343–347. <https://doi.org/10.1007/bf03256662>

**H)** This grant proposal does not duplicate any previous efforts or duplicate any previous grant projects.

**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?

### **Outcome For Proposals That Provide or Effect Direct Services to Emergency Victims**

- A)** As Alachua County is uniquely situated within North Central Florida as a rural-urban interface, hospital transport times vary significantly depending on the origin of the emergency call up to and including mutual aid into rural surrounding counties. With an average rural transport time of nearly 30 minutes, prompt immediate intervention with reliable, state-of-the-art pre-hospital medical equipment is integral to the survivability of the populace in which we serve.
- In FY23, Alachua County Fire Rescue responded to 48,328 calls for service of which 46,264 were medical calls. Of the 34,631 transports, 3,980 were respiratory related, 4,639 were cardiac related (of which 352 were Cardiac Arrest), and 676 were stroke related.
- B)** In the 12 months post implementation of this project, we expect to see immediate positive results in patient respiratory care up to and including decreased length of stay in inpatient facilities. The Hamilton T-1 is able to perform both invasive and noninvasive ventilatory therapies and automatically employs lung-protective strategies to minimize complications from AutoPEEP and volutrauma/barotrauma in addition to assisting in the prevention of apnea, tachypnea, dead-space ventilation and excessively large breaths. In addition, the Hamilton T-1 provides CPR Ventilation that adapts the ventilation settings if you are performing CPR. It shows the main monitoring parameters and curves relevant to the situation, and supports your workflow with quick access to preconfigurable settings, adequate alarm and trigger adjustment, and a CPR-timer display.
- The Hamilton T-1 Ventilator meets or exceeds all requirements in the AARC Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents, thusly is a solution for when the next natural, manmade, or pandemic disaster occurs. The Hamilton T-1 operates for up to 9 hours on battery power and has the ability to “hot-swap” batteries for extended use.
- C)** The data above was obtained from Alachua County Fire Rescues Electronic Medical Records Reporting Software, ESO



- D)** The anticipated outcome of the proposed acquisition of 7 Hamilton T-1 Ventilators by Alachua County is a notable enhancement in patient respiratory care, particularly for those afflicted with Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), and pulmonary edema. Given the significant caseload of respiratory-related calls, estimated at 3,980 in the FY23, the deployment of these state-of-the-art ventilators is expected to reduce hospital length of stay, rehabilitation requirements, and mortality rates. The introduction of the Hamilton T-1 is poised to offer tailored respiratory support, potentially averting the necessity for invasive interventions such as orotracheal intubation. The acquisition aligns with our mission to provide optimal pre-hospital care in our geographically diverse area compounded by a population with numerous comorbidities.
- E)** With the implementation of the Hamilton T-1 Ventilator, we will be able to meet our primary goal which is to be recognized as an innovative leader in public safety services that is sought out and emulated by others by providing exemplary patient care. The Hamilton T-1 is designed to accept programming updates to align with current respiratory standards, thusly assuring sustainability of the equipment beyond our 5-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.

### **Statutory Considerations and Criteria**

- A)** The purchase and implementation of the Hamilton T-1 ventilators within Alachua County will permit Alachua County Fires Rescue the ability to meet the respiratory needs of our citizens, visitors, and travelers throughout Alachua County, should they require immediate respiratory interventions.
- B)** The Hamilton T-1 meets and exceeds Florida Statue 64J-1.002 Basic Life Support Service License – Ground and Florida Statue 64J-1.003 Advanced Life Support Service License – Ground.
- C)** The Hamilton T-1 will enable our organization to maintain compliance with the minimum equipment and supplies as required by Florida Statue 64J-1.002 and 64J-1.003.
- D)** N/A
- E)** The Hamilton T-1 will enable Alachua County Fire Rescue to improve the provision of:
  - a. The Hamilton T-1 will excel the EMS respiratory care capabilities for not only the citizens of Alachua County, but for our visitors and partnering counties as well. In addition, it provides the ability to offer both mechanical invasive and non-invasive ventilation which we have not been able to do up until to now.

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
Equipment Purchase	1	6
Training of Staff on Equipment	3	7
Equipment in Service and available for use	3	7
Respiratory Continual Education	6	Continuous

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.

We did not receive enough funds from the County Awards Grant to fund such a project.

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.
N/A		
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.
N/A		
TOTAL:	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>Vehicles, equipment, and other</b> 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.	<b>Costs:</b> List the price of the item and the source(s) used to identify the price.	<b>Justification:</b> State why each of the items and quantities listed is a necessary component of this project.
Hamilton Medical Hamilton T-1 EMS Package (7)	19,449.61	This will provide a device for all rural ambulances within Alachua County
TOTAL:	<b><u>\$136,147.25</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<b>State Amount</b> (Check applicable program)  <input checked="" type="checkbox"/> Matching: 75 Percent  <input type="checkbox"/> Rural: 90 Percent	<b><u>\$102,110.44</u></b>  <b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total  Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Local Match Amount</b> (Check applicable program)  <input checked="" type="checkbox"/> Matching: 25 Percent  <input type="checkbox"/> Rural: 10 Percent	<b><u>\$34,036.81</u></b>  <b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total  Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Grand Total</b>	<b><u>\$136,147.25</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:	
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 style="width: 40%; margin: 0 auto;"/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr style="width: 20%; margin: 0 auto;"/> / / MM / DD / YY

DH 1767 [2013]

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

