

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A MATCHING GRANT FROM THE STATE OF FLORIDA, DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES; AND CERTIFYING THE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE ALL RELATED GRANT DOCUMENTS.**

**WHEREAS**, the State of Florida Department of Health, Division of Emergency Medical Services encourages licensed EMS organizations to submit applications for matching grant funding to assist public organizations to improve and expand their EMS systems; and

**WHEREAS**, The Manatee County Board of County Commissioners is eligible to submit an EMS Matching Grant application; and


**WHEREAS**, the Manatee County Department of Public Safety, Division of Emergency Medical Services, has identified the need to improve and expand the County's prehospital Emergency Medical System in accordance with Chapter 401.113, Florida Statutes.

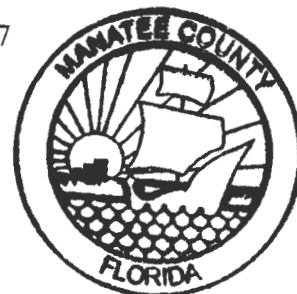
**NOW THEREFORE BE IT RESOLVED**, by the Board of County Commissioners of Manatee County, Florida, that:

1. The submission and acceptance of the EMS Matching Grant from the State of Florida Department of Health, Bureau of Emergency Medical Services System is hereby authorized.
2. The EMS County Grant Award will not be utilized to substitute the existing County EMS Budget allocations.
3. The County Administrator or designee is hereby authorized to execute the grant related documents necessary for the grant processes.

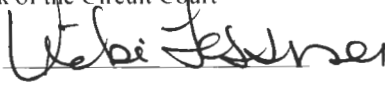
**ADOPTED** with a quorum present and voting this 12th day of December, 2017

**BOARD OF COUNTY COMMISSIONERS  
OF MANATEE COUNTY, FLORIDA**

By:   
Chairperson, Board of County Commissioners



**ATTEST:** Angelina Colonnese  
Clerk of the Circuit Court

By: 

## **Applicant Information**

**Special note:** Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS, with costs for automated external defibrillators. We encourage grant requests to accomplish this and ask EMS organizations to encourage this type of grant application.

**Optional:** In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications.

**Request for Grant Fund Distribution Page:** This is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion. The address on this form must match exactly the address on file for your organization in the state MyFloridaMarketplace (MFMP) system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code.

If needed, you may contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com)

**Number of pages:** Each application must be no more than 15 one sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These letters will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one sided pages.

**Fastening.** If you send a paper application, do not use a booklet cover. Simply staple the application in the upper left corner.



**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:** Manatee County Board of County Commissioners

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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:** Betsy Benac

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**Position Title:** Chairperson of the Board of County Commissioners

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**Address:** 1112 Manatee Avenue West

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<b>City:</b> Bradenton	<b>County:</b> Manatee
<b>State:</b> Florida	<b>Zip Code:</b> 34205
<b>Telephone:</b> 941-745-3700 ext. 3708	<b>Fax Number:</b> 941-745-3790
<b>E-Mail Address:</b> betsy.benac@mymanatee.org	

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 DiCicco

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**Position Title:** Chief, EMS Division, Public Safety Department

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**Address:** P.O. Box 1000

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<b>City:</b> Bradenton	<b>County:</b> Manatee
<b>State:</b> Florida	<b>Zip Code:</b> 34206
<b>Telephone:</b> 941-749-3500 ext. 1645	<b>Fax Number:</b> 941-749-3568
<b>E-Mail Address:</b> paul.dicicco@mymanatee.org	

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 59-6000727 \_\_ \_\_

6. EMS License Number: 4102 Type:  Transport  Non-transport  Both

7. Number of permitted vehicles by type: 1 BLS; 33 ALS Transport; 10 ALS non-transport.

8. Type of Service (check one):  Rescue;  Fire;  Third Service (County or City Government, nonfire);  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: \_\_\_\_\_

Print/Type: Name of Director David Nonell, M.D.

FL Med. Lic. No. ME 37261

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).

## Section 10

A.) The threat of active shooter situations resulting in mass casualties incidents has now become a reality in our Country. In addition to active shooter / mass casualty incidents, gun violence has drastically increased in the United States and across the globe. Most EMS providers have policies and procedures that dictate that personnel do not enter a scene until the scene has been deemed safe. Making the scene safe differs for each incident. First responders often are required to stage a "safe" distance from the scene while law enforcement works to secure the scene. On several occasions, after emergency scenes have been "secured," conditions have rapidly deteriorated causing first responders to retreat to safety causing injured patients to wait for life saving treatment and transport. The Maine EMS Medical Direction and Practices Board conducted a systematic review of combat casualty data. The findings of this review concluded that the greatest opportunity for life saving intervention is early on as 90 percent of deaths occurred prior to definitive care, 42 percent of deaths occurred immediately, 26 percent within five minutes, 16 percent within five and 30 minutes, 8-10 percent within 30 minutes and two hours, and the remainder survived between two and six hours during prolonged extrication to care. Only 10 percent of combat deaths occurred after medical care was initiated (Board, 2013). Considering the increase in large-scale active shooter events and the increase in violent crime, our customers that find themselves in these situations are forced to wait longer for medical care and our personnel are placed at an increased risk due to the threat of violence on the scene of emergency calls.

B.) Funding for six ballistic vests and helmets was obtained utilizing funding from the 2016 EMS County Grant Program. The vests and helmets are currently deployed on two district chief tahoe vehicles (three vests and three helmets). District Chiefs are dispatched and respond to high acuity calls and can deploy this equipment to Manatee County EMS personnel as needed. Manatee County EMS, along with all county law enforcement agencies have agreed to utilize the Swift Assisted Victim Extrication (S.A.V.E.) training methodology. Unfortunately, due to a lack of budgetary funding, ballistic vests and helmets are not readily available on all ambulances and department vehicles. The majority of the time, our personnel are not protected while on the scene of violent crimes where there is a high potential for severe injury. Our ambulance crews routinely stage in a safe location for up to 30 minutes awaiting law enforcement to secure the scene. Injured victims are forced to wait for life saving treatment. Unfortunately, waiting has caused death. Death rapidly occurs in some injury types. Death from a large artery bleeding occurs in 2-4 minutes, death from airway compromise can occur in 4-6 minutes, and death from a tension pneumothorax

may occur in 15-20 minutes (Board, 2013). In addition to the safety and wellbeing of our patients, our responders are not adequately protected in the event that scene conditions deteriorate. We do not have enough resources to quickly and efficiently deliver the six vests and helmets to the scene of every potential violent or unsafe scene. Due to the lack of vests, our county has not been able to fully implement the S.A.V.E. program as an everyday practice in field operations.

**C.)** Manatee County EMS proposes the addition of 66 Rescue Task Force ballistic vests to our EMS system. The addition of this equipment would ensure that all vehicles that have emergency response roles would be outfitted with ballistic vest protection. We propose to place one vest in each sport utility vehicle and three vests on each ambulance. Having three vests on each ambulance provides protection for instances where a three person crew will be present (field training, EMT and paramedic students). All personnel have been trained on the appropriate donning and doffing of the proposed equipment. The majority of our staff have completed S.A.V.E. training alongside local fire departments and law enforcement. If funded, the remaining staff that have not completed the S.A.V.E. training will be fully educated and trained by the end of Fiscal Year 2018 (September 30<sup>th</sup>). Upon completion of training, a countywide response policy will be developed and implemented. Manatee County EMS, law enforcement, and fire departments will gain quicker access to patients and rapidly extricate them into a warm or cold zone where emergency life threats can be treated. This grant, if awarded, will enable Manatee County EMS personnel to enter a potentially unsecure area where an ongoing threat exists and where rapid triage, treatment, and extrication may be necessary to maximize victim survival. In addition to the time savings provided by fully implementing the S.A.V.E. methodology, our personnel will be instructed to don a vest when entering emergency scenes that are deemed violent or the responders feel unsafe. This added layer of protection will provide an additional safeguard should the condition of the scene deteriorate and violence erupt.

**D.)** If this proposal is not funded, Manatee County EMS will continue to respond and stage. Maintaining the current practice does not provide for the efficient extrication, evaluation, and treatment of victims in warm zones. The mortality rate of victims experiencing significant / treatable trauma will continue to increase while trained experienced medical providers wait unnecessarily.

**E.)** Manatee County EMS provides both basic and advanced life support services to the residents and visitors of Manatee County. The response area for Manatee County EMS spans 743 square miles and is made up of both urban and rural areas. The 2010 United States' Census identified a population of

322,833 with an estimated population of 375,888 as of July 1, 2016 (U.S. Department of Commerce, 2017). The County seat and the largest municipality in Manatee County is Bradenton. Manatee County has five other municipalities, including the City of Anna Maria, Bradenton Beach, Holmes Beach, the Town of Longboat Key, and Palmetto (Manatee County Government, 2016). Advanced and basic life support services are provided by nineteen (19) advanced support ambulances (seven reserve ambulances), one (1) basic life support ambulance, one (1) advanced life support, non-transport fire engine, and ten (10) advanced life support, non-transport units. Each unit is strategically located within Manatee County to ensure adequate response times to emergency and non-emergency calls for service.

F.) If Manatee County EMS is awarded funding for this grant, the ballistic vests will be placed on the vehicles immediately after receipt. Ballistic vests will be ordered and received within 60-90 days of funding. All Manatee County EMS staff have been successfully trained on the use and deployment of the ballistic vest and S.A.V.E. equipment.

G.) Data obtained for this submission was taken from our internal electronic patient care reporting system (ESO), the Manatee County Human Resources Department, and other internal reports. Additionally, data was retrieved from the following sources:

Board, M. E. (2013, November 20). *Department of Public Safety, Maine EMS*. Retrieved from Maine.gov: [http://www.maine.gov/ems/documents/Protocol\\_Active\\_Shooter\\_White\\_Paper.pdf](http://www.maine.gov/ems/documents/Protocol_Active_Shooter_White_Paper.pdf)

Manatee County Government. (2016, February 25). *Welcome to Manatee County*. Retrieved from Manatee County Florida: <http://www.mymanatee.org/home/government/county-administration/about-manatee.html>

U.S. Department of Commerce. (2017, October 9). *American Fact Finder*. Retrieved from United States' Census Bureau: [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmmk](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmmk)

H.) This proposal is not a duplication of any previous efforts by Manatee County for funding this project under this grant program.

**Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that 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?

### Section 11

A) Last fiscal year (October 1, 2016 through September 30, 2017), Manatee EMS responded to 50,046 calls for service and transported 32,334 patients to area hospitals. During this timeframe, our organization responded to over 1,087 calls that were violent in nature. This compares to 982 violent calls in FY16 which indicates that violent crime continues to rise. Violent crime or crimes in progress require our EMS units to "stage" or wait within a close proximity to the scene until the scene is deemed "safe" by the responding law enforcement agency. Wait times for "safe scene" clearance varies from scene to scene but ranges from 10-30 minutes. For scenes where patients are critically injured, safe scene clearance time increase a patient's risk of disability, mortality, and morbidity. Additionally, ambulance staging locations are typically close to the scene of the violent crime. Our crews attempt to find a close, safe, location to wait for entry clearance but safety is never guaranteed. Criminals often times flee the scene of violent crimes in an attempt to evade law enforcement and have come directly in contact with our crews. Our public safety professionals are easily identifiable as they are sitting in a large ambulance. Our organization currently has six ballistic vests and helmets which are strategically located on two District Chief response vehicles (3 on each vehicle). This equipment is currently utilized on active shooter type calls and EMS stand by coverage for times of civil unrest / protests, in conjunction with law enforcement. District Chiefs may respond to shootings and various other violent crimes if they are in close proximity to the incident. Ballistic protection is made available to EMS crew members working these incidents. Given the large geography of Manatee County and small quantity of available ballistic protection, it is not possible to offer this level of protection consistently. Last Fiscal year Manatee County EMS Crews responded to 49 calls involving firearms, 190 stabbings, 559 assaults, and 198 instances where patients



were stuck with a blunt or thrown object. While not all of these crimes involved the use of firearms, the potential for violence to escalate was more than evident.

**B)** If this grant is funded, all ambulances and public safety response vehicles will be outfitted with ballistic protective vests. Each ambulance will be issued three vests which will provide protection for two primary crew members as well as provide crew members participating in a field training capacity or in the capacity of an EMT and Paramedic student this level of protection as well (three person ambulance). Additionally, each public safety response vehicle will be issued one vest. Response policies will be updated to include the utilization of the S.A.V.E. concept in normal scene operations where the potential for violence exists. Safe scene clearance time are expected to reduce by an average of 5-20 minutes. Law enforcement will conduct a rapid scene safety threat analysis while the S.A.V.E. team gears up for entry. Once readied to make entry, the team will deploy as law enforcement holds a tight perimeter of protection around the scene. In addition to calls where firearms and weapons are present, new policy will include the ballistic equipment as a required item of protective personal equipment (PPE) for all calls where the potential for violence may occur. More importantly, one hundred percent of our staff will have ballistic protection available which increases their safety and allows quicker access to patients which inevitably decreases the likelihood of disability, mortality, and morbidity.

**C)** The addition of ballistic vests to each ambulance will increase the availability of ballistic vests to our EMTs and paramedics by 100 percent. There are currently six ballistic vest available on district chief vehicles. The response of the district chief may vary based upon active calls within our 911 system and the proximity of the district chief to the scene of the call. Given these variables, it not possible to determine a current percentage of available protection for our employees on day-to-day calls. Our employees are currently 100 percent protected on calls for service where a known active shooter is involved.

**D)** In addition to the outcomes mentioned above, it is expected that moral within the organization will improve. Violence in our communities continues to rise as does the use of firearms in violent crimes. Staff has expressed concerns for their safety and have specifically requested that ballistic protection be made available to them. Several staff members have requested permission to purchase ballistic vests utilizing their personal income. Due to the concern of personal safety, crews have begun to stage more often while law enforcement attempts to make the scene safe. If this grant is funded, it is predicted that

the use of proactive staging will decrease and patient contact times will also decrease. The decrease in patient contact times is expected to increase patient survival and decrease disability due to injury.

E) This project falls directly in line with the Manatee County Department of Public Safety's five year plan by providing our personnel with the proper personal protective equipment to do their jobs and return safely home to their families. The funding of this grant will also assist our organization in becoming compliant and participating in the goals set forth by the Department of Health's Emergency Medical Services Advisory Council's State Plan 2016-2021.

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.

**A)** This project will serve ALL Manatee County residents and visitors as well as ALL personnel employed by our agency. Responding to calls where violence or injury may occur without a need to stage (within policy) will decrease the time it takes to contact our patients and provide treatment for immediate emergency life threats.

**B)** The addition of ballistic vests on our ambulances and response vehicles will ensure that our personnel are protected and respond to emergency calls for service in a quick and safe manner. While there are no direct requirements of Statute or Rule, the Florida Department of Health, Emergency Medical Services Advisory Council State Plan 2016-2021 has set forth several objectives related to active shooter threats. Funding this grant will ensure compliance with Goal 4.0: Demonstrate EMS readiness for emerging health threats and natural or manmade disasters. Manatee County EMS desires to be a proactive leader in the EMS industry and in the State of Florida. Providing ballistic vests to our personnel provides both an environment where our emergency medical technicians and paramedics feel they are adequately prepared to deal with an active shooter event (employee point of view) and directly provides this level of appropriate protection. Utilizing this equipment, Manatee County can work to assist in the development of active shooter best practices.

**C)** In addition to the above mentioned criteria, the addition of ballistic vests enables our organization to closely conform to the Florida Department of Health Emergency Medical Services State Plan 2016-2021. The EMS State Plan calls for an emphasis on EMS industry safety. Goal 4.0 specifically states that agencies work towards “demonstrating EMS readiness for emerging health threats and natural manmade disasters.”

**D)** N/A

**E)**

**1.** The addition of the ballistic vest will improve our response to violent scenes making our crews safe and decreasing response times to our customers.

**2.** This project will benefit Manatee County public safety as our personnel will be able to work alongside law enforcement to ensure rapid extrication and treatment of emergent life threats countywide. All local law enforcement agencies have agreed to the S.A.V.E Training methodology.

**3.** 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 Ballistic Vests	Immediately	60-90 Days

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.

County Grant Award funding will be used to replace aging stretchers and a stair chair. Both the stretchers and stairchair were set to exceed the manufacturer's expected life span. Funding for this project is not available in our budget.

18. Budget:		
<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

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.
70 Ballistic Vests	77000	Key Component of Project
TOTAL:	<b><u>\$77,000.00</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	<b><u>\$57,750.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 90 Percent	<b><u>\$0.00</u></b>	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	<b><u>\$19,250.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input type="checkbox"/> Rural: 10 Percent	<b><u>\$ 0.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total
<b>Grand Total</b>	<b><u>\$77,000.00</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.

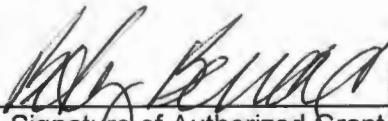
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is 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 *Florida Administrative Weekly*, 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 the attached grant terms and conditions and acknowledge this by signing below.

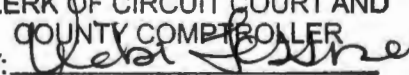
  
Signature of Authorized Grant Signatory  
(Individual Identified in Item 2)



01/21/17  
MM/DD/YY

DH FORM 1767 [2013]

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

ATTEST: MANATEE COUNTY  
CLERK OF CIRCUIT COURT AND  
COUNTY COMPTROLLER  
BY:   
DEPUTY CLERK



FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

**DOH Remit Payment To:**

Name of Agency: Manatee County Emergency Medical Services

Mailing Address: P.O. Box 1000

Bradenton, Florida 34206

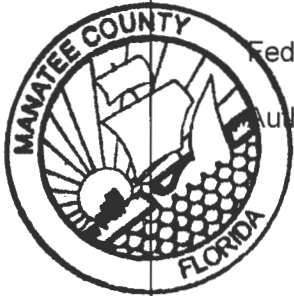
Federal Identification Number 59-6000727

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

Signature

Date

Betsy Benac, Chairperson of the Board of County Commissioners  
Type Name and Title



Sign and return this page with your application to:

DOH Bureau of Emergency Medical Oversight  
EMS Section, Grants Unit  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, Florida 32399-1722

ATTEST: MANATEE COUNTY  
CLERK OF CIRCUIT COURT AND  
COUNTY COMPTROLLER  
BY: Cheri J. Jensen  
DEPUTY CLERK

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of State EMS Grant Officer Date

State Fiscal Year: 2017 - 2018

Organization Code	E.O.	OCA	Object Code	Category
64-61-70-30-000	03	SF003	750000	059999

Federal Tax ID: VF \_\_\_\_\_

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

12/12/17

December 12, 2017 - Regular Meeting  
Agenda Item #33

Subject

Emergency Medical Services Matching Grant Funds

Briefings

None

Contact and/or Presenter Information

Paul DiCicco, EMS Chief, x 1645

Action Requested

Adoption of Resolution R-17-137 authorizing the submission and acceptance of a matching grant from the Florida Department of Health in the amount of \$57,750.00; and authorization to execute the grant application documents.

Enabling/Regulating Authority

Florida Statute 401.113, Distribution of grant funds for Pre-Hospital EMS Systems.

Background Discussion

The EMS County Matching Grant program with the Florida Department of Health provides funding for improving and expanding Manatee County's Pre-Hospital Emergency Medical Services System and does not supplant existing budget allocation.

Funding will be used to purchase 70 ballistic vests for Public Safety Department personnel. The purchase of 70 vests will allow for three vests to be allocated on each ambulance and one vest on each public safety response vehicle. Considering the recent events that have transpired in our Country, it has become necessary to offer this level of protection to our personnel. In addition to calls for service where an active shooter is present, our personnel will wear this protective equipment on calls where the potential for violence or escalating violence may exist. The total cost for this project (unbudgeted) is \$77,000.00. The State Grant is a 75/25 percent match.

State Contribution = \$57,750.00

County Contribution = \$19,250.00

(requesting matching contribution be funded by the Community Foundation).

County Attorney Review

Not Reviewed (No apparent legal issues)

Explanation of Other

Reviewing Attorney

N/A

Instructions to Board Records

INTEROFFICE AND EMAIL ON 12/14/17

Please return the signed original EMS Matching Grant Application Certification Page and the EMS Request for Grant Fund Distribution Page to Randi Dunsworth, EMS, X 3560, [randi.dunsworth@mymanatee.org](mailto:randi.dunsworth@mymanatee.org), and to [budget@mymanatee.org](mailto:budget@mymanatee.org).

Cost and Funds Source Account Number and Name

Community Foundation Donation

Amount and Frequency of Recurring Costs

N/A

Attachment: [Resolution Apply & Accept R 17 137 EMS Ballistic Vests.pdf](#)

Attachment: [Grant Application FY18 Manatee Ballistic Vest.pdf](#)

**R-17-137**

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION AND ACCEPTANCE OF A MATCHING GRANT FROM THE STATE OF FLORIDA, DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES; AND CERTIFYING THE AWARD PROGRAM WILL IMPROVE AND EXPAND THE COUNTY'S EXISTING PREHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM; AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE ALL RELATED GRANT DOCUMENTS.**

**WHEREAS**, the State of Florida Department of Health, Division of Emergency Medical Services encourages licensed EMS organizations to submit applications for matching grant funding to assist public organizations to improve and expand their EMS systems; and

**WHEREAS**, The Manatee County Board of County Commissioners is eligible to submit an EMS Matching Grant application; and

**WHEREAS**, the Manatee County Department of Public Safety, Division of Emergency Medical Services, has identified the need to improve and expand the County's prehospital Emergency Medical System in accordance with Chapter 401.113, Florida Statutes.

**NOW THEREFORE BE IT RESOLVED**, by the Board of County Commissioners of Manatee County, Florida, that:

1. The submission and acceptance of the EMS Matching Grant from the State of Florida Department of Health, Bureau of Emergency Medical Services System is hereby authorized.
2. The EMS County Grant Award will not be utilized to substitute the existing County EMS Budget allocations.
3. The County Administrator or designee is hereby authorized to execute the grant related documents necessary for the grant processes.

**ADOPTED** with a quorum present and voting this 12th day of December, 2017

**BOARD OF COUNTY COMMISSIONERS  
OF MANATEE COUNTY, FLORIDA**

By: \_\_\_\_\_  
Chairperson, Board of County Commissioners

**ATTEST:** Angelina Colonnese  
Clerk of the Circuit Court

By: \_\_\_\_\_

## Applicant Information

**Special note:** Section 401.111, Florida Statutes, requires the state to assist private nonprofit youth athletic organizations that work in conjunction with local EMS, with costs for automated external defibrillators. We encourage grant requests to accomplish this and ask EMS organizations to encourage this type of grant application.

**Optional:** In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications.

**Request for Grant Fund Distribution Page:** This is the last page of the grant application. You must complete the top part of the form and state EMS staff will complete the bottom portion. The address on this form **must** match exactly the address on file for your organization in the state MyFloridaMarketplace (MFMP) system.

Ask a staff member of your organization who does cash transactions with the state for the organization name to use on the Distribution Form, the address, and 9-digit federal ID plus its 3-digit sequence code.

If needed, you may contact MFMP customer service at 1-866-352-3776, Monday to Friday, 8 a.m. to 6 p.m., or by email. [MyFloridaMarketPlace@dms.myflorida.com](mailto:MyFloridaMarketPlace@dms.myflorida.com)

**Number of pages:** Each application must be no more than 15 one sided pages, including the form and all content. However, you may submit a one-page cover letter and letters of recommendation. These letters will not count against the total page limit. Please note, reviewers are not required to read anything over 15 one sided pages.

**Fastening.** If you send a paper application, do not use a booklet cover. Simply staple the application in the upper left corner.



**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. <b>Organization Name:</b> Manatee County Board of County Commissioners	
2. <b>Grant Signer:</b> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Betsy Benac	
Position Title: Chairperson of the Board of County Commissioners	
Address: 1112 Manatee Avenue West	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34205
Telephone: 941-745-3700 ext. 3708	Fax Number: 941-745-3790
E-Mail Address: betsy.benac@mymanatee.org	

3. <b>Contact Person:</b> (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 DiCicco	
Position Title: Chief, EMS Division, Public Safety Department	
Address: P.O. Box 1000	
City: Bradenton	County: Manatee
State: Florida	Zip Code: 34206
Telephone: 941-749-3500 ext. 1645	Fax Number: 941-749-3568
E-Mail Address: paul.dicicco@mymanatee.org	

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 59-6000727 \_ \_

6. EMS License Number: 4102 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: 1 BLS; 33 ALS Transport; 10 ALS non-transport.

8. Type of Service (check one):  Rescue;  Fire;  Third Service (County or City Government, nonfire);  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: \_\_\_\_\_

Print/Type: Name of Director David Nonell, M.D.

FL Med. Lic. No. ME 37261

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).

## Section 10

**A.)** The threat of active shooter situations resulting in mass casualties incidents has now become a reality in our Country. In addition to active shooter / mass casualty incidents, gun violence has drastically increased in the United States and across the globe. Most EMS providers have policies and procedures that dictate that personnel do not enter a scene until the scene has been deemed safe. Making the scene safe differs for each incident. First responders often are required to stage a “safe” distance from the scene while law enforcement works to secure the scene. On several occasions, after emergency scenes have been “secured,” conditions have rapidly deteriorated causing first responders to retreat to safety causing injured patients to wait for life saving treatment and transport. The Maine EMS Medical Direction and Practices Board conducted a systematic review of combat casualty data. The findings of this review concluded that the greatest opportunity for life saving intervention is early on as 90 percent of deaths occurred prior to definitive care, 42 percent of deaths occurred immediately, 26 percent within five minutes, 16 percent within five and 30 minutes, 8-10 percent within 30 minutes and two hours, and the remainder survived between two and six hours during prolonged extrication to care. Only 10 percent of combat deaths occurred after medical care was initiated (Board, 2013). Considering the increase in large-scale active shooter events and the increase in violent crime, our customers that find themselves in these situations are forced to wait longer for medical care and our personnel are placed at an increased risk due to the threat of violence on the scene of emergency calls.

**B.)** Funding for six ballistic vests and helmets was obtained utilizing funding from the 2016 EMS County Grant Program. The vests and helmets are currently deployed on two district chief tahoe vehicles (three vests and three helmets). District Chiefs are dispatched and respond to high acuity calls and can deploy this equipment to Manatee County EMS personnel as needed. Manatee County EMS, along with all county law enforcement agencies have agreed to utilize the Swift Assisted Victim Extrication (S.A.V.E.) training methodology. Unfortunately, due to a lack of budgetary funding, ballistic vests and helmets are not readily available on all ambulances and department vehicles. The majority of the time, our personnel are not protected while on the scene of violent crimes where there is a high potential for severe injury. Our ambulance crews routinely stage in a safe location for up to 30 minutes awaiting law enforcement to secure the scene. Injured victims are forced to wait for life saving treatment. Unfortunately, waiting has caused death. Death rapidly occurs in some injury types. Death from a large artery bleeding occurs in 2-4 minutes, death from airway compromise can occur in 4-6 minutes, and death from a tension pneumothorax



may occur in 15-20 minutes (Board, 2013). In addition to the safety and wellbeing of our patients, our responders are not adequately protected in the event that scene conditions deteriorate. We do not have enough resources to quickly and efficiently deliver the six vests and helmets to the scene of every potential violent or unsafe scene. Due to the lack of vests, our county has not been able to fully implement the S.A.V.E. program as an everyday practice in field operations.

**C.)** Manatee County EMS proposes the addition of 66 Rescue Task Force ballistic vests to our EMS system. The addition of this equipment would ensure that all vehicles that have emergency response roles would be outfitted with ballistic vest protection. We propose to place one vest in each sport utility vehicle and three vests on each ambulance. Having three vests on each ambulance provides protection for instances where a three person crew will be present (field training, EMT and paramedic students). All personnel have been trained on the appropriate donning and doffing of the proposed equipment. The majority of our staff have completed S.A.V.E. training alongside local fire departments and law enforcement. If funded, the remaining staff that have not completed the S.A.V.E. training will be fully educated and trained by the end of Fiscal Year 2018 (September 30<sup>th</sup>). Upon completion of training, a countywide response policy will be developed and implemented. Manatee County EMS, law enforcement, and fire departments will gain quicker access to patients and rapidly extricate them into a warm or cold zone where emergency life threats can be treated. This grant, if awarded, will enable Manatee County EMS personnel to enter a potentially unsecure area where an ongoing threat exists and where rapid triage, treatment, and extrication may be necessary to maximize victim survival. In addition to the time savings provided by fully implementing the S.A.V.E. methodology, our personnel will be instructed to don a vest when entering emergency scenes that are deemed violent or the responders feel unsafe. This added layer of protection will provide an additional safeguard should the condition of the scene deteriorate and violence erupt.

**D.)** If this proposal is not funded, Manatee County EMS will continue to respond and stage. Maintaining the current practice does not provide for the efficient extrication, evaluation, and treatment of victims in warm zones. The mortality rate of victims experiencing significant / treatable trauma will continue to increase while trained experienced medical providers wait unnecessarily.

**E.)** Manatee County EMS provides both basic and advanced life support services to the residents and visitors of Manatee County. The response area for Manatee County EMS spans 743 square miles and is made up of both urban and rural areas. The 2010 United States' Census identified a population of

322,833 with an estimated population of 375,888 as of July 1, 2016 (U.S. Department of Commerce, 2017). The County seat and the largest municipality in Manatee County is Bradenton. Manatee County has five other municipalities, including the City of Anna Maria, Bradenton Beach, Holmes Beach, the Town of Longboat Key, and Palmetto (Manatee County Government, 2016). Advanced and basic life support services are provided by nineteen (19) advanced support ambulances (seven reserve ambulances), one (1) basic life support ambulance, one (1) advanced life support, non-transport fire engine, and ten (10) advanced life support, non-transport units. Each unit is strategically located within Manatee County to ensure adequate response times to emergency and non-emergency calls for service.

**F.)** If Manatee County EMS is awarded funding for this grant, the ballistic vests will be placed on the vehicles immediately after receipt. Ballistic vests will be ordered and received within 60-90 days of funding. All Manatee County EMS staff have been successfully trained on the use and deployment of the ballistic vest and S.A.V.E. equipment.

**G.)** Data obtained for this submission was taken from our internal electronic patient care reporting system (ESO), the Manatee County Human Resources Department, and other internal reports. Additionally, data was retrieved from the following sources:

Board, M. E. (2013, November 20). *Department of Public Safety, Maine EMS*. Retrieved from Maine.gov: [http://www.maine.gov/ems/documents/Protocol\\_Active\\_Shooter\\_White\\_Paper.pdf](http://www.maine.gov/ems/documents/Protocol_Active_Shooter_White_Paper.pdf)

Manatee County Government. (2016, February 25). *Welcome to Manatee County*. Retrieved from Manatee County Florida: <http://www.mymanatee.org/home/government/county-administration/about-manatee.html>

U.S. Department of Commerce. (2017, October 9). *American Fact Finder*. Retrieved from United States' Census Bureau: [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmm](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmm)

**H.)** This proposal is not a duplication of any previous efforts by Manatee County for funding this project under this grant program.

**Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that 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?

### Section 11

**A)** Last fiscal year (October 1, 2016 through September 30, 2017), Manatee EMS responded to 50,046 calls for service and transported 32,334 patients to area hospitals. During this timeframe, our organization responded to over 1,087 calls that were violent in nature. This compares to 982 violent calls in FY16 which indicates that violent crime continues to rise. Violent crime or crimes in progress require our EMS units to "stage" or wait within a close proximity to the scene until the scene is deemed "safe" by the responding law enforcement agency. Wait times for "safe scene" clearance varies from scene to scene but ranges from 10-30 minutes. For scenes where patients are critically injured, safe scene clearance time increase a patient's risk of disability, mortality, and morbidity. Additionally, ambulance staging locations are typically close to the scene of the violent crime. Our crews attempt to find a close, safe, location to wait for entry clearance but safety is never guaranteed. Criminals often times flee the scene of violent crimes in an attempt to evade law enforcement and have come directly in contact with our crews. Our public safety professionals are easily identifiable as they are sitting in a large ambulance. Our organization currently has six ballistic vests and helmets which are strategically located on two District Chief response vehicles (3 on each vehicle). This equipment is currently utilized on active shooter type calls and EMS stand by coverage for times of civil unrest / protests, in conjunction with law enforcement. District Chiefs may respond to shootings and various other violent crimes if they are in close proximity to the incident. Ballistic protection is made available to EMS crew members working these incidents. Given the large geography of Manatee County and small quantity of available ballistic protection, it is not possible to offer this level of protection consistently. Last Fiscal year Manatee County EMS Crews responded to 49 calls involving firearms, 190 stabbings, 559 assaults, and 198 instances where patients

were stuck with a blunt or thrown object. While not all of these crimes involved the use of firearms, the potential for violence to escalate was more than evident.

**B)** If this grant is funded, all ambulances and public safety response vehicles will be outfitted with ballistic protective vests. Each ambulance will be issued three vests which will provide protection for two primary crew members as well as provide crew members participating in a field training capacity or in the capacity of an EMT and Paramedic student this level of protection as well (three person ambulance). Additionally, each public safety response vehicle will be issued one vest. Response policies will be updated to include the utilization of the S.A.V.E. concept in normal scene operations where the potential for violence exists. Safe scene clearance time are expected to reduce by an average of 5-20 minutes. Law enforcement will conduct a rapid scene safety threat analysis while the S.A.V.E. team gears up for entry. Once ready to make entry, the team will deploy as law enforcement holds a tight perimeter of protection around the scene. In addition to calls where firearms and weapons are present, new policy will include the ballistic equipment as a required item of protective personal equipment (PPE) for all calls where the potential for violence may occur. More importantly, one hundred percent of our staff will have ballistic protection available which increases their safety and allows quicker access to patients which inevitably decreases the likelihood of disability, mortality, and morbidity.

**C)** The addition of ballistic vests to each ambulance will increase the availability of ballistic vests to our EMTs and paramedics by 100 percent. There are currently six ballistic vest available on district chief vehicles. The response of the district chief may vary based upon active calls within our 911 system and the proximity of the district chief to the scene of the call. Given these variables, it not possible to determine a current percentage of available protection for our employees on day-to-day calls. Our employees are currently 100 percent protected on calls for service where a known active shooter is involved.

**D)** In addition to the outcomes mentioned above, it is expected that moral within the organization will improve. Violence in our communities continues to rise as does the use of firearms in violent crimes. Staff has expressed concerns for their safety and have specifically requested that ballistic protection be made available to them. Several staff members have requested permission to purchase ballistic vests utilizing their personal income. Due to the concern of personal safety, crews have begun to stage more often while law enforcement attempts to make the scene safe. If this grant is funded, it is predicted that

the use of proactive staging will decrease and patient contact times will also decrease. The decrease in patient contact times is expected to increase patient survival and decrease disability due to injury.

**E)** This project falls directly in line with the Manatee County Department of Public Safety's five year plan by providing our personnel with the proper personal protective equipment to do their jobs and return safely home to their families. The funding of this grant will also assist our organization in becoming compliant and participating in the goals set forth by the Department of Health's Emergency Medical Services Advisory Council's State Plan 2016-2021.

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.

**A)** This project will serve ALL Manatee County residents and visitors as well as ALL personnel employed by our agency. Responding to calls where violence or injury may occur without a need to stage (within policy) will decrease the time it takes to contact our patients and provide treatment for immediate emergency life threats.

**B)** The addition of ballistic vests on our ambulances and response vehicles will ensure that our personnel are protected and respond to emergency calls for service in a quick and safe manner. While there are no direct requirements of Statute or Rule, the Florida Department of Health, Emergency Medical Services Advisory Council State Plan 2016-2021 has set forth several objectives related to active shooter threats. Funding this grant will ensure compliance with Goal 4.0: Demonstrate EMS readiness for emerging health threats and natural or manmade disasters. Manatee County EMS desires to be a proactive leader in the EMS industry and in the State of Florida. Providing ballistic vests to our personnel provides both an environment where our emergency medical technicians and paramedics feel they are adequately prepared to deal with an active shooter event (employee point of view) and directly provides this level of appropriate protection. Utilizing this equipment, Manatee County can work to assist in the development of active shooter best practices.

**C)** In addition to the above mentioned criteria, the addition of ballistic vests enables our organization to closely conform to the Florida Department of Health Emergency Medical Services State Plan 2016-2021. The EMS State Plan calls for an emphasis on EMS industry safety. Goal 4.0 specifically states that agencies work towards “demonstrating EMS readiness for emerging health threats and natural manmade disasters.”

**D)** N/A

**E)**

- 1.** The addition of the ballistic vest will improve our response to violent scenes making our crews safe and decreasing response times to our customers.
- 2.** This project will benefit Manatee County public safety as our personnel will be able to work alongside law enforcement to ensure rapid extrication and treatment of emergent life threats countywide. All local law enforcement agencies have agreed to the S.A.V.E Training methodology.
- 3.** 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.

<b>Work Activity</b>	<b>Number of Months After Grant Starts</b>	
	<u>Begin</u> _____	<u>End</u> _____
Purchase Ballistic Vests	Immediately	60-90 Days

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.

County Grant Award funding will be used to replace aging stretchers and a stair chair. Both the stretchers and stairchair were set to exceed the manufacturer's expected life span. Funding for this project is not available in our budget.



18. Budget:		
<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, excluding 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

<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.
70 Ballistic Vests	77000	Key Component of Project
TOTAL:	<b><u>\$77,000.00</u></b>	Right click on 0.00 then left click on "Update Field" to calculate Total

<p><b>State Amount</b> (Check applicable program)</p> <p><input checked="" type="checkbox"/> Matching: 75 Percent</p> <p><input type="checkbox"/> Rural: 90 Percent</p> <p><b>Local Match Amount</b> (Check applicable program)</p> <p><input checked="" type="checkbox"/> Matching: 25 Percent</p> <p><input type="checkbox"/> Rural: 10 Percent</p> <p><b>Grand Total</b></p>	<p><b><u>\$57,750.00</u></b></p> <p><b><u>\$0.00</u></b></p> <p><b><u>\$19,250.00</u></b></p> <p><b><u>\$ 0.00</u></b></p> <p><b><u>\$77,000.00</u></b></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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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 the 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: 40%; margin: 0 auto;"/> / / MM / DD / YY

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

**FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM**

**REQUEST FOR GRANT FUND DISTRIBUTION**

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

**DOH Remit Payment To:**

Name of Agency: Manatee County Emergency Medical Services

Mailing Address: P.O. Box 1000

Bradenton, Florida 34206

Federal Identification Number 59-6000727

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

Signature

Date

Betsy Benac, Chairperson of the Board of County Commissioners

Type Name and Title

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

*DOH Bureau of Emergency Medical Oversight*

*EMS Section, Grants Unit*

*4052 Bald Cypress Way, Bin A-22*

*Tallahassee, Florida 32399-1722*

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \_\_\_\_\_

Grant ID Code: \_\_\_\_\_

Approved By: \_\_\_\_\_

Signature of State EMS Grant Officer

Date

State Fiscal Year: 2017 - 2018

Organization Code  
64-61-70-30-000

E.O.  
03

OCA  
SF003

Object Code  
750000

Category  
059999

Federal Tax ID: VF \_\_\_\_\_

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

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