



# **Orange County EMS Council**

## **EMS AWARDS PROGRAM**

### **APPLICATION**

**YEAR 2017 - 2018**

## **EMS AWARDS APPLICATION**

(FOR OFFICE USE ONLY)  
EMSO ID. Code

Total Award Amount

1.	<b>Organization Name</b> Authorized Official Title Mailing Address  City State Zip Telephone Email Address	City of Orlando Fire Department  Buddy Dyer Mayor 400 S. Orange Ave.  Orlando Florida 32801 407-246-2221 buddy.dyer@cityoforlando.net
2.	<b>Contact Person</b> Title Mailing Address  City State Zip Telephone Email Address	April Taylor Grant Manager 110 George DeSalvia Wy  Orlando Florida 32803 321-235-5439 april.taylor@cityoforlando.net

3. **Legal Status of EMS Organization** (Check only one response).

- ☐ Private Not For-Profit (attach copy of IRS's 501(c)(3) letter or other legal documentation of this status)  
☐ Private For-Profit                      ☒ City/Municipality  
☐ County                                      ☐ State

4. **Federal Tax ID No.**      VF 5 9 6 0 0 0 3 9 6

5. **Medical Director**

*I hereby affirm my authority and responsibility for the use of all medical equipment and continuing education awards projects.*

\_\_\_\_\_  
SIGNATURE  
**Christian C. Zuver**  
\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE  
**ME97144**  
\_\_\_\_\_  
MEDICAL LICENSE NO.

## PROJECT DESCRIPTION AND JUSTIFICATION

**A 12 POINT FONT MUST BE USED OR LEGIBLE HAND PRINTING**

6. **Project Description/Justification:** This is the NEED STATEMENT. Describe and justify the project. Include: (1) all available numerical data, time frames for the data, data source; (2) number of people directly impacted by the award(s); (3) whether the project will serve single municipality, county, multi-county, or regional area; and, (4) whether the project will coordinate with other EMS organizations. (Use only the space provided).

7. **Orange County EMS Strategic Plan:** If applicable, specifically reference Orange County EMS Strategic Plan goal(s) and explain relationship to the project.

8. **Outcome measurability:** Degree to which the need will be met or changed (Use only the space provided).

9. **Work activities and time frames:** Indicate procedure for delivery of project (Use only the space provided).

## BUDGET

CATEGORIES	TOTAL
Expenditures: e.g., installation, shipping, etc. Shipping cost are absorbed by the company with this project.  There are no installation cost associated with this project.	\$0
<b>TOTAL EXPENDITURES</b>	\$0.00
Equipment: 20 AED Trainers 16 Infant manikins	\$7,308.00 \$1,693.60
<b>TOTAL EQUIPMENT COSTS</b>	\$9,001.60
<b>GRAND TOTAL</b>	<b>\$9,001.60</b>

## **ASSURANCES**

**ACCEPTANCE OF TERMS AND CONDITIONS:** The recipient accepts the award terms and conditions in the "Orange County EMS Awards Program Application Manual", and acknowledges this when funds are expended from the award payment system.

**EXECUTION OF EMS AGREEMENT:** The recipient agrees to abide by the Agreement with Orange County EMS Office of the Medical Director.

**DISCLAIMER:** The recipient certifies that the facts and information contained in this application and any attached documents are true and correct. A violation of this requirement may result in revocation of the award.

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**SIGNATURE OF AUTHORIZED OFFICIAL** *(Individual Identified in Item 1)*

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**DATE**

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**TITLE**

**APPENDIX A**

**MEDICAL DIRECTOR APPROVAL  
OF  
MEDICAL DEVICE**

**THE FOLLOWING MEDICAL DEVICE HAS BEEN EVALUATED AND APPROVED FOR USE IN THE ORANGE COUNTY EMS  
SYSTEM UNDER MY DIRECTION:**

**DEVICE** \_\_\_\_\_

\_\_\_\_\_  
**CHRISTIAN ZUVER, MD.,  
ORANGE COUNTY MEDICAL DIRECTOR**

\_\_\_\_\_  
**DATE**

## APPENDIX B

### RADIO EQUIPMENT WORKSHEET

EMS Radio equipment	Unit Cost	Quantity	Subtotal
<i>I. Mobile Radios</i> <sup>1 2:</sup>			
A. VHF High Band (or Low Band)			
B. UHF <sup>3</sup>			
C. 800 MHz			
D. Ancillary equipment			
<i>II. Portable Radios:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Accessories:			
Charger (single or multiple)			
Remote microphone (speaker/microphone/antenna)			
Additional battery (two per portable radio)			
Carrying case			
E. Ancillary equipment			
<i>III. Base Stations:</i>			
A. VHF High Band (or Low Band)			
B. UHF			
C. 800 MHz			
D. Duplexers and/or Filters (as required)			
E. Ancillary equipment			
<i>IV. Communications Center:</i>			
A. Dispatch Consoles			
B. Recorders (logging and/or instant recall)			
C. Computer Aided Dispatch (CAD) system			
D. Automatic Vehicle Location (AVL)			
E. RF Control Stations (FX1)			
F. Ancillary equipment			
<i>V. Pagers:</i>			
A. Encoders			
B. Ancillary equipment			
<b>Equipment Subtotal</b>	\$		\$
<i>VI. Miscellaneous</i> <i>[Award Evaluation: 10% of Equipment Total]</i>			
<b>Equipment Subtotal</b>	\$		\$
<i>VII. Installation, Optimization and First Year Warranty</i> <i>[Award Evaluation: 15% of Equipment Total]</i>			
<i>VIII. Design and/or Engineering Fees</i>			
<b>Bottom Line Total</b>	\$		\$

<sup>1</sup> Pricing should include antennas and associated hardware.

<sup>2</sup> Dual Control Head required if radio is utilized for Local Medical Coordination.

<sup>3</sup> Required in all licensed EMS vehicles (MED-8).



## APPENDIX C

### Application Scoring Sheet

Agency EMS Office of the Medical Director

Application No. 2

Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Please answer the screening questions first.

**Screening Questions** (If a proposal receives a "YES" it is disqualified).

- A. Is the proposal cost prohibitive? Yes No
- B. Is the proposal unreasonable? Yes No
- C. Is the proposal potentially illegal? Yes No
- D. Failed to submit Appendix E and Appendix F for award(s) approved the previous year? Yes No

Score each remaining application based on the following criteria:

- Each application should be scored on its own merits and not compared to another application or other criteria. If there are issues related to the proposal note these in the comments.
- The score for each element can be between the score levels. For example, for *Overall Merit* the score can be 8. This is higher than "good" but not "excellent".
- Total the points and record the score at the bottom of the form and on the accompanying composite sheet.

#### 1. Overall merit of the application

- 10 - Excellent proposal  
5 - Good proposal  
1 - Fair proposal  
0 - No merit

#### 2. Meeting goal or objective of the Current EMS Strategic Plan

- 10 - Completely meets  
5 - Partially meets  
1 - Minimal meets  
0 - Doesn't meet

#### 3. Value or benefit to the Countywide EMS system

- 6 - Excellent benefit  
3 - Good benefit  
1 - Fair benefit  
0 - No benefit

#### 1. Cost

- 3 - Low cost < 1,500  
2 - Medium cost < 34,000  
1 - High cost > 34,000

#### 5. Ease of implementation

- 3 - Easy to implement  
2 - Moderately easy to implement  
1 - Hard to implement

**TOTAL SCORE** \_\_\_\_\_

## APPENDIX F

### Project Outcome Report

To remain eligible for award funds, Appendix F must be completed and submitted to the Office of the EMS Medical Director before the end of the current award cycle.

**PROJECT OUTCOME:** The measurable degree to which the project needs have been met.

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SUBMITTED BY:		⇒	
			<b>SIGNATURE</b>

DATE: \_\_\_\_\_