

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

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: City of Key West

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: James K. Scholl

Position Title: City Manager

Address: 1300 White St

City: Key West	County: Monroe
State: Florida	Zip Code: 33040
Telephone: 305-809-3888	Fax Number: 305-809-3886
E-Mail Address: jscholl@cityofkeywest-fl.gov	

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: Chief Edward Perez

Position Title: Division Chief

Address: 1600 North Roosevelt Boulevard

City: Key West	County: Monroe
State: Florida	Zip Code: 33040
Telephone: 305-809-3795	Fax Number: 305-809-3886
E-Mail Address: eperez@cityofkeywest-fl.gov	

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 596000346 _ _ _

6. EMS License Number: 4413 Type: Transport Non-transport Both

7. Number of permitted vehicles by type: _____ BLS; 5 ALS Transport; _____ 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 _____

FL Med. Lic. No. _____

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.

Please see the attached narratives at the end of the application

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

Next, only complete one of the following: Items 11, 12, 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.

Please see the attached narratives at the end of the application

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

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

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

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

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

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

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

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

ALL APPLICANTS MUST COMPLETE ITEM 15.

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

Please see the attached narratives at the end of the application

Justify that this project will:

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

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

Work Activity	Number of Months After Grant Starts	
	Begin	End
Receive notice of award/execute agreement.	1	1
Issue an RFP	2	2
Complete the appropriate purchasing mechanism based on the best value received	3	6
Enter into a contract for the ambulance	6	7
Manufacture the ambulance	7	11
Take delivery of the ambulance	11	12
Put ambulance into service	12	12


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

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

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

Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature, <u>and</u> the normal expected life of which is 1 year or more.	Costs: List the price of the item and the source(s) used to identify the price.	Justification: State why each of the items and quantities listed is a necessary component of this project.
Ambulance (Horton 457 - Ford F- 450 used for cost purposes)	\$189,710.55	This line item is the project as noted in the narratives
TOTAL:	<u>\$189,710.55</u>	Right click on 0.00 then left click on "Update Field" to calculate Total

State Amount (Check applicable program) <input type="checkbox"/> Matching: 75 Percent <input checked="" type="checkbox"/> Rural: 90 Percent	 <u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
 <input checked="" type="checkbox"/> Rural: 90 Percent	 <u>\$100,000.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Local Match Amount (Check applicable program)		
<input type="checkbox"/> Matching: 25 Percent	 <u>\$ 0.00</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
<input checked="" type="checkbox"/> Rural: 10 Percent	 <u>\$ 89,710.55</u>	Right click on 0.00 then left click on "Update Field" to calculate Total
Grand Total	<u>\$189,710.55</u>	Right click on 0.00 then left click on

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/> Signature of Authorized Grant Signer (Individual Identified in Item 2)	<hr/> 01/30/2018 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: City of Key West

Mailing Address: PO Box 1409

Key West, FL 33041

Federal Identification Number F596000346

Authorized Agency Official:

Signature

Date

James K. Scholl - City Manager

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: _____

10. Justification Summary:

A) Problem Description - The City of Key West is facing a number of challenges or problems related to the existing ambulance fleet. A description of each is listed below.

Challenge #1 - The City of Key West EMS department has five (5) total ambulances. Four are classified as front-line (Rescue 1-3 & 5) and the fifth is a reserve unit (Rescue 4). There are a number of reasons that Rescue 4 is a reserve unit. The manufacturer of Rescue 4 is no longer in business and this unit is plagued by continual breakdowns. Obtaining proper replacement parts has become very difficult and costly. If this grant is awarded, Rescue 4 will be removed from service and the new ambulance will be placed into a rotation with Rescue 1-3 & 5. The rotation will extend the service life of the ambulance fleet by reducing the continual duty time of Rescue 1-3 & 5.

Challenge #2 - The department's first response area is geographically isolated which creates delays in receiving rapid aid from other organizations. The nearest organized municipality is over forty (40) miles to the northeast of the City along a 2-lane highway. Ensuring that the department has adequate equipment to support emergency operations is absolutely critical to ensuring that the community can recover from any disaster quickly.

Challenge #3 - In the aftermath of Hurricane Irma, the department was forced to rely heavily on FEMA ambulance strike teams and Disaster Medical Assistance Teams. These groups were required to remain mobilized in department's first response area County for an extended amount of time due to both the level of destruction and the lack of EMS medical resources available to our isolated community.

Challenge #4 - Due to the temperate climate year-round, the City has a high homeless/transient (H/T) population that lacks the ability to seek regular medical services. This population utilizes the emergency medical services system for basic medical care. This creates additional stresses on the system and negatively impacts the department's resources for responding to larger events. The City is in the process of developing a program to address this need in a different manner. The development of this alternative approach has inherent funding and logistical challenges which mean the program will not be implemented for some time. Until then, the most efficient interim step is the additional of an ambulance with the correct

capabilities to rapidly service the needs of any given call and then have a quick turn-around to subsequent calls.

B) Present Situation - The department has taken all actions within their power to mitigate the risks associated with this situation. The City has entered into a mutual aid agreement with Monroe County as well as creating agreements with neighboring Fire Rescue departments to borrow apparatuses as they are available. However, the nearest organized municipality is over forty (40) miles to the northeast of the City along a 2-lane highway. Even after taking these steps, delayed on-scene times for ALS transport service occur more frequently than they should. The department continually struggles with procuring replacement parts and repairing Rescue 4 in an attempt to best utilize the fleet.

C) Proposed Solution - The proposed solution is basic in nature but highly impactful in practice. The department is proposing to purchase a new ambulance that will be placed into rotation and allow the department to retire Rescue 4. Based on an average of 6.5 calls per day per vehicle and a presumed functional efficiency gain of five minutes per call, the new ambulance will reduce in-service/idle time by 32.5 minutes daily or 11,862.5 minutes annually (197.7 hours) when compared to the one being replaced. During times of peak incidents such as a natural disaster, terrorism related event or series of vehicle accidents, gaining 30+ minutes of capacity for a unit is critically important to protecting the lives of those involved.

D) Consequences if not funded - The department will continue to keep Rescue 4 in rotation as long as possible, however limited in duration that may be. In effect, the department's EMS operations will be limited in the available resources necessary for carrying out the mission. This has the potential to negatively affect patient outcomes as well as hinder responses to calls from other municipalities for mutual aid. In times of disaster (natural or man-made), the department will continue to be heavily reliant on State and Federal support to carryout the required mission.

E) Geographic Area to be Served - The City of Key West first response area is spread out across two major keys and one minor key. The City is generally isolated from other municipal areas and has a seasonal population surge of over 2,000,000 visitors annually. There is only one road that leads in and out of the City and a significant portion of it is 2-lane (one each direction). The nearest organized municipality

is over forty (40) miles to the northeast of the City along the same 2-lane highway. The department has four (4) mutual aid agreements in place: U.S. Navy, Monroe County, City of Marathon and the Village of Islamorada.

The City is home to two (2) significant facilities: 1. Naval Air Station Key West; and 2. Major Cruise Terminal. The City's isolation makes having the readiness to serve these facilities a matter of critical importance. Both facilities represent targets that others could focus on to disrupt our military and/or the economy. Ensuring that the City has adequate equipment to serve these facilities in their time of greatest need is vital to protect the assets and minimizing the impacts locally as well as nationally.

F) Proposed Time Frames - As identified in the schedule above, it will take approximately twelve (12) months to complete this project. This time estimate begins with receipt of as well as the execution of the funding agreement and concludes with the delivery of the vehicle. All time estimates are considered conservative and the final timeframe may be reduced by as much as two (2) months depending on the speed of procurement and vehicle build-out.

G) Data Sources - The call data utilized in this application was derived by ESO Solutions EHR software reporting system. ESO Software is NEMESIS Version 3 compliant EPCR software that the department utilizes to complete all EMS patient care reports.

H) Statement Regarding Duplication of a Previous Effort - The City did submit a FY2016 Assistance to Firefighters grant for this project, however the City has received an official turn-down letter stating that it would not be funded through that program. The City is not applying for a FY2017 AFG grant for the same project again. No other grants have been applied for or awarded for this project.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims:

A) Quantify the situation in the most recent twelve (12) months with verifiable data - The following table represents the information for the period of 01/01/2017 to 12/31/2017.

Total Calls for Service	7,055
Transport Calls	3,719
ALS Level of Service Calls	2,176
BLS Level of Service Calls	1,532
Priority 1 Trauma Alerts transported to Landing Zone for Medevac or the Lower Keys Medical Center	59
Cardiac Arrest Calls (Treated and Transported)	28
Respiratory Arrest Calls (Treated and Transported)	8
Traumatic Arrest Calls(Treated and Transported)	1
Subject Deceased on Scene (No treatment or Transport)	35
Patients Treated for Trauma Related Injuries	983
Patients Treated for Substance Abuse/Overdose Related Emergencies	398
Patients Treated for Cardiac Related Emergencies	273
Patients Treated for Psychiatric Related Emergencies	97
Patients Treated for Stroke/CVA Related Emergencies	23

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.

On average, the implementation of the project will not have a negative or positive impact on the number listed above in item A. It will allow for more efficient handling of and a likely increase in the number of positive patient outcomes.

C) Justify and explain how the number in A and B above were derived - The call data utilized in this application was derived by ESO Solutions EHR software reporting system. ESO Software is NEMESIS Version 3 compliant EPCR software that the department utilizes to complete all EMS patient care reports.

D) What other outcome of this project do you expect - Based on an average of 6.5 calls per day per vehicle and a presumed functional efficiency gain of five minutes per call, the new ambulance will reduce in-service/idle time by 32.5 minutes daily or 11,862.5 minutes annually (197.7 hours) when compared to the one being replaced. During times of peak incidents such as a natural disaster, terrorism related event or series of vehicle accidents, gaining 30+ minutes of capacity for a unit is critically important to protecting the lives of those involved.

This project ensures that the City has adequate emergency medical services response capabilities in the event of a disaster, natural or man-made. Given that the City is generally isolated from receiving quick mutual-aid due to geographical as well as other logistical challenges, the City will ultimately be in a better position of preparedness to deal with emergency challenges. Emergency services are also critical for returning the community back to life-as-normal after a disaster. This project will also support the City's ability to be resilient in the aftermath of disaster to aid in restoring calm and order.

From an environmental perspective and based on calculations completed in the evaluation of the project, it is estimated that the new ambulance could result in a 197.7 hour reduction in idle/service time annually versus the unit being replaced. This directly results in a benefit of reducing the air pollution associated with vehicle exhaust during in-service and idle states. Emissions that could be measured and quantified include VOC, CO, CO₂, NO_x, SO₂, and PM.

E) How does this integrate into your agency's five-year plan - The City and the department's five-year plans were substantially affected by the direct impact of Hurricane Irma in September 2017. The Citywide budgetary needs related to the recovery process have created significant limitation on the ability to fund new capital projects that were previously planned. This project directly supports the previous plan which included the addition of a new ambulance during the five-year look-ahead period but cannot be funded at this time due to the unanticipated costs related to the hurricane.

15. Statutory Consideration and Criteria

A) Serve the requirements of the population upon which it will impact - This project will enable the department to serve the population in a more efficient and timely manner. The new ambulance will be available to meet the resident and seasonal population demands as well as provide service during times of disaster. It will enable the department to rely less on mutual aid which may be coming from significant distances that would delay its arrival on-scene.

B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of department - This project will replace an out-dated ambulance (2008) with an apparatus that will provide safe and reliable service.

C) Enable the vehicle of the organization to contain the minimum equipment and supplies as required by law, rule or regulation of the department - NFPA 1710 states that only the first level of EMS provision (First Responder with AED) is required for compliance. The City provides all three levels of service up to and including Advanced Life Support. The acquisition of this vehicle will positively impact the department's continued ability to provide all three service levels to the community and exceed the minimum standard.

D) Enable the vehicles of the organization to have, at a minimum, direct communications linkup with operating base and hospital designated as the primary receiving facility - The new ambulance will be configured to enable direct communication with the Key West Police Department Communications Center and the Lower Keys Medical Center Emergency Department (primary receiving facility).

E1) Improve/Expand the provision of EMS services on a county, multi-county or area-wide basis - This project improves the EMS service (time and efficiency) to the City of Key West, Port of Key West, three (3) U.S. Naval bases, one (1) U.S. Coast Guard Station and the north end of Stock Island which includes one (1) skilled nursing facility, one (1) assisted living facility, Monroe County Detention Center, Florida Keys Community College and the Lower Keys Medical Center. Monroe County will also benefit from better mutual aid support when called upon.

E2) Single EMS provider - The department is the single primary EMS provider for the service area identified. No other primary ALS service is able to provide 911 response. The U.S. Navy has a fire department but they have zero (0) ambulances and only provide BLS via other apparatuses.

E3) Coordination of all EMS communication - The department is dispatched by the Key West Police Department Communications Center (KWPDCC). KWPDCC provides all emergency and non-emergency communications for all agencies in the service area using a P-25 Public Safety Dispatch Console system.