Contact: Luke Rosen (212 896-2925 | Luke.Rosen@Rescue7.org

Request for Startup Funding

Inclusive First Responder Training to Serve Special Needs Populations

"During times of crisis and emergency response, families living with with complex medical conditions require specialized support.

Rescue 7 Firefighters for Patients and this inclusive first responder training to serve special needs populations is sorely needed on the front lines when safety matters. This program is **critical** during **critical** emergency response for vulnerable patients."

Wendy Chung, MD PhD
Chief of Pediatrics
Boston Children's Hospital

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1. Executive Summary

During natural disasters, the 11.2 million U.S. children living with special needs face a *crisis within a crisis*. Emergency systems, designed without this vulnerable community in mind, consistently fail—leaving families abandoned when responders lack the training to help. This systemic gap creates preventable tragedies.

Rescue 7 Firefighters for Patients Inc. proposes **The Inclusive First Responder Training Program**, a life-saving initiative to bridge this critical gap. Our organization is uniquely positioned to deliver this training: we are a team of certified first responders who are also parents and caregivers of children with complex medical needs. Our evidence-based curriculum, built from lived experience, equips frontline personnel with the tangible skills to protect special needs communities with competence and empathy.

A **$500,000** investment will pilot this program in five high-risk communities, delivering a clear and immediate return on investment by:

- **Training and Certifying 500 First Responders:** At a cost of just **$1,000 per responder**, we will equip frontline teams with life-saving skills, tracked through pre- and post-assessments.
- **Establishing 5 Accessible Shelter Zones:** We will partner with emergency shelters to certify their readiness for power-dependent medical equipment and neurodivergent individuals, creating lasting, safe infrastructure.
- **Achieving 85% Family Satisfaction:** We will build profound community trust through joint simulation drills, ensuring our protocols are validated by the families we exist to serve.

This investment is a catalyst, designed to create a financially independent and nationally scalable model. We will transition from grant funding to earned revenue by launching a **"Train-the-Trainer" certification program** and securing state contracts, projecting a reduction in grant dependence to under 40% by Year 3. Our "Program-in-a-Box" digital toolkit will ensure consistent, high-quality replication, while our advocacy work aims to embed this curriculum into official state and federal training mandates. This strategy transforms a one-time investment into a self-sustaining

engine for systemic change, moving from exclusion to proactive, equitable protection. The following proposal details our plan to make that vision a reality.

2. Introduction: Bridging the Gap in Emergency Response for Vulnerable Families Living with Special Needs

2.1 Statement of Need: The Overlooked Crisis for 11.2 Million Children

Across the United States, **11.2 million children live with special healthcare needs** (*2022 National Survey of Children's Health*), representing one in five American households. When natural disasters strike, these children and their families face a crisis within a crisis, forced to navigate emergency response systems designed without their unique requirements in mind.

The human cost of this systemic oversight is devastating. During Hurricane Ida, families with medically complex children confronted impossible choices: evacuate without life-sustaining equipment or remain in dangerous conditions. One mother in Louisiana watched helplessly as her child's electric feeding pump lost power mid-evacuation—a stark choice between immediate medical needs and safety from the storm.

This is not an isolated incident. Emergency shelters routinely deny access to children with neurological differences. Following recent California wildfire evacuations, a 10-year-old with epilepsy was turned away from a shelter because staff lacked the training to accommodate his needs. The family spent the night in their car as flames approached, risking both smoke inhalation and seizure complications.

Communication barriers compound these dangers. Traditional alert systems—audio warnings and rapid-response protocols—are often inaccessible to children with hearing impairments or autism spectrum disorders. In tornado-prone communities, families report that emergency sirens trigger sensory overload in autistic children, transforming a tool of protection into a source of trauma and leaving them more vulnerable.

The challenges are specific and predictable, yet consistently unaddressed:

Population	Primary Emergency Challenges
Children with epilepsy/seizure disorders	Medication disruption, shelter restrictions, stress-induced seizures, and post-seizure confusion impairing their ability to communicate.
Nonverbal children and autism	Communication barriers, sensory overload from alarms and chaotic environments, and behavioral responses being misunderstood as non-compliance.
Children dependent on medical equipment	Power outages rendering devices inoperable, difficulties in equipment transport, and shelter capacity limitations for power and space.
Children with rare genetic conditions	Interrupted access to specialized medication, lack of medical expertise among responders, and failure to identify individuals with non-obvious but severe conditions.

These are not individual failures but symptoms of a broken system. Emergency planning rarely includes neurodivergent or medically complex families in its design or practice drills. Most evacuation protocols assume verbal, mobile individuals, leaving no standard procedures for ventilator-dependent children or nonverbal teenagers who use assistive technology. Consequently, EMS and fire crews receive minimal disability-specific crisis training, leading to hesitation and life-threatening miscommunication during rescues. During a recent flood evacuation, a mother was separated from her child's critical rare disease medication because first responders lacked any protocol for coordinating specialized medical needs with emergency transport.

The long-term consequences ripple through entire families. Children experience medical deterioration from interrupted treatments. Psychological trauma manifests in new aggressive behaviors in previously calm nonverbal children. Parents face financial devastation and job loss when support systems collapse. Many families, feeling betrayed and abandoned, withdraw from community emergency planning, deepening their isolation and increasing their vulnerability for the next disaster. This creates a dangerous cycle where the most at-risk populations become ever more disconnected from the systems meant to protect them.

The current emergency response framework treats special needs families as an afterthought, not as integral community members deserving of proactive protection. Without immediate intervention to train responders and redesign protocols, these 11.2 million children remain at an exponentially higher risk during every natural disaster.

2.2 Proposed Solution: The Inclusive First Responder Training Program

The Inclusive First Responder Training Program represents a comprehensive, evidence-based approach to transforming emergency response for special needs communities. This three-part curriculum addresses the critical gaps identified in current disaster protocols through targeted training that builds both technical competency and cultural sensitivity among first responders.

Core Curriculum Architecture

The program delivers specialized training through three interconnected modules designed for maximum practical application:

Module	Focus Area	Duration	Delivery Method
Sensory-Sensitive Response	Autism, sensory processing disorders, communication barriers	8 hours	Hybrid (4 hours online, 4 hours hands-on)
Emergency Technology Protocols	Durable medical equipment, rare disease evacuations, power-dependent devices	12 hours	In-person with simulation labs
Mobility & Evacuation Adaptations	Wheelchair users, nonverbal populations, trauma-informed transport	8 hours	Field-based training with community drills

Hands-On Scenario Training forms the cornerstone of skill development. Regional responders participate in realistic simulations involving *rare disease evacuations* where they practice maintaining continuity of care for children dependent on ventilators, feeding tubes, and specialized monitoring equipment. These scenarios teach responders to quickly assess durable medical equipment safety protocols, coordinate with caregivers for device operation, and implement backup power solutions during extended evacuations.

Target Professional Development

The program serves **EMS professionals, fire departments, and local police** in vulnerable municipalities, recognizing their distinct but interconnected roles during special needs emergencies. EMS personnel gain expertise in medical device management and rare disease protocols. Fire department crews develop specialized rescue techniques for mobility-impaired individuals and learn to work collaboratively with hospital transport teams. Local police receive training in trauma-informed communication and scene management for families experiencing sensory overload or behavioral crises.

Community Integration Approach

Two-day intensive workshops combine professional responder training with direct family participation. Parents and caregivers serve as expert trainers, sharing real-world insights about their children's specific needs during crisis situations. This peer-to-peer learning model ensures that protocols reflect actual family experiences rather than theoretical assumptions.

Quarterly community drills engage local fire departments alongside special needs families in realistic emergency scenarios. These exercises test newly acquired skills while building trust between responders and the communities they serve. Families practice evacuation procedures with their actual medical equipment, while responders refine their ability to coordinate complex medical needs with emergency transport requirements.

Measurable Skill Outcomes

Upon completion, responders demonstrate **confident capability** to evacuate children with rare diseases while maintaining critical care protocols. They exhibit proficiency in trauma-informed communication techniques with both parents and nonverbal youth, reducing family stress during already traumatic situations.

Participants develop **enhanced decision-making abilities** in high-pressure scenarios involving autistic children experiencing sensory overload and individuals with seizure disorders requiring immediate medical attention. Most critically, they gain collaborative capacity to seamlessly coordinate with caregivers, local hospitals, and emergency shelter staff, ensuring no family faces isolation during crisis response.

Innovative Delivery Model

The program's **modular online learning platform** provides foundational knowledge through interactive case studies and video demonstrations. Responders access specialized toolkits containing rare disease fact sheets, communication boards for nonverbal individuals, and equipment checklists for common durable medical devices.

Peer-review simulations allow responders to practice skills in low-stakes environments before facing real emergencies. The program culminates in **live evaluation scenarios** conducted during mock disaster drills, where responders demonstrate competency in realistic, time-pressured situations while working directly with special needs families.

This comprehensive approach transforms emergency response from a system that inadvertently excludes vulnerable populations into one that proactively protects the 11.2 million children who depend on specialized support during natural disasters.

3. The Problem: Systemic Failures in Current Disaster Protocols for Special Needs Victims

3.1 A Family's Story: The Reality of Evacuation with Special Needs

When the California wildfire evacuation order reached the Martinez family at 2:47 AM, they had seventeen minutes to gather their belongings and flee their home in the hills above Santa Rosa. For most families, this would mean grabbing essentials and driving to safety. For the Martinez family, it meant facing an impossible choice that would forever change their relationship with their community's emergency response system.

Their 10-year-old son Miguel has autism spectrum disorder, requiring structured routines, specific sensory accommodations, and careful management of overwhelming stimuli. As flames approached their neighborhood, the family rushed to the designated emergency shelter at the local high school gymnasium, believing they would find safety and support during the crisis.

Instead, they encountered a system completely unprepared for neurodivergent children.

The shelter denial happened within minutes of arrival. When Miguel became overwhelmed by the chaotic environment—hundreds of evacuees talking loudly, bright fluorescent lights, and the constant sound of emergency radios—he began exhibiting stress behaviors that are typical for autistic children in crisis: repetitive vocalizations, self-soothing movements, and attempts to find a quiet space. Shelter staff, lacking any training in autism or developmental disabilities, immediately labeled his responses as *"uncontrollable behaviors"* that posed a risk to other evacuees.

"*They told us they couldn't guarantee safety for a child with his condition,*" his mother Elena later recounted. "*I tried explaining that he has autism and just needed a quiet corner and some time to regulate, but they said the shelter wasn't equipped for children who couldn't follow instructions.*"

The family was asked to leave within twenty minutes of arrival.

The night that followed revealed the devastating consequences of exclusion. Forced to sleep in their car in a grocery store parking lot, the Martinez family spent eight hours managing a medical crisis without access to basic facilities. Miguel's stress escalated throughout the night—he began hitting himself, experienced a seizure, vomited from anxiety, and refused all food and water. His parents provided manual compression therapy using techniques they had learned for sensory regulation, downloaded calming apps on their phones, and tried desperately to create a safe space in the front seat of their Honda Civic.

Time	Crisis Escalation	Family Response
3:30 AM	Miguel begins self-injurious behaviors due to sensory overload	Parents use deep pressure techniques, play familiar music
4:15 AM	Vomiting episode triggered by anxiety and unfamiliar environment	No access to clean water or restroom facilities
6:00 AM	Complete refusal of food and water, increasing dehydration risk	Parents attempt comfort items, consider emergency room
8:30 AM	Fever develops from stress response and dehydration	Family debates whether to risk returning to evacuation zone for medical care

The physical toll was severe, but the psychological damage proved longer-lasting. Miguel, who had never experienced such prolonged distress, developed new aggressive behaviors and lost weeks of developmental progress. The family discovered that noise from passing cars triggered constant fear responses—every sound reminded him of that traumatic night when his world became unpredictable and unsafe.

The parents faced their own trauma response. "*We realized that the community we thought would protect us during a crisis had basically told us that our child didn't deserve safety,*" Elena explained. "*It wasn't malicious, but the outcome was the same—we were left completely alone when we needed help most.*"

The long-term consequences extended far beyond one night of crisis. The Martinez family withdrew from all city emergency preparedness meetings, lost trust in local disaster response systems, and developed their own isolated evacuation plan that assumes no community support. The family still refuse to use any emergency shelter, choosing instead to drive 200 miles to stay with relatives during fire season—a decision that increases their risk during rapid-onset emergencies; however, feels safer than facing potential life-threatening exclusion again.

Miguel continues to exhibit anxiety responses to emergency sirens and has required additional therapeutic support to process the trauma of being rejected when his family sought safety. The incident fundamentally altered his sense of community belonging during his critical developmental years.

This family's experience represents the daily reality for thousands of special needs families across disaster-prone regions—communities that desperately want to include them but lack the training, protocols, and cultural competency to serve neurodivergent children during crisis situations. The Martinez family's story illuminates how well-intentioned emergency systems can inadvertently create greater danger for the very populations they aim to protect.

3.2 Data-Driven Evidence of Gaps in Preparedness

Federal oversight agencies have documented pervasive gaps in emergency preparedness for special needs populations across multiple dimensions of disaster response. The Government Accountability Office's 2021 comprehensive review revealed that **72% of EMS agencies lack training** related to rare disease evacuation protocols, leaving emergency medical personnel unprepared to manage life-sustaining equipment or coordinate specialized care during disasters.

FEMA's 2022 National Preparedness Report exposed even broader systemic failures: **only 15% of local jurisdictions** conduct inclusive disaster drills that involve families with disabilities. This means 85% of communities practice emergency scenarios without ever testing their capacity to serve vulnerable populations, creating dangerous gaps between planning assumptions and real-world emergency response capabilities.

Federal Assessment	Key Finding	Impact on Special Needs Communities
GAO Report (2021)	72% of EMS agencies lack rare disease training	Children dependent on medical equipment face evacuation delays and care interruptions
FEMA National Preparedness Report (2022)	Only 15% of jurisdictions include disability communities in drills	Emergency plans remain untested for vulnerable populations
HHS Office for Civil Rights Review	12% of emergency shelters meet ADA standards for power-dependent needs	Families with medical equipment routinely denied shelter access

The shelter infrastructure crisis represents perhaps the most immediate threat to special needs families during disasters. The Department of Health and Human Services Office for Civil Rights found that **only 12% of emergency shelters** meet ADA standards for accommodating power-dependent medical needs. This compliance failure means that children requiring ventilators, feeding pumps, or monitoring devices face systematic exclusion from emergency housing during the very moments when they need protection most.

Regional disparities compound these federal-level failures. New York City's 2022 municipal audit revealed that **fewer than 10% of emergency shelters** were compliant with accessibility standards specifically for children who rely on medical equipment. In a city that serves millions of residents and maintains extensive emergency management resources, this compliance rate indicates how unprepared even well-funded urban systems remain for serving medically complex populations.

California's wildfire-prone regions demonstrate similar preparation gaps despite facing annual disaster seasons. In Sonoma County, wildfire evacuation plans lacked adaptive protocols for families with autism and wheelchair users, with parent complaints going unaddressed for multiple years before recent improvements were implemented through community advocacy pressure.

The training deficit extends beyond individual responder competency to encompass entire professional development systems. The National Emergency Management Association's 2023 survey documented that **4 out of 5 first responders felt undertrained** for neurodiverse communication scenarios. This self-reported competency gap indicates that emergency personnel recognize their limitations in serving autistic children and nonverbal individuals, yet systematic training solutions remain unavailable in most jurisdictions.

Rural emergency services face even more severe resource constraints. Texas EMS agencies in rural counties report having no access to disability-focused training modules despite serving medically complex populations affected by hurricanes and flooding. Florida's coastal cities maintain robust hurricane planning infrastructure, but these comprehensive systems rarely account for ventilator access or backup power requirements in public shelters.

The human cost of these systemic gaps appears in CDC epidemiological data. The Centers for Disease Control's Morbidity and Mortality Weekly Report documented that children with disabilities were **4 times more likely** to be displaced or hospitalized during disasters compared to peers without disabilities. This elevated risk reflects not just the inherent vulnerability of special needs populations, but the failure of emergency systems to provide appropriate protection and support.

Longitudinal analysis reveals troubling stagnation in addressing these preparation gaps. Emergency training for special populations has remained largely absent from FEMA's top policy priorities throughout the past decade, despite growing awareness of vulnerability disparities. While surveys indicate slow increases in responder awareness of disability issues, major gaps persist in real-world disaster scenarios where families continue to face exclusion and inadequate support.

The evidence demonstrates that current emergency preparedness systems operate with a fundamental design flaw: they assume population homogeneity and fail to account for the complex needs of vulnerable communities. This creates a dangerous disconnect between emergency planning theory and the lived reality of families navigating disasters while managing rare diseases, autism, mobility limitations, and medical equipment dependencies.

Without immediate intervention to address these documented gaps, special needs families will continue facing exponentially higher risks during natural disasters, effectively creating a two-tiered system of emergency protection based on disability status rather than equal community membership.

4. Project Proposal: Specialized Training for Special Needs Communities

4.1 Program Goals and Measurable Objectives

The Inclusive First Responder Training Program targets four strategic objectives designed to measurably transform emergency response capabilities for special needs communities within a 12-month implementation cycle. Each goal establishes concrete benchmarks that demonstrate both immediate competency development and sustained systemic improvement.

Primary Training Outcome: 500 Certified First Responders

The program will train **500 first responders across three pilot regions**—targeting EMS personnel, fire department crews, and local police officers who serve communities with significant special needs populations. Success measurement requires a **90% pass rate** on final skill evaluations that combine written assessments with practical demonstration scenarios.

Pre- and post-assessment scoring will track competency development in three core areas: sensory-sensitive communication techniques, rare disease evacuation protocols, and trauma-informed crisis management. Baseline assessments administered during program enrollment will establish individual starting points, while final evaluations measure mastery of specialized skills through standardized practical drills and written testing.

Community Integration Through Joint Simulation Drills

Four comprehensive **responder-family simulation exercises** will test real-world application of training concepts while building trust between emergency personnel and special needs families. Each drill recreates authentic disaster scenarios—wildfire evacuations with ventilator-dependent children, tornado shelter management for autistic youth, and flood rescues involving nonverbal individuals with mobility limitations.

Post-drill satisfaction surveys from participating families must achieve **85% positive ratings** across key metrics: responder sensitivity to special needs, effectiveness of communication adaptations, and family confidence in emergency response capabilities. Responder participants complete parallel evaluations measuring their confidence levels and perceived competency improvements following direct family interaction.

Specialized Competency in Sensory-Sensitive Response

Every trained responder will demonstrate **verified competency in nonverbal communication techniques** through the program's sensory-sensitive response module. This objective addresses the critical gap in serving autistic children and individuals with communication disabilities during high-stress emergency situations.

Live evaluation during simulation drills provides the primary measurement mechanism, using standardized checklists completed by program instructors and community observers. Competency verification requires demonstrated ability to use visual communication boards, implement calming techniques for sensory overload, and coordinate with caregivers during behavioral crisis management.

Infrastructure Partnership Development

The program targets **partnership certification with 5 emergency shelter zones**, establishing formal agreements that guarantee accessibility readiness for power-dependent medical equipment and sensory accommodations. This objective creates lasting infrastructure improvements beyond individual responder training.

Partnership certification criteria follow established ADA compliance standards while expanding requirements for medical equipment support, backup power systems, and quiet space provisions for neurodivergent individuals. Each certified shelter must pass third-party accessibility audits and demonstrate operational readiness through joint drills with special needs families.

Goal	Target Metric	Measurement Method	Timeline
Responder Training	500 certified personnel with 90% pass rate	Pre/post assessments and practical evaluations	Months 1-10
Community Drills	4 simulations with 85% family satisfaction	Post-drill surveys from families and responders	Months 4, 6, 8, 11
Communication Competency	100% completion of sensory-response module	Live evaluation with standardized checklists	Ongoing throughout training
Shelter Partnerships	5 certified accessible emergency zones	Third-party audits and operational readiness drills	Months 6-12

Progress Monitoring and Continuous Improvement

The **12-month implementation cycle incorporates halfway performance reviews** at the 6-month mark, allowing for program adjustments based on preliminary outcomes and participant feedback. Monthly progress reports track enrollment numbers, completion rates, and preliminary skill assessment scores across all three pilot regions.

End-of-year outcome reporting provides comprehensive evaluation of program effectiveness through comparison of baseline and final competency measurements, analysis of drill performance data, and documentation of infrastructure improvements achieved through shelter partnerships. This evaluation framework supports both accountability to funders and evidence development for program replication in additional communities.

Review panels comprising community disability advocates, emergency management professionals, and family representatives will conduct quarterly assessments of program delivery quality, ensuring that training content remains responsive to real-world family needs while maintaining professional emergency response standards.

4.2 Curriculum Overview and Training Methodology

Our training methodology is built on a **hybrid learning model** that combines flexible online instruction with immersive, hands-on practice. This approach ensures first responders can acquire foundational knowledge at their own pace before applying specialized skills in realistic, high-stakes environments. The curriculum is delivered by a multidisciplinary team from Rescue 7 Firefighters for Patients Inc. and expert partners, including a rare disease clinician, a trauma therapist, and a mobility adaptation engineer, ensuring a comprehensive and technically proficient learning experience.

A Hybrid Learning and Practice-Oriented Approach

Participants begin with a **flexible, self-paced online curriculum** featuring video case studies and interactive modules. This foundational phase is followed by two mandatory in-person **simulation days** within a 12-month period. These labs are the cornerstone of the program, allowing responders to practice with the actual medical equipment families use daily, such as ventilators and feeding pumps.

To bridge the gap between training and real-world application, each responder is equipped with a **"Go-Kit"**. These kits include practical tools for immediate use in the field:

- Laminated visual communication aids for nonverbal individuals.
- Sensory calming tools to de-escalate stress in neurodivergent children.
- Quick-reference guides for rare disease protocols and equipment management.

Directly Addressing Real-World Crises

Each training module is designed to tackle the specific failures documented in disaster response, informed directly by the lived realities of special needs families.

Module	Core Challenge Addressed	Training Activities & Outcomes
Sensory-Sensitive Response	Communication breakdowns and shelter denials due to sensory overload.	Role-playing scenarios to de-escalate crises and advocate for quiet spaces in shelters. Prevents traumatic exclusions like the one faced by *Miguel's family*.

Module	Core Challenge Addressed	Training Activities & Outcomes
Emergency Technology Protocols	Equipment failure, power loss, and separation from life-sustaining devices.	Hands-on labs with power wheelchairs, ventilator and feeding pump simulators to master backup power and secure transport protocols. Ensures equipment and medication stay with the child.
Mobility & Evacuation Adaptations	Trauma during rescue and lack of agency for nonverbal individuals.	Practice with adaptive transport techniques and the use of visual communication boards to empower individuals and reduce trauma during evacuations.

A unique and critical component of our methodology is the **"Family as Faculty"** model. In each module, parents and caregivers share their direct experiences, providing invaluable context and ensuring responders learn from the families they are being trained to serve. This transforms abstract protocols into human-centered, practical solutions.

Evaluation and Continuous Improvement

To guarantee effectiveness and maintain curriculum relevance, we employ a multi-layered evaluation framework:

- **Practical Skill Assessment**: Participant learning is measured through **post-simulation debriefs** and practical tests using standardized checklists, ensuring mastery of critical skills.
- **360-Degree Feedback**: After each community drill, **anonymous feedback surveys** are collected from both first responders and participating families. This dual perspective provides crucial insights for refining content and delivery.
- **Expert Review**: A **quarterly review panel**, composed of family advocates, clinical specialists, and emergency management professionals, assesses all feedback and recommends curriculum updates to address emerging needs and best practices.
- **Peer Mentorship**: An integrated **peer-review system** allows experienced responders to mentor new trainees, reinforcing learning and providing continuous performance feedback within their own departments.

This dynamic methodology ensures the training program not only imparts knowledge but also cultivates the empathy, confidence, and practical skills necessary to transform emergency response for our most vulnerable communities.

4.3 Target Audience and Pilot Community Selection

This pilot program is strategically designed to test and refine our training curriculum across a diverse range of environments, ensuring the final model is both robust and highly replicable. Our selection process prioritized communities that represent a unique combination of high vulnerability to specific natural disasters and high potential for successful implementation, driven by existing institutional buy-in and strong local advocacy.

Targeted First Responder Groups

Our primary training audience is the **frontline multi-agency teams** who are first on the scene during a crisis. The program will intentionally recruit a mix of professionals from:

- **Fire Departments**
- **Emergency Medical Services (EMS) Personnel**
- **Local Police Departments**

This integrated approach is critical. Complex special needs rescues often require seamless coordination between agencies—fire crews for physical extraction, EMS for medical stabilization, and police for scene management and family communication. Training them together breaks down inter-departmental silos and fosters the collaborative response essential for protecting vulnerable families.

Selected Pilot Communities and Strategic Rationale

We have selected five pilot communities across three distinct regions to validate our curriculum against varied disaster types, population densities, and logistical challenges. All selected communities have formally requested this training through their emergency management offices and have active disability advocacy groups ready to partner, demonstrating both institutional commitment and community readiness.

Pilot Region	Community Type	Primary Hazard	Strategic Rationale
New York City, NY	Dense Urban Center	Systemic Failures (e.g., power grid, high-rise evacuation)	Test scalability in a complex metropolitan area with unique logistical challenges like high-rise evacuations and vertical shelter-in-place protocols.
Midwest Town, USA	Suburban/Rural	Tornadoes, Severe Storms	Develop and test protocols for rapid-onset disasters where warning times are minimal and emergency alert systems are a primary point of failure for sensory-sensitive individuals.

Pilot Region	Community Type	Primary Hazard	Strategic Rationale
Sonoma County, CA	Wildfire-Prone	Wildfires, Power Shutoffs	Partner with a community that has a documented history of catastrophic wildfires (e.g., 2017 Tubbs Fire) and strong, vocal parent advocacy groups to refine protocols with engaged community experts.
Ventura County, CA	Wildfire-Prone	Wildfires, Mudslides	Address challenges in an area where fast-moving fires (e.g., 2017 Thomas Fire, 2025 Canyon Fire) and complex terrain demand rapid, adaptive evacuation strategies.

Pilot Region	Community Type	Primary Hazard	Strategic Rationale
San Diego County, CA	Wildfire-Prone	Wildfires, Santa Ana Winds	Implement training in a region with a history of massive evacuations (e.g., 2007 Witch Creek Fire) and a significant special needs population (over 10% of residents) facing recurring threats.

This diverse mix of pilot sites—from the vertical density of New York City to the wildfire-scarred landscapes of California—allows us to develop a **standardized core curriculum with adaptable modules** tailored to specific regional hazards. Success in these varied environments will create a powerful, evidence-based case for national replication. By demonstrating effectiveness across urban, suburban, and disaster-specific contexts, we will build a training model that is not only proven but universally applicable.

5. Impact Measurement and Learning

To ensure this program delivers a measurable, transformative impact and generates actionable evidence for scaling, we have designed a robust evaluation framework. This framework moves beyond simple activity tracking to rigorously assess skill acquisition, behavioral change, and systemic improvements. An independent third-party evaluator will oversee the process, with findings reviewed quarterly by a panel of family advocates, emergency management professionals, and our project leadership.

Our evaluation strategy is grounded in a clear logic chain that connects your investment directly to our long-term vision of inclusive emergency response.

Stage	Description	Key Performance Indicators (KPIs) & Data Sources
Inputs	Resources dedicated to the program.	• **$500,000** financial investment• **Expert personnel** & **Strategic partnerships**
Activities	Core actions we will undertake.	• Develop **3 curriculum modules**• Deliver **hybrid training**• Execute **4 community drills**
Outputs	Direct, quantifiable products.	• **500 first responders trained** • **500 "Go-Kits"** distributed• **5 emergency shelters certified**
Outcomes	Changes in knowledge, skills, and behavior.	• **+40% skill increase** (pre/post assessments) • **85% family satisfaction** (post-drill surveys) • **90% responder confidence** (post-training surveys)

Stage	Description	Key Performance Indicators (KPIs) & Data Sources
Impact	Long-term, systemic change.	• **Reduced medical complications** during disasters • **State-level policy adoption** of training mandates • **A replicable national model** for preparedness

Our measurement approach combines quantitative rigor with deep qualitative insight to create a holistic picture of the program's effectiveness and drive continuous improvement.

- **Pre- and Post-Training Assessments:** We will measure a **40% average increase in skill competency** using baseline and final assessments. These evaluations combine written tests with practical, scenario-based evaluations scored against a standardized rubric.

- **Anonymous Family Satisfaction Surveys:** After each community drill, we will collect direct feedback from participating families to evaluate responder competence, empathy, and communication. Our target is an **85% positive satisfaction rating**, ensuring our training meets the real-world needs of the community.

- **Qualitative Interviews and Focus Groups:** We will conduct in-depth interviews with responders and families to capture powerful testimonials, assess long-term skill retention, and gather narrative evidence of behavioral change for our advocacy efforts.

This structured feedback loop allows for adaptive curriculum adjustments in near-real-time, ensuring the training remains responsive and effective. The findings will provide the concrete, evidence-based foundation for our policy advocacy and national replication strategy.

6. Organizational Capacity and Partnerships

6.1 About Rescue 7 Firefighters for Patients Inc.: Our Mission and Expertise

Rescue 7 Firefighters for Patients Inc. was founded not from a strategic plan, but from a direct plea for help. Our organization was born when a patient advocacy group, representing over 350 families with medically complex children, expressed a profound sense of abandonment by existing support systems during crises. Our mission is built on a single promise: to provide direct, hands-on support, resource navigation, and specialized emergency response for these families, ensuring no child is left behind when disaster strikes.

Our name, "Rescue 7," is a tribute to our origins and our unwavering commitment. It commemorates a child diagnosed with an ultra-rare disease affecting only seven patients worldwide. As her community grew from seven individuals to a global network of over 700, the number seven became a powerful symbol of hope, growth, and the profound impact of dedicated support. It is the reason we will never give up our mission to scale this program and grow as a global community of first responders with expert training in the rescue of people living with special needs during emergencies. In 2025 alone, our specialized teams successfully evacuated 15 special needs families from the catastrophic California wildfires and Central Texas floods.

Our operational philosophy is "Lived Experience Integration." This core principle fundamentally differentiates our approach from traditional emergency services. We do not create protocols in a vacuum; every procedure we develop is co-designed, tested, and validated by the very families we serve. This is possible because our team is unique:

- **Founder:** A certified Search and Rescue Incident Commander and active firefighter, and father of a child with complex and rare special needs.
- **Board of Directors:** Includes a pediatric neurologist and a disability rights advocate, embedding both medical and policy expertise into our governance.

- **Response Teams:** Composed of active and retired members from fire departments, police departments, and the military, all of whom are also caregivers for children with rare diseases.

This structure creates an immediate, intuitive understanding of on-the-ground realities. When a parent says, *"My child's seizure is triggered by sirens,"* a conventional team might log it as a secondary concern. Our team immediately adapts the evacuation plan because they have lived that reality. The bond of shared experience builds trust instantly. A parent is far more likely to entrust their medically fragile child to a responder who can say, *"I understand. I was trained by the parent of a child who has a feeding tube, too."* This is not just a theoretical advantage; it is a practical, life-saving difference that transforms rescue outcomes.

6.2 Key Personnel and Strategic Partners

Our program's strength is built on a foundation of dual expertise: every key team member is both a credentialed emergency professional and a parent of a child with special needs. This unique composition is amplified by strategic partnerships with state-level fire authorities and a leading academic institution, creating a powerful synergy of lived experience, policy implementation power, and scholarly validation.

Key Personnel: A Blend of Professional Expertise and Lived Experience

Our implementation team brings over a century of combined experience in emergency response, uniquely informed by their personal roles as caregivers for children with complex medical needs. This dual perspective ensures our training is technically sound, operationally relevant, and deeply empathetic.

Name	Role	Credentials & Experience
Luke Rosen	**Founder & Project Lead**	Certified FEMA Urban Search and Rescue Incident Commander; New York State Firefighter; Co-founder of KIF1A.ORG; Rare Disease Community Leader
Raena Vrtochnick	**Law Enforcement & De-escalation Lead**	Detective, Milwaukee Police Department (Violent Crimes); Crisis Intervention Team (CIT) certified for de-escalating mental health crises.
Frank Vrtochnick	**Operations & Logistics Lead**	Retired U.S. Army Ranger; Milwaukee Police Department; Expert in tactical field operations.
Marta Huchinson	**EMS & Medical Protocol Lead**	Active Chicago Paramedic; Nationally Registered Paramedic (NRP) with a specialization in pediatric emergency care; Community advocate.
Effie Parks	**Family Advocacy & Curriculum Advisor**	Award-winning host of the "Once Upon a Gene" podcast; Renowned patient advocate in the rare disease community.
Mark Rosen	**Advisor**	Attorney and seasoned patient advocate.

This team's credibility is immediate and authentic. When our instructors share their personal stories, they build an unbreakable bond of trust with both first responders and the families they serve. This is the core of our **"Family as Faculty"** model—transforming personal experience into professional, life-saving curriculum.

Strategic Partnerships: A Force Multiplier for Scalability and Impact

We have secured partnerships with key government and academic institutions that provide knowledge, authority, and intellectual rigor necessary to move our program from a pilot to a statewide standard.

- **New York State Office of Fire Prevention and Control (OFPC) & CAL FIRE**: These state-level authorities are our primary implementation partners. They will integrate our training into official fire service curricula in New York and California, respectively. Their involvement provides immediate access to a vast network of fire departments and ensures our program aligns with state emergency response protocols.
- **Fifteen U.S. Fire Academies**: Urban and rural fire academies including New York, Chicago, and San Fransisco, will provide access to state-of-the-art training facilities for our hands-on simulation labs. This partnership significantly reduces overhead costs and allows us to conduct realistic drills in diverse operational environments.
- **UCLA Center for Disability Studies**: As a leading academic institution in the field, the UCLA Center will review our curriculum on neurodiversity and help design metrics to measure the program's impact on reducing ableism in emergency response. Their involvement provides scholarly validation and ensures our training is grounded in the latest research on disability justice and inclusion.

The synergy between our personnel's lived experience and our partners' state-level implementation power is what makes this project uniquely positioned for success. We are not just creating another training module; we are embedding a new, inclusive standard of care directly into the official channels that shape how emergency responders operate. This combined advantage ensures our training is not just theoretical but immediately scalable and sustainable.

7. Funding Request and Sustainability

To pilot The Inclusive First Responder Training Program across five high-risk communities and achieve our targeted objectives, Rescue 7 Firefighters for Patients Inc. respectfully requests a total of **$500,000**. This investment will fully fund a 12-month cycle of curriculum development, intensive training for 500 responders, community integration drills, and robust program evaluation.

The requested funding is a strategic investment in a replicable, life-saving model. At a cost of just **$1,000 per responder**, this program equips frontline personnel with the specialized tools, skills, and confidence to protect our nation's most vulnerable citizens during crises. This intervention not only builds a more resilient and inclusive emergency response system but also directly prevents costly long-term outcomes for families, such as hospitalization, trauma therapy, and extended care, which can exceed $75,000 for a single incident.

Detailed Budget Breakdown

The total request of $500,000 is allocated to maximize direct program impact while ensuring sustainable and effective management.

Category	Amount	Percentage	Description of Costs
Personnel	$210,000	42%	Salaries for the Project Lead, two full-time Training Coordinators, and part-time administrative support to manage logistics and implementation across five pilot sites.

Category	Amount	Percentage	Description of Costs
Curriculum & Program Costs	$140,000	28%	Covers professional curriculum design, printing of all training materials, and production of 500 "Go-Kits" with specialized tools for responders. Includes procurement of simulation equipment (e.g., ventilator simulators, adaptive devices).
Travel & Logistics	$75,000	15%	Funds all travel, accommodation, and logistical support for instructors conducting training at the five pilot sites. Covers costs for organizing and executing four large-scale community simulation drills, including site rental and materials.

Category	Amount	Percentage	Description of Costs
Evaluation & Technology	$50,000	10%	Development and maintenance of the online learning platform, data analysis tools for pre- and post-assessments, and engagement of primary stakeholders for third-party impact measurement and program validation.
Administrative Overhead	$25,000	5%	General operating support to cover essential organizational functions, ensuring effective and compliant program execution. This rate is well below the 25-35% industry standard, maximizing the direct impact of every dollar.
Total Request	**$500,000**	**100%**	

A comprehensive, line-item budget—including individual salaries, itemized 'Go-Kit' costs, simulation equipment pricing, and site-specific travel estimates—is available for review upon request.

Sustainability and Revenue Plan

This initial investment is designed to catalyze a self-sustaining program. Our financial model transitions from grant dependency to a diversified revenue stream, ensuring long-term viability and scalability, perfectly aligning with a mission to fund scalable, sustainable solutions.

Year	Strategy	Key Revenue Streams	Projected Grant Dependence
Year 1 (Pilot)	Secure pilot funding; build curriculum & prove model.	100% Grant Funded	High (100%)
Years 2-3	Launch "Train-the-Trainer" certification; secure state contracts.	Fee-for-service certifications; Municipal & state agency contracts.	Decreasing (to ~40%)
Years 4-5	Scale national adoption; integrate into federal grant reqs.	Enterprise licenses for large agencies; Federal contract revenue.	Low (to <15%)

The core of our sustainability plan is a **"Train-the-Trainer" fee-for-service model**. After the pilot year, we will certify lead instructors within departments for a one-time fee, empowering them to train their own personnel. This creates an exponential growth model and generates earned revenue, which will be reinvested to update the curriculum and expand our reach into underserved communities.

Risk Mitigation

We have identified potential risks to program success and have proactive mitigation strategies in place to ensure we meet our objectives.

Potential Risk	Likelihood	Impact	Mitigation Strategy
Staff Turnover	Medium	Medium	Our **"Train-the-Trainer" model** decentralizes expertise, reducing reliance on any single instructor. All curriculum and training materials are housed on a central digital platform, ensuring continuity. Cross-training is standard practice for all key personnel.

Potential Risk	Likelihood	Impact	Mitigation Strategy
Equipment & Supply Chain Delays	Low	Medium	We have pre-identified **multiple vendors** for all critical simulation equipment and "Go-Kit" components. We will place bulk orders at the start of the grant cycle to hedge against delays and price fluctuations.
Low Community Uptake	Low	High	We have secured **formal letters of commitment** from all five pilot communities, demonstrating institutional buy-in. Our **"Family as Faculty"** model and strong partnerships with local disability advocacy groups ensure deep community engagement from day one.

7.1 Detailed Funding Request

To pilot The Inclusive First Responder Training Program across five high-risk communities and achieve our targeted objectives, Rescue 7 Firefighters for Patients Inc. respectfully requests a total of **$500,000** from an organization and/or individual to fund this pilot. This investment will fully fund a 12-month cycle of curriculum development, intensive training for 500 responders, community integration drills, and robust program evaluation.

The requested funding is a strategic investment in a replicable, life-saving model. At a cost of just **$1,000 per responder**, this program equips frontline personnel with the specialized tools, skills, and confidence to protect our nation's most vulnerable citizens during crises. This intervention not only builds a more resilient and inclusive emergency response system but also directly prevents costly long-term outcomes for families, such as hospitalization, trauma therapy, and extended care, which can exceed $75,000 for a single incident.

The budget is allocated across four primary categories, with a modest 5% administrative overhead to ensure sustainable and effective program management. Every dollar is directed toward creating a tangible, measurable impact on the safety and well-being of the 11.2 million children in the U.S. with special healthcare needs. A comprehensive, line-item budget—including individual salaries, itemized 'Go-Kit' costs, simulation equipment pricing, and site-specific travel estimates—is available for review upon request.

Detailed Budget Breakdown

The total request of $500,000 is allocated as follows:

Category	Amount	Percentage	Description of Costs
Personnel	$210,000	42%	Salaries for the Project Lead, two full-time Training Coordinators, and part-time administrative support to manage logistics and implementation across five pilot sites.
Curriculum & Program Costs	$140,000	28%	Covers professional curriculum design, printing of all training materials, and production of 500 "Go-Kits" with specialized tools for responders. Includes procurement of simulation equipment (e.g., ventilator simulators, adaptive devices).

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Category	Amount	Percentage	Description of Costs
Administrative Overhead	$25,000	5%	General operating support to cover essential organizational functions, ensuring effective and compliant program execution. This rate is well below the 25-35% industry standard, maximizing the direct impact of every dollar.
Total Request	**$500,000**	**100%**	

This investment will build a critical foundation, proving the efficacy of a model designed for nationwide replication and ultimately reducing systemic costs while ensuring that every child, regardless of ability, receives the protection they deserve.

7.2 Intended Use of Funds

The requested **$500,000** will be strategically deployed to build tangible, life-saving capabilities and create a self-sustaining ecosystem of preparedness. Every dollar is allocated to directly address documented failures in emergency response, moving from temporary fixes to lasting systemic change. This funding will transform how first responders protect and interact with special needs communities during crises.

Direct Investment in Frontline Readiness and Tangible Assets

A significant portion of the funds is dedicated to equipping responders with the physical and digital tools necessary for immediate, effective action in the field. This allocation translates directly into enhanced field capability:

- **Responder "Go-Kits":** We will develop and distribute **500 physical "Go-Kits"** to every certified responder. Each kit contains practical, field-tested tools including laminated visual communication boards for nonverbal individuals, sensory-calming aids to de-escalate stress, and quick-reference guides for rare disease protocols. This ensures that training is not just theoretical but immediately applicable.
- **Specialized Simulation Equipment:** To provide authentic, hands-on training, funds will procure essential **medical simulation equipment**, such as durable ventilator and feeding pump simulators. This allows responders to master technical skills in a controlled lab environment, building the confidence and competence needed to manage life-sustaining equipment during a high-stress evacuation.
- **Professional Online Learning Platform:** We will invest in a **professional online learning platform** featuring high-quality video modules, interactive case studies, and a permanent resource library. This creates a lasting asset that allows for scalable, on-demand training and continuous professional development for thousands of responders beyond the initial pilot.

Building Community Trust and Sustainable Capacity

Beyond individual training, the funding will build a collaborative infrastructure that integrates families into the emergency preparedness framework, fostering trust and ensuring the program's long-term impact.

- **Community Integration Drills:** Funds will be used to execute **large-scale simulation drills** in each pilot community. These exercises bring responders and families together to practice evacuation scenarios in a realistic, collaborative setting. This process is critical for solidifying skills, building mutual trust, and identifying gaps before a real disaster strikes.
- **"Train-the-Trainer" Certification:** We will establish a **"Train-the-Trainer" certification** for 20 lead instructors from participating departments. This investment creates a sustainable, cost-effective model where certified leaders can independently train their own personnel, ensuring the program's methodology is embedded within departmental culture and scales exponentially over time.
- **Family Preparedness Toolkits:** A portion of the funds will develop and distribute a **"Family Preparedness Toolkit,"** offering customizable evacuation checklists and communication templates. This empowers families to become active partners in their own safety, strengthening community-wide resilience.

Demonstrating Impact Through Robust Evaluation

To create a proven, replicable model ready for national scaling, funds will be allocated to **robust evaluation and evidence-building**. We will engage a third-party evaluator to analyze pre- and post-assessment data, measure skill retention, and validate the program's impact through family satisfaction surveys and performance metrics from community drills. This investment in data ensures our model is evidence-based, providing the concrete proof needed to advocate for policy change and secure future support. This strategic use of funds guarantees a significant return on investment, preventing costly outcomes like emergency hospitalizations and long-term trauma care—which can exceed **$75,000 per incident**—while building a more inclusive and resilient emergency response system for all.

7.3 Sustainability and Revenue Plan

Our operational model is engineered for long-term impact and financial independence, ensuring that this initial investment serves as a catalyst for a self-sustaining national program. The strategy transitions from grant dependency to a diversified revenue model grounded in a fee-for-service structure and state-level partnerships. This approach purposefully aligns with investor-focusud priorities of scalable, sustainable solutions that achieve lasting systemic change.

Transitioning to a Fee-for-Service "Train-the-Trainer" Model

The core of our sustainability plan is the certified **"Train-the-Trainer" program**. After the initial grant-funded pilot, we will shift from direct training to certifying lead instructors within fire departments, EMS agencies, and police departments. This empowers local agencies to deliver our curriculum internally, creating an exponential growth model that is both cost-effective and financially viable.

Municipalities will be charged a one-time certification fee for their lead instructors, granting them a license to train unlimited personnel. This fee-for-service model provides a predictable, recurring revenue stream that will be reinvested into curriculum updates, digital platform maintenance, and expansion into underserved rural communities.

Securing State and Municipal Contracts

The evidence and partnerships generated during the pilot phase will be leveraged to secure multi-year contracts with state and municipal governments. By demonstrating a clear return on investment—showing that our training prevents costly outcomes like emergency hospitalizations—we will make a compelling case for public funding. Our partnership with the New York State Office of Fire Prevention and Control (OFPC) and CAL FIRE provides a direct pathway to integrating our curriculum into official state training budgets.

Multi-Year Revenue Forecast

The following forecast illustrates our planned transition away from grant reliance, projecting significant growth in earned revenue from Year 2 onward.

Revenue Source	Year 2 Projection	Year 3 Projection	Years 4-5 Projection
"Train-the-Trainer" Fees	$150,000	$250,000	$400,000+ annually
State/Municipal Contracts	$100,000	$200,000	$350,000+ annually
Philanthropic Grants	$250,000	$100,000	< $50,000 (Targeted for new initiatives)
Total Projected Revenue	**$500,000**	**$550,000**	**$800,000+ annually**

This forecast demonstrates our commitment to building a resilient organization. By Year 3, earned revenue is projected to cover over 80% of our core operational costs. Philanthropic support will then be strategically sought for new program development and expansion rather than for sustaining existing operations. This initial $500,000 investment is therefore not a perpetual subsidy but a one-time catalyst designed to unlock a sustainable, market-driven solution for a critical public safety gap.

7.4 Risk Mitigation

We have proactively identified potential challenges to the successful implementation of this pilot program and have developed robust mitigation strategies to ensure its continuity and impact. Our approach is grounded in foresight and adaptability, turning potential risks into opportunities for strengthening our model.

Identified Risk	Potential Impact	Mitigation Strategy
Key Personnel Turnover	Loss of institutional knowledge and disruption to training schedules, given the specialized expertise of our team.	**Implement a "Train-the-Trainer" Model:** From the outset, we will certify lead instructors within partner fire departments. This creates redundancy and embeds expertise locally, ensuring program continuity beyond any single individual. **Standardize Curriculum:** All training materials and protocols will be documented in our "Program-in-a-Box" digital toolkit, making knowledge transfer seamless for new personnel.

Identified Risk	Potential Impact	Mitigation Strategy
Low Community Uptake or Trust	Insufficient participation from either first responders or special needs families, undermining the effectiveness of joint simulation drills.	**Leverage Established Partnerships:** We will co-host enrollment drives with our partner advocacy groups (e.g., KIF1A.ORG) and fire academies, utilizing their existing networks and credibility to drive participation. **"Family as Faculty" Model:** By positioning parents and caregivers as expert trainers, we immediately build trust and demonstrate that the program is designed *with* the community, not just *for* them. This authentic collaboration is our most powerful recruitment tool.

Identified Risk	Potential Impact	Mitigation Strategy
Equipment & Logistical Delays	Delays in procuring specialized simulation equipment (e.g., ventilator simulators) or scheduling conflicts at partner training facilities could disrupt the implementation timeline.	**Pre-Secured Agreements & Vendor Diversification:** We have secured preliminary agreements with fifteen U.S. fire academies, guaranteeing access to training facilities. We have also identified multiple pre-vetted vendors for all critical equipment, allowing us to pivot quickly if a primary supplier faces delays. **Hybrid Curriculum Flexibility:** The modular design of our online curriculum allows for continued learning even if in-person simulation days need rescheduling, maintaining program momentum.

Our risk management plan is not a static document but a dynamic process. The project leadership team, in consultation with our quarterly review panel, will continuously monitor these and other potential risks, adapting our strategies to ensure we meet our objectives and deliver on our promise to the communities we serve. This structured approach safeguards your investment and maximizes the probability of long-term, scalable success.

8. Long-Term Vision: From Pilot to Policy

8.1 Scalability and Replication Strategy

Our long-term vision extends far beyond the initial five pilot communities. This program is designed not as a standalone project, but as a catalyst for systemic change. The successful pilot will serve as the foundation for a scalable, self-sustaining model engineered to reach every first responder in the nation. Our replication strategy is built on three pillars: developing a cost-effective "Train-the-Trainer" model, creating a comprehensive digital toolkit, and pursuing state-by-state adoption through strategic partnerships.

From Pilot to a Self-Sustaining "Train-the-Trainer" Model

The most critical element of our scalability plan is the creation of a certified **"Train-the-Trainer" program**. This approach empowers fire departments and emergency management agencies to deliver our curriculum internally, creating an exponential growth model that is both cost-effective and sustainable. Following the successful pilot, we will transition from direct training to certifying lead instructors within departments.

This model shifts the financial burden from grant dependency to a sustainable **fee-for-service structure**. Municipalities will be charged a flat rate for "Train-the-Trainer" certification, allowing them to train unlimited personnel in-house. This earned revenue will be reinvested to support curriculum updates, expand into underserved regions, and maintain our central support infrastructure, ensuring long-term financial viability.

A "Program-in-a-Box" for Consistent Replication

To ensure fidelity and ease of adoption, we will develop a **"Program-in-a-Box" digital toolkit**. This comprehensive package will provide partner organizations with everything they need to implement the training consistently and effectively.

The toolkit will include:

- **A "Train-the-Trainer" Certification Curriculum:** A formal, standardized course that equips local leaders to become certified instructors.
- **Digital Instructor Resources:** A full suite of instructor guides, presentation slides, video modules, and evaluation forms.
- **Standardized "Go-Kit" Procurement Guide:** A detailed guide and vendor list to simplify the assembly of physical toolkits for responders.
- **An Online Resource Portal:** A dedicated online platform for certified trainers, featuring a library of best practices, curriculum updates, and a community forum to share insights and foster a network of expert instructors.

State-by-State Adoption and National Integration

Our strategy prioritizes embedding this training into official certification requirements, moving from a "recommended" practice to a mandated standard of care.

Timeline	Key Milestones & KPIs
Year 1	Finalize the "Program-in-a-Box" toolkit based on pilot data. Certify the first cohort of "Train-the-Trainer" instructors. Secure official curriculum adoption in our three pilot states (CA, NY).
Years 1-2	Secure **5 state-level government training contracts**. Launch the online portal to support the growing network of certified trainers. Begin measuring the total number of responders trained annually via our scalable model.

Timeline	Key Milestones & KPIs
Year 2	Present our pilot data at national conferences, including the **National Fire Academy**, and formally submit the curriculum for review and potential integration into **FEMA**'s recommended training catalog.
Year 3	Achieve legislative mandates in at least **two states** requiring our training for new responder certification, creating a state-funded, sustainable model.

By partnering with national organizations like FEMA and the National Fire Academy, we will advocate for our curriculum to be integrated into federal training requirements tied to grants. This tiered approach—starting with local champions, expanding through state-level mandates, and culminating in national integration—ensures that our training becomes a permanent, indispensable component of emergency preparedness across the United States.

8.2 Advocacy and Systemic Change Objectives

This program is designed not only to train first responders but to serve as a powerful engine for policy transformation. Our ultimate goal is to fundamentally restructure emergency management systems to ensure the safety and inclusion of all individuals, regardless of ability. Through our **"Ready for All"** campaign, we will leverage the evidence and partnerships generated by this pilot to achieve lasting systemic change at the state and federal levels.

Our advocacy efforts are built on a strategic, multi-year timeline designed to translate pilot-program success into mandated policy.

Year	Primary Advocacy Focus & Key Actions
Year 1	**State-Level Mandates:** Introduce legislation in California and New York to make our specialized training a mandatory component of state first responder certification. We will publish a formal white paper in partnership with the UCLA Center for Disability Studies, presenting pilot data to legislative committees and building a coalition of local advocacy groups.
Year 2	**National Influence & Coalition Building:** Present our evidence-based model and findings at the National Emergency Management Association (NEMA) conference to influence federal best practices. Simultaneously, we will launch a national media campaign featuring powerful testimonials from families and trained responders to build public pressure for broader reforms.
Year 3	**Federal Policy Integration:** Organize a "Capitol Hill Day" where our team, family advocates, and certified responders present directly to federal lawmakers and FEMA leadership. Our objective is to lobby for the inclusion of our standards in the eligibility criteria for federal emergency preparedness grants, making inclusive response a national priority.

The evidence generated from this pilot will be the cornerstone of our advocacy. We will move beyond anecdotes to provide policymakers with a compelling, data-driven case for reform.

- **Quantitative Data:** Our evaluation will produce hard data demonstrating reduced response times, fewer medical complications, and improved coordination during drills. This makes a clear cost-benefit argument, showing that proactive training prevents costly outcomes like hospitalization and long-term trauma care.
- **Qualitative Narratives:** We will collect powerful, professionally produced video testimonials from both families and first responders. These stories will humanize the data, creating the powerful narratives needed for our white paper, media campaigns, and legislative hearings.
- **"Best Practices" Model:** The pilot will culminate in a concrete, evidence-based "Best Practices" model. This provides FEMA and other agencies with a proven, replicable roadmap for adoption, removing ambiguity and accelerating implementation.

Our core objective is to establish a new, national standard of care that embeds disability and medical complexity into the fabric of emergency planning. We will advocate for specific, actionable policy changes:

1. **Mandate Specialized Training:** Require our training curriculum as a prerequisite for **state-level first responder certification**, starting with our pilot states of California and New York.
2. **Enforce Shelter Accessibility:** Push for new legislation requiring all public emergency shelters to be equipped with dedicated resources for **power-dependent medical equipment and sensory-safe zones**, ending the practice of turning families away.
3. **Tie Funding to Inclusion:** Lobby FEMA to **tie federal preparedness grants** to a jurisdiction’s demonstrated capacity to serve its special needs population, using our program’s metrics as a benchmark for compliance.
4. **Establish a New Standard of Care:** Advocate for the creation of a **"Disability and Complex Medical Needs Coordinator"** role within every municipal Emergency Operations Center (EOC) to ensure expert oversight during crises.

Through the **"Ready for All"** campaign, this pilot program will become a catalyst, transforming a critical gap in public safety into a new, inclusive standard of emergency response for the entire nation.

CONTACT:
LUKE ROSEN
PHONE: 212-896-2925
EMAIL: LUKE.ROSEN@RESCUE7.ORG

For further information about *Rescue 7 Firefighters for Patients* visit:
www.Rescue7.org

Registered 501(c)(3) Nonprofit Charity and IRS Tax Exemptiontion

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

RESCUE 7 FIREFIGHTERS FOR PATIENTS
228 PARK AVE SOUTH 244770
NEW YORK, NY 10003

Date:
09/20/2024
Employer ID number:
99-3476881
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
June 11, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053662003454

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

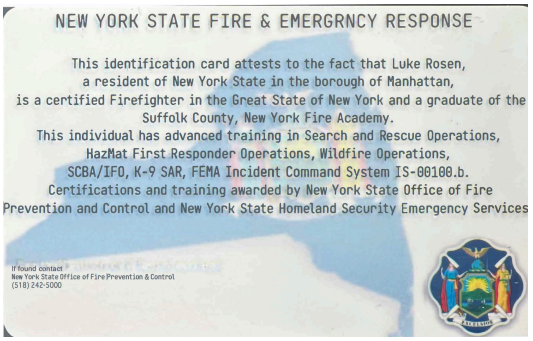
Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

Project Director Credentials

Luke Rosen



Luke Rosen
DHS / FEMA Emergency Management Institute
FEMA IS-00100.b
Incident Command System
ICS-100
Re-Certification
Current as of June 2022 Expiration/Re Cert. June 2027

New York State HazMat - FF1 Training and Testing Complete and Current

Rank and Region Level: Captain Suffolk County / NY State in Good Standing