



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3267

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Requested funds will support a unique collaboration with City of Fort Lauderdale Fire Rescue and Broward Health to offer integrated emergency response, interfacility transfers, and enhance public health. This includes backing the Whole Blood program and enabling swift opioid intervention through specialized teams, creating an efficient emergency medical system with Broward Health and Fort Lauderdale Fire Rescue.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

At the moment, Broward Health does not have a source of funding that can be used in lieu of state funding. If state funding is not provided, the applicant will continue to pursue funding from other sources, including donations and grant-making activities.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Broward Health received \$87,930,551 in provider relief and federal grant funding related to the COVID-19 pandemic. Provider relief helped Broward Health's safety net hospitals sustain essential operations and care for the community. Federal grant funds received, including Healthcare for the Homeless and Ryan White HIV/AIDS Program grants, were used to increase service delivery capacity directly related to the COVID-19 pandemic, ensuring the ability to prevent and mitigate COVID-19.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Four (4) Type II Ambulances	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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b. What activities and services will be provided to meet the intended purpose of these funds?

The funds will be utilized to acquire medical resources, train personnel, and implement programs like opioid intervention and the Whole Blood initiative. This collaborative effort with the City of Fort Lauderdale Fire Rescue and Broward Health aims to enhance emergency medical services, ensuring efficient response, and fostering community well-being.

c. What direct services will be provided to citizens by the appropriation project?

Provide enhanced emergency services, advanced medical equipment, personnel training, and targeted programs such as opioid intervention and the Whole Blood initiative. These initiatives aim to elevate community well-being through improved response times and specialized care during medical emergencies. The vehicles will be deployed during large-scale community events in Fort Lauderdale.

d. Who is the target population served by this project? How many individuals are expected to be served?

The general population of residents and visitors to the Greater Fort Lauderdale region.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Four ambulances will each serve a purpose. One will be staffed with Fort Lauderdale personnel for the purpose of Whole Blood deployment. Another will support interlocal patient transportation. A third will focus on opioid intervention. A fourth will be deployed at large-scale community events such as Tortuga and similar events.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Broward Health is open to discuss any and all penalties for failing to meet deliverables or performance measures provided for in the contract. Broward Health is prepared to make restitution of amount awarded, and/or to discuss additional/alternative penalties with the contracting agency as part of the contract negotiation process.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number