



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Emergency Medical Services Education Clearinghouse

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Establish the Florida Emergency Medical Services Education Clearinghouse to enhance and expand outreach of educational resources available to all EMS agencies and licensed professionals throughout Florida.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
564,000		564,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 564,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>100,000</b>	<b>100,000</b>

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Enhance and expand outreach of educational resources available to all EMS agencies and licensed professionals throughout Florida.

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

1.) Conversion of past educational programs to our on-line learning management system. This will leverage the state's previous investment and expand the outreach to a greater number of providers. 2.) Provide development and delivery of new programs in conjunction with state objectives. 3.) Provide live training to remote rural areas throughout Florida. 4.) Promote consistency of education and training for our Florida EMS providers.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Paramedic Project Coordinator/Trainer	69,850
<input checked="" type="checkbox"/> Other Salary and Benefits	Three additional FTEs - Clinical Educator and support staff	176,326
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Supplies, Marketing, Accreditation, and Vehicle Expense Equipment: Pull van to deliver live training to 276	140,294



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	agencies throughout FL. Pediatric Simulator	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Web development of Learning Management System, IT support, Audio/Visual, Instructor fees, Medical Director oversight and content review	177,530
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		564,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

The funding will be used to provide fully accredited, cutting edge continuing education designed to address the unique challenges faced by emergency medicine service (EMS) providers.

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

65,000 certified EMTs and Paramedics will have access to live and remote access training, and agencies will have a central hub for available resources.

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

Enhanced knowledge and skills help EMS providers save lives and reduce disabilities associated with illness and injury. Anonymous survey of participants post completion to determine perceived change in thoughts or actions, knowledge gained, and increased competency.

**g. 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 in the contract?**

Discontinued funding



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12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. Name: Beth Brunner
- b. Organization: The Florida Emergency Medicine Foundation
- c. Email: bbruner@femf.org
- d. Phone Number: (407)281-7396

14. Recipient Contact Information:

- a. Organization: The Florida Emergency Medicine Foundation
- b. County: Orange
- c. Organization Type:
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. Contact Name: Beth Brunner
- e. E-mail Address: bbruner@femf.org
- f. Phone Number: (407)281-7396

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: