



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1332

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The University of Miami Medical Training and Simulation Laboratory (MTSL) has been an important asset to the State of Florida through its development and dissemination of state-of-the-art life-saving training programs in pre-hospital response, emergency medicine, and surgery for medical, nursing, allied health care and 1st responders. The MTSL accomplishes this through the development and use of web-based and mobile multimedia learning systems and simulation technology. The specific goals of this project are to: 1) Create and disseminate advanced pre-hospital training programs for Florida's first responders; 2) Develop patient simulation training scenarios to improve the hands-on advanced life-saving skills that are learned and practiced without placing real patients at risk. These programs will focus on: 1) response to active shooter hostile events; 2) response to natural disasters (hurricanes, pandemics); 3) community paramedicine for public health and primary health care.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	12%
Matching Funds		
Federal	1,000,000	11%
State (excluding the amount of this request)	3,500,000	40%
Local	250,000	3%
Other	3,000,000	34%
Total Project Costs for Fiscal Year 2023-2024	8,750,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	3,500,000	500,000	55	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

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



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

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

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

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

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	- Direct and organize curricula and training programs - Oversee operations and course logistics - Prepare training equipment, classrooms & simulation settings - Provide training & evaluate learners' knowledge & skills	650,000
Expense/Equipment/Travel/Supplies/Other	- Patient simulation training systems - Medical procedural task trainers - Consumable supplies used to support training	250,000
Consultants/Contracted Services/Study	- Contracted services to support tele-training throughout Florida, including remote and rural geographic regions	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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The goals are to: 1) Create and disseminate advanced pre-hospital training programs for Florida's first responders; 2) Develop patient simulation training scenarios to improve the hands-on advanced life-saving skills that are learned and practiced without placing real patients at risk. These programs will focus on: 1) response to active shooter hostile events; 2) response to natural disasters (hurricanes, pandemics); 3) community paramedicine for public health and primary healthcare.

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

Advanced, life-saving, critical skills for first responders (law enforcement / fire rescue / EMS) to respond to active shooter hostile events and natural disasters (hurricane). Advanced public health and preventive health services skills for fire rescue / EMS to serve as community paramedic.

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

These training programs focus on advanced life saving skills and recommended best practices for the pre-hospital management of active shooter/assailant events, natural disasters (hurricanes) and public health and preventive health services for all populations.

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

All Florida residents who are at risk of active shooter/assailant hostile events, and natural disasters (hurricanes), or who required need for community paramedicine services.

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

Improvement of knowledge and skills in the response to active shooter/assailant hostile events, natural disasters (hurricanes) and pre-hospital community and public health care and services. These will be measured through surveys of 1st responders (law enforcement / EMS); Simulation scenarios, and examinations to assess knowledge and skills

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?

Subject to the penalties put forth by the Florida Department of Education Gen. Assurances, Terms & Conditions, for Participation in Federal & State Programs.

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)
- Local Entity



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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