



The Florida Senate

Local Funding Initiative Request – Fiscal Year 2017-2018

1. Project Title:

FIU-FAST (Florida Advanced Surgical Transport Team) - Equipment

2. Senate Sponsor:

Flores

3. Date of Request:

3/25/2017

4. Project/Program Description:

FIU-FAST is a rapid-response disaster medical team of medical professionals who supplement local pre-hospital and hospital care operations by providing disaster critical care and mobile intensive care state-wide. FIU-FAST is activated during a terrorist attack, natural disaster, or other major incident until additional local, state or federal resources can be mobilized and arrive at scene. The FIU-FAST team is also utilized to support local large-scale gathering events i.e. SuperBowl, World Series, Air & Sea Shows etc... The FIU-FAST team consists of doctors, nurse practitioners, physician assistants, nurses, paramedics, emergency medical technicians, pharmacists and other health and logistical personnel. FIU-FAST is part of the State of Florida's Department of Health (ESF-8) disaster medical response resources.

5. State Agency to receive requested funds:

Department of Health

State Agency Contacted?

No

6. Amount of the Non-Recurring Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
\$609,000	Click here to enter text.	\$609,000
7. Total Project Cost (if greater than Total Requested State Funds):

N/A

8. Type, amount and percent of matching funds available for this project:

Type	Amount	Percent
Federal:	N/A	N/A
State (Excluding the amount of this request):	N/A	N/A
Local:	N/A	N/A
Other:	N/A	N/A
9. Was the project previously funded by the State?

Fiscal Year(s)	Amount		Vetoed
	Recurring	Non-Recurring	
N/A	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
10. Is future-year funding likely to be requested? If yes, indicate non-recurring amount per year.

no



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11. Program Performance (if needed, include additional documentation):

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

The funds would be used to enhance FIU-FAST rapid-response medical disaster management capabilities.

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

New medical equipment, communications equipment, field supplies, and vehicles will enhance capacity and quality. A program director would handle day-to-day management and operations, including recruitment, training of the medical and support team, and overall logistical management of equipment, supplies, vehicles, and the warehouse.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Director	\$80,000
Other Salary and Benefits	Click here to enter text.	Click here to enter text.
Expense/Equipment/Travel/Supplies/Other	Click here to enter text.	Click here to enter text.
Consultants/Contracted Services/Study	Click here to enter text.	Click here to enter text.
Operational Costs:		
Salary and Benefits	Click here to enter text.	Click here to enter text.
Expense/Equipment/Travel/Supplies/Other	Medical equipment, communications equipment, field supplies, vehicles	\$529,000
Consultants/Contracted Services/Study	Click here to enter text.	Click here to enter text.
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Click here to enter text.	Click here to enter text.

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

Faster and higher quality disaster emergency medical services

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

Floridians who are the victim of a disaster. The FIU-FAST team can augment an existing facility or establish a temporary medical facility near a disaster site. The team can treat approximately 150 patients per day for a period of 7 days. The team responsibilities may include triaging patients, providing field trauma and medical care, emergency surgical intervention, and preparing victims for extended transport or evacuation.

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

FIU-FAST will be able to respond more quickly and effectively to a disaster. Response times and outcomes.

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?

N/A

12. 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.



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N/A

13. Requestor Contact information:

a. Name and Title:

Ruben D. Almaguer, Assistant Vice President Disaster Management & Emergency Operations

b. Organization:

Florida International University

c. E-mail Address:

Ruben.almaguer@fiu.edu

d. Phone Number:

305-348-4779

14. Recipient Contact Information:

a. Organization:

Florida International University

b. Municipality and County:

Miami-Dade

c. Organization type (check all that apply):

☐ For-profit Entity

☐ Non Profit 501(c) (3)

☐ Non Profit 501(c) (4)

☐ Local Entity

☒ University or College

☐ Other (please specify)

[Click here to enter text.](#)

d. Contact Name and Title:

Michelle Palacio

e. E-mail Address:

palaciom@fiu.edu

f. Phone Number:

305-348-3505

15. Lobbyist Contact Information:

a. Name:

Chris Cantens

b. Firm:

Florida International University

c. Email Address:

ccantens@fiu.edu

d. Phone Number:

305-348-3505

Please complete the questions below for Water Projects only.

16. Have you applied for alternative state funding?

☐ Waste Water Revolving Loan

☐ Drinking Water Revolving Loan

☐ Small Community Wastewater Treatment Grant

☐ Other (Please describe)

[Click here to enter text.](#)

☐ N/A

17. What is the population economic status?

☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)

☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)

☐ Rural Area of Economic Concern



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☐ Rural Area of Opportunity (s. 288-0656, Florida Statutes)

18. What is the status of construction?

[Click here to enter text.](#)

19. What percentage of the construction has been completed? What is the estimated completion date?

[Click here to enter text.](#)

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