



# The Florida Senate

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

1. **Title of Project:** FIU Disaster Medical Response Program

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**

In the event an emergency is beyond the capacity of the local government to manage, such as, a terrorist attack or natural disaster, the FIU-FAST can deploy its medical team of doctors, nurse practitioners, physician assistants, nurses, paramedics, emergency medical technicians, pharmacists and pharmacy technicians and other health and logistical personnel.

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
2,000,000		2,000,000

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):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?  
e. Complete the following Worksheet.

<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>			

**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?**

The funding would assist the Florida Department of Health's state of readiness during disasters.

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

The FIU-FAST has the capacity to set up its own temporary medical care facility near a disaster site with sufficient supplies and equipment to treat approximately 150 patients per day for a period of 7 days.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	FIU-FAST medical equipment, supplies, pharmaceutical, base camp, communications equipment as well as the transportation vehicle needed to respond	2,000,000



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<input type="checkbox"/> Consultants/Contracted Services/Study		
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		2,000,000

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

Alleviate local community post-disaster response capacity relating to lack of access to medical facilities by ensuring medical professionals and medical facilities remain available and operable following an emergency.

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

People affected by disasters

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

FIU-FAST Team mitigates suffering and harm by providing assistance and education to the general public. We will obtain clinical evidence on community outreach.

**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?**

None

**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:** Dr. Kenneth Furton
- b. **Organization:** Florida International University
- c. **Email:** furtonk@fiu.edu
- d. **Phone Number:** (305)348-2151

**14. Recipient Contact Information:**



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

**a. Organization:** Florida International University

**b. County:** Miami-Dade

**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:** Dr. Kenneth Furton

**e. E-mail Address:** furtonk@fiu.edu

**f. Phone Number:** (305)348-2151

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

**a. Name:** Christopher Cantens

**b. Firm:** Florida International University

**c. Email:** ccantens@fiu.edu

**d. Phone Number:** (305)348-3505