1. **Title of Project:** DeSoto County Rescue Equipment

2. **Senate Sponsor:** Ben Albritton

3. **Date of Submission:** 02/06/2019

4. **Project/Program Description:**

   Purchase of one rescue ambulance to assist a fiscally constrained county reset its critical emergency medical units. This ambulance will replace 2 other older ambulances that continually fail, often times while in transport.

5. **State Agency to receive requested funds:** Department of Economic Opportunity

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>250,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>250,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>250,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount Recurring</th>
<th>Amount NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>310,000</td>
<td>2360A</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |-----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits |             |        |
    | Other Salary and Benefits |             |        |
    | Expense/Equipment/Travel/Supplies/Other |             |        |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020
LFIR#: 1724

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Reliable first-out rescue unit to provide life-saving activities and transport in emergency medical situations

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

c. What are the direct services to be provided to citizens by the appropriations project?
   All citizens are provided emergency medical response including a number of stabilizing procedures by qualified medics with reliable treatment and transport equipment.

d. Who is the target population served by this project? How many individuals are expected to be served?
   All persons residing, visiting, or passing through DeSoto County or the City of Arcadia. The county is the sole provider of fire and EMS services in the county, with a total estimated population of 34,000 individuals.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   A new rescue will replace an older unit that has a high mechanical failure rate, requiring the transfer of patients, while en-route, to a back up unit. This purchase will position the county to reestablish an independent capital replacement program for emergency vehicles.

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 in the contract?
   Loss of funding

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.
   DeSoto County/County Department

13. Requestor Contact Information:

a. Name: Mandy Hines

b. Organization: DeSoto County Board of County Commissioners

Page 2 of 3
c. **E-mail Address:** m.hines@desotobocc.com  

d. **Phone Number:** (863)993-4800 Ext. 201

14. **Recipient Contact Information:**
   a. **Organization:** DeSoto County Board of County Commissioners  
   b. **County:** DeSoto  
   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:** Mandy Hines  
   e. **E-mail Address:** m.hines@desotobocc.com  
   f. **Phone Number:** (863)993-4800 Ext. 201

15. **Lobbyist Contact Information**
   a. **Name:** Laura Boehmer  
   b. **Firm Name:** Southern Strategy Group  
   c. **E-mail Address:** boehmer@sostrategy.com  
   d. **Phone Number:** (727)686-0924