



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2269

1. **Project Title** Miami Fire Rescue Life-Saving EKG/Defibrillator Monitor

2. **Senate Sponsor** Anitere Flores

3. **Date of Request** 12/12/2019

4. **Project/Program Description**

To outfit first responders with modern and technologically superior EKG monitoring/pacing/defibrillating machines to assist in life savings measures during all medical emergencies, but more specifically, in cardiac related events.

5. **State Agency to receive requested funds** Executive Office of the Governor

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,750,000
Fixed Capital Outlay	000
Total State Funds Requested	1,750,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1750000	88.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	250,000	12 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	2,000,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Purchase of 70 EKG/pacing/defibrillating machines to outfit all front-line emergency response units	1,750,000
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,750,000



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11. Program Performance

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

To outfit first responders with modern and technologically superior EKG monitoring/pacing/defibrillating machines to assist in life savings measures during all medical emergencies, but more specifically in cardiac related events.

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

Return of spontaneous circulation has a result of early cardiac intervention and treatment.

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

Improvement of overall patient health and daily living.

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

All residents of the City of Miami will benefit from this program if ever in need of emergency response within the city's limits.

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

Medical viability and normal daily life function

- 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?

Forfeit funds and subject to audit.



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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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.