



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2360

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

IOP is one of 12 national training programs and the only O&P school in the state of Florida; located in Tampa Bay central to multiple VHA medical facilities. Expand O&P graduate program from 12 students to 24. The National Commission on Orthotics and Prosthetics Education (NCOPE) commissioned a study showing in 2014 there were 6,675 licensed or certified orthotists and prosthetists in the United States. It also showed that by 2025, an "overall supply of credentialed O&P providers would need to increase by about 60% to meet the growing demand." Despite the demand for trained professionals, orthotics and prosthetics programs do not have the capacity to train sufficient numbers of clinicians. This year, only about 250 students will graduate with master's degrees in O&P. Current programs will not graduate the number of clinicians needed to provide the care for constituents and Wounded Warriors from current and future conflicts deserve.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="700,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>700,000</b>

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)	<input style="width: 80%;" type="text" value="700000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>700,000</b>	<b>100</b> %

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		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Director -chair	10,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Faculty -4 Lab Manager-1 Staff Assistant-1	550,000
Expense/Equipment/Travel/Supplies/Other	Lab Supplies and Components Equipment, maintenance and replacement	140,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>700,000</b>



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#### 11. Program Performance

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

Expand programs at International Institute of Orthotics and Prosthetics to meet the needs of the Orthotic and Prosthetic workforce. Create a sustainable program for the State of Florida to have access to O & P practitioners. Students to have access to O & P hands on education in Florida.

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

Educational Training for Orthotics and Prosthetics Practitioners

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

Access to education in Orthotics and Prosthetics and ultimately access to educated well trained O & P providers. Currently the only hands on training facility in Florida for O & P clinical practitioners.

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

United States: Students and Floridians; About 156,000 individuals lose a limb each year; More than 1.5 million people have had amputations and need ongoing care; More than 54 million people experience functional limitations due to impairment or health conditions; Arthritis is on the rise in America with the Centers for Disease Control and Prevention projecting that 67 million people will be afflicted by 2030. Orthoses may be used to stabilize joints, reduce pain and improve function; Although people are surviving strokes at a great rate, they are often left with physical disabilities requiring orthotic devices. The number of amputees returning from Iraq and Afghanistan is more than double that of other wars. At present, there are over 30,000 soldiers with significant injuries requiring O&P services. Given this circumstance, more practitioners will need education to address these diverse and complicated injuries. Rising obesity rates, as many as 29 million people affected by 2050.

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

Graduating Clinical O & P Practitioners in the state of Florida to serve the need of its population and constituents .

- 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?

decrease funding for following year



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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.**

No owners it is a non-profit organization

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.