



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2500

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To fund the medical students (both Allopathic and Osteopathic) evaluation program to assess such students for various types of impairment. This program was funded in the past year with a \$50,000 allocation. This request for \$50,000 is to fund this program for another year to acquire additional data on the effectiveness of this program.

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: 100px;" type="text" value="50,000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="000"/>
Total State Funds Requested	50,000

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)	<input style="width: 100px;" type="text" value="50000"/>	<input style="width: 100px;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="0"/> %
Local	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="0"/> %
Other	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	50,000	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		
<input style="width: 100px;" 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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study	The entire \$50,000 would be spent solely to reimburse the evaluation of such students by professional evaluators approved by the professional leadership of the Professionals Resource Network.	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		50,000



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11. Program Performance

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

The goal would be to extend for another year, the present medical student evaluation program for various types of impairment, to allow the accumulation of more information, to enhance the operational components of this program.

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

The Professionals Resource Network staff will supply the professional leadership for this program including on-going contact with the involved student, the respective medical school personnel, the professional evaluator, along with continuing surveillance to provide the highest quality of services as the least cost.

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

There are no direct services provided to the citizens of the state.

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

The largest population is the medical students (both Allopathic and Osteopathic) in the 10 medical schools in this state. The number of individuals served will be about 18.

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

The benefit will be to address the various impairments of medical students before they become licensed. This will enhance the protection of the public served in various medical care situations. The outcomes will be measured by the leadership of PRN, along with outstanding research personnel at the University of Florida.

- 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?

No additional suggested penalties beyond the present standards.



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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.