



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1766

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

Medical/Dental Students in Florida professional schools who demonstrate financial need and are referred by their respective professional school to the Professionals Resource Network for the evaluation of various impairments will have an evaluation by experienced evaluators who will determine the type and degree of impairment(s) and ensure that they are referred for an appropriate treatment program.

**5. State Agency to receive requested funds**

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	75,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>75,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	75,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>75,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	50,000	542	No

**9. Is future funding likely to be requested?**  Yes

**a. If yes, indicate nonrecurring amount per year.**

**b. Describe the source of funding that can be used in lieu of state funding.**

N/A

**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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If yes, indicate the amount of funds received and what the funds were used for.

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Consultant Contracts	75,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>75,000</b>

**12. Program Performance**

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

Identifying and evaluating medical/dental students with various types of impairments. The evaluators are carefully selected by PRN to assure a quality evaluation prior to arranging for appropriate treatment.

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

A careful, in depth assessment/evaluation of the individual medical/dental students with "impairments" to arrange for a treatment program recognized by PRN staff to address the need.

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

None

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

The target population is the medical/dental students in Florida who are in the midst of their education. It is expected this number of students would be 15 a year.

**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 that the involved medical/dental student will have their impairments successfully addressed and treated prior to graduation as licensed professionals. This would protect the public.

**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 the contract?**

After appropriate consultation and adequate time to address any perceived issues, the agency could cease the funding of such medical/dental students evaluations.



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13. 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



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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