



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1169

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

**4. Project/Program Description**

The University of Miami Medical Training and Simulation Laboratory (MTSL) has been an important asset to the State of Florida through its development and dissemination of state-of-the-art life-saving training programs in prehospital response, emergency medicine, internal medicine, and surgery for medical, nursing, allied healthcare and 1st responders. The MTSL accomplishes this through the development and use of web-based and mobile multimedia learning systems and simulation technology. The specific goals of this MTSL project are: 1.) To develop training materials, educational systems and assessment instruments based on best evidence protocols for the training of fire-fighters, law enforcement, paramedics, and emergency medical technicians on the medical response to natural (pandemics, hurricanes) and man-made (active shooter/terrorism) disasters. 2.) To serve as a resource for this program for other healthcare & emergency response centers in Florida.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	8%
<b>Matching Funds</b>		
Federal	250,000	3%
State (excluding the amount of this request)	3,500,000	48%
Local	250,000	3%
Other	2,750,000	38%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>7,250,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	3,500,000	0	60	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.**
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**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

**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	- Direct and organize curricula and training programs - Oversee operations and course logistics - Prepare training equipment, classrooms & simulation settings - Provide training & evaluate learners' knowledge & skills	325,000
Expense/Equipment/Travel/Supplies/Other	- Patient simulation training systems - Medical procedural task trainers - Consumable supplies used to support training	125,000
Consultants/Contracted Services/Study	- Contracted services to support tele-training throughout Florida, including remote and rural geographic regions	50,000
<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>500,000</b>

**12. Program Performance**

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

The goals are to: 1) Create, disseminate, and evaluate life-saving programs related to active shooter/assailant hostile events (ASHE) and response to natural disasters (pandemics, hurricanes) that will be used to train first-responders throughout Florida. 2) Develop & disseminate training materials to pre-hospital training programs. 3) Develop and implement patient simulation training scenarios to improve the hands-on life-saving skills that are learned and practiced without placing real patients at risk.

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

Life-saving skills in the event of an active shooter or incident of mass violence and natural disasters (pandemics, hurricanes).

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

These training programs focus on the life-saving skills and recommended best practices for the pre-hospital management of all populations at risk active shooter/assailant hostile events and natural disasters (pandemics, hurricanes).

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

All Florida citizens and visitors who are at risk of active shooter/assailant hostile events, and natural disasters (pandemics, hurricanes).



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

Improvement of life-saving knowledge and skills in the tactical and medical response of active shooter /assailant hostile events (ASHE) and natural disasters (pandemics, hurricanes). This will be measured by:

- Examinations to assess knowledge
- Simulation scenarios that assess proficiency of skills using checklists & rating scales
- Surveys of first-responders

**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?**

Subject to the penalties put forth by the Florida Department of Education Gen. Assurances, Terms & Conditions, for Participation in Federal & State Programs.

**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.**

None



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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