

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami Medical Training and Simulation Laboratory
2. Date of Submission: 11/02/2017
3. House Member Sponsor: Manny Diaz
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:	3,500,000		3,500,000	3,500,000	500,000	4,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Subject to the penalties put forth by the Department of Education.

6. Requester:

- a. Name: S. Barry, Issenberg MD
- b. Organization: University of Miami Gordon Center for Medical Training & Simulation Laboratory
- c. Email: bissenbe@med.miami.edu
- d. Phone #: (305)243-6491

7. Contact for questions about specific technical or financial details about the project:

- a. Name: S. Barry, Issenberg MD
- b. Organization: University of Miami Gordon Center for Medical Training & Simulation Laboratory
- c. Email: bissenbe@med.miami.edu
- d. Phone #: (305)243-6491

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Raena Wright
- b. Firm: University of Miami
- c. Email: Raenawright@miami.edu
- d. Phone #: (305)284-2618

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

1. Create, disseminate and evaluate life saving program related to natural disaster and hurricane responses that will be used to train first-responders throughout Florida.
2. Develop training materials to pre-hospital training programs.
3. Develop and implement patient simulation training scenarios to improve life saving skills.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct and organize curricula and training programs. Oversee operations and course logistics. Prepare training equipment , classrooms, and simulation settings. Provide training and evaluate learners' knowledge and skills	325,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Patient simulation training systems. Medical procedural task trainers. Consumable supplies used to training.	125,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services to support the tele-training throughout Florida, include remote and rural geographical regions.	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters and emails of support from municipal and county Fire Chiefs, and directors of Training Programs. Email of support from director of army trauma training department. Emails from state college EMS programs. Support from U.S White House medical unit. Support from Department of Defenses.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

1. IASC Guidelines on Natural Disasters. Florida Fire Chief's Associations response guide to active shooter hostile event. American Heart Association guidelines. American Stroke Association guidelines. ATS Trauma Guidelines. ACEP guide for emergency ultrasound.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?
Life-saving, critical skills for first responders in the event of natural and man-made disasters.

17b. Describe the direct services to be provided to the citizens by the funding requested.
These training programs focus on life saving skills and recommended best practices for the pre-hospital management of all populations.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): All citizens at risk of injury, illness, or death in the event of a disaster.

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400

○401-800

◎>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Improvement of life-saving knowledge and skills in the response and management of natural and man made disasters.	Surveys of first responders. Simulation scenarios. Examinations to assess knowledge.
<input checked="" type="checkbox"/> Improve mental health	Improvement of knowledge and skills of first responders.	Examinations to assess knowledge. Surveys. Simulation Scenarios.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Improvement of life-saving knowledge and skills in the response and management of natural and man made disasters. Improvement of training efficiency	Surveys of first responders. Simulation scenarios. Examinations to assess knowledge.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improvement of life saving knowledge and skills in the response and management of natural and man made disasters.	Surveys of first responders. Simulation scenarios. Examinations to assess knowledge.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	16.7%	N/A
2. Federal:	250,000	8.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	250,000	8.3%	Yes
5. Other:	2,000,000	66.7%	Yes

TOTAL	3,000,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M