

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Emergency Medicine Foundation - Florida Emergency Medical Services Education Clearinghouse

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Mike Miller

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? Yes
- 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:		100,000	100,000		564,000	564,000

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 Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

Discontinue funding.

6. Requester:

- a. Name: Beth Brunner
- b. Organization: Florida Emergency Medicine Foundation
- c. Email: bbrunner@femf.org
- d. Phone #: (407)281-7396

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

- a. Name: Beth Brunner
- b. Organization: Florida Emergency Medicine Foundation
- c. Email: bbrunner@femf.org
- d. Phone #: (407)281-7396

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Florida Emergency Medicine Foundation
- b. County (County where funds are to be expended): Orange
- 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?

Establish the Florida Emergency Medical Services Education Clearinghouse to enhance and expand outreach of educational resources available to all EMS agencies and licensed professionals throughout Florida.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Paramedic Project Coordinator/Trainer	69,850
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Three additional FTEs - Clinical Educator and support staff	176,326
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, Supplies, Marketing, Accreditation, and Vehicle Expense. Equipment: Pull van to deliver live training to 276 agencies throughout FL. Pediatric Simulator	140,294
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Web development of Learning Management System, IT support, Audio/Visual, Instructor fees, Medical Director oversight and content review	177,530
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		564,000

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:

Florida Association of EMS Medical Directors ? representing the EMS Medical Directors for Florida?s EMTs and paramedics

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

No

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?

Conversion of past educational programs to our on-line learning management system, development and delivery of new programs in conjunction with state objectives, live training to remote rural areas throughout Florida and promote consistency of education and training for our Florida EMS providers.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The funding will be used to provide fully accredited, cutting edge continuing education designed to address the unique challenges faced by emergency medicine service (EMS) providers. 65,000 certified EMTs and Paramedics will have access to live and remote access training, and agencies will have a central hub for available resources.

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): 65,000 EMTs and Paramedics that provide emergency care for nearly 4 million individuals each year

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
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<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Improved mental health and wellness in the EMS community through targeted programs like: Empowering our Heroes ? Promoting & Preserving Mental Wellness in EMS.	Anonymous survey of participants post completion to determine perceived change in thoughts or actions, knowledge gained, and increased competency.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Enhanced knowledge and skills for emergency care providers.	Anonymous survey of participants post completion to determine perceived change in thoughts or actions, knowledge gained, and increased competency.
<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.)	Enhanced knowledge and skills help EMS providers save lives and reduce disabilities associated with illness and injury.	Anonymous survey of participants post completion to determine perceived change in thoughts or actions, knowledge gained, and increased competency.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	1 FTE - Paramedic Trainer/Coordinator	Recruiting for specialty
<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 checked="" type="checkbox"/> Other (Please describe): Provide greater outreach, programs and access to services	The establishment of a state hub for access to emergency medicine education and resources will: 1. Allow past programs to be converted to our on-line learning management system. This will leverage the state's previous investment and expand the outreach to a greater number of providers. 2. Provide development of new programs in conjunction with state objectives. 3. Allow delivery of live training to rural areas. 4. Promote consistency of education and training for our Florida EMS providers.	Measure number of EMS agencies/licensed professionals served, number of new programs added, surveys of participants.

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	564,000	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	564,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No