



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2636

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To create a program for rural hospitals in Florida to purchase safe patient movement equipment. Using this equipment instead of manually moving patients, hospitals can lessen work related injuries to nurses, nurse assistants and physical therapists. This will improve the work environment for hard to retain and recruit employees and keep them on the job versus a work-related injury. It also reduces health care costs by reducing length of stay and increasing discharges to home.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	850,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>850,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	850,000	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 2023-2024</b>	<b>850,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2636

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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	Funds will be used to retrofit hospital beds with mechanical devices to assist in the mobility of a patient	850,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>850,000</b>

### 14. Program Performance

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

To create a safe environment for hospital employees and patients in rural areas.

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

To retrofit hospital beds with mechanical devices to assist in the mobility of a patient. This will result in less injuries during the movement of a patient.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2636

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

A safer hospital setting. Which can lead to shortened lengths of stay and allow a patient to be discharged more quickly and the ability to return to their home or job. It will also greatly increase the safety lessening the chances of Worker Comp instances. It also will help with the recruitment and retention of nurses in rural areas.

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

Rural Area Hospitals and their patients.

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

Less patient falls, earlier discharges, lower Workers Comp filings.  
 Statistical data could be gathered to measure falls, Workers Comp filings, recruitment and retention of employees prior to retrofitting the beds and after the beds have added the safety devices.

**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?**

Termination of contract.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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) State Agency

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2636

<b>a. Name</b>	<input type="text" value="Joel T. Overton"/>
<b>b. Firm Name</b>	<input type="text" value="Larry J. Overton &amp; Associates Inc"/>
<b>c. E-mail Address</b>	<input type="text" value="admin@loverton.net"/>
<b>d. Phone Number</b>	<input type="text" value="(850)224-2859"/>