



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2790

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Department of Health (DOH) will contract with a third-party EMS technology provider to deliver instant access through a platform to life-saving treatment information including accurate medication dosages, equipment sizing, CPR support, and detailed checklists and protocols essential for immediate care to paramedics/EMS in emergency situations.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	3,900,570
Fixed Capital Outlay	0
Total State Funds Requested	3,900,570

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,900,570	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	3,900,570	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

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?

No

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



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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
 N/A

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The Department of Health (DOH) will contract with a third-party EMS technology provider to deliver through a platform instant access to life-saving treatment information including accurate medication dosages, equipment sizing, CPR support, and detailed checklists and protocols essential for immediate care to paramedics/EMS in emergency situations.	3,900,570
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		3,900,570

14. Program Performance

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

To empower 911 response agencies throughout Florida, including rural underserved areas with rapid access through a digital platform to critical medical information. This will significantly enhance emergency response outcomes by facilitating timely and precise care. The primary aim is to equip clinicians with essential tools and education, ensuring confident and safe treatment of pediatric and adult patients in emergency situations.



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

The digital platform will deliver instant access to life-saving treatment information including accurate medication dosages, equipment sizing, CPR support, and detailed checklists and protocols essential for immediate care to paramedics/EMS in emergency situations throughout Florida, including rural and underserved areas.

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

Provide EMS professionals with critical information and training to deliver prompt and effective medical care during emergencies throughout Florida, including rural and underserved areas.

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

All residents and visitors throughout the state, including rural and underserved areas in need of emergent medical attention.

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

Enhance physical and mental health outcomes, as well as improve education for EMS professionals throughout Florida. aims to reduce medication errors and increase pediatric cardiac arrest survival rates, as well as decrease PTSD and anxiety disorders among EMS personnel. The educational aspect will be measured by the increase in successful resuscitations benchmarked against national rates. To measure these outcomes, the methodology includes establishing baseline medication error rates and comparing post-implementation data. The national cardiac arrest registry (CARES) will be used to assess survival rates, while standardized tools will track changes in mental health among EMS personnel. The effectiveness of training will be evaluated by comparing resuscitation success rates before and after the project's implementation, against national statistics.

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?

Specific penalties should be clearly outlined in the contract and the parties involved should have a shared understanding of the consequences of non-performance. Suggested penalties or considerations may include performance improvement plan, contract termination, or reversion of unused portion of the appropriated funds back to the state.

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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number