



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1724

1. **Title of Project:** DeSoto County Rescue Equipment

2. **Senate Sponsor:** Ben Albritton

3. **Date of Submission:** 02/06/2019

4. **Project/Program Description:**

Purchase of one rescue ambulance to assist a fiscally constrained county reset its critical emergency medical units. This ambulance will replace 2 other older ambulances that continually fail, often times while in transport.

5. **State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	250,000
<b>Total State Funds Requested</b>	<b>250,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	250,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>250,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		310,000	2360A	No

9. **Is future-year funding likely to be requested?** No

10. **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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Rescue Purchase (Equipment)	250,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

**11. Program Performance:**

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

Reliable first-out rescue unit to provide life-saving activities and transport in emergency medical situations

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

Emergency medical response

**c. What are the direct services to be provided to citizens by the appropriations project?**

All citizens are provided emergency medical response including a number of stabilizing procedures by qualified medics with reliable treatment and transport equipment.

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

All persons residing, visiting, or passing through DeSoto County or the City of Arcadia. The county is the sole provider of fire and EMS services in the county, with a total estimated population of 34,000 individuals.

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

A new rescue will replace an older unit that has a high mechanical failure rate, requiring the transfer of patients, while en-route, to a back up unit. This purchase will position the county to reestablish an independent capital replacement program for emergency vehicles.

**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 in the contract?**

Loss of funding

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

DeSoto County/County Department

**13. Requestor Contact Information:**

**a. Name:** Mandy Hines

**b. Organization:** DeSoto County Board of County Commissioners



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c. **E-mail Address:** m.hines@desotobocc.com

d. **Phone Number:** (863)993-4800 Ext. 201

#### 14. Recipient Contact Information:

a. **Organization:** DeSoto County Board of County Commissioners

b. **County:** DeSoto

c. **Organization Type:**

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

d. **Contact Name:** Mandy Hines

e. **E-mail Address:** m.hines@desotobocc.com

f. **Phone Number:** (863)993-4800 Ext. 201

#### 15. Lobbyist Contact Information

a. **Name:** Laura Boehmer

b. **Firm Name:** Southern Strategy Group

c. **E-mail Address:** boehmer@sostrategy.com

d. **Phone Number:** (727)686-0924