



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2536

1. Title of Project: Hurricane Michael- Emergency Medical Services

2. Senate Sponsor: Bill Montford

3. Date of Submission: 03/06/2019

4. Project/Program Description:

Provide for the equipment and infrastructure and human resource funding to allow Liberty County to ensure prompt professional delivery of emergency medical services to the citizens of Liberty County immediately affect the destruction effective effects of Hurricane Michael.

5. State Agency to receive requested funds : Department of Health

State Agency Contacted? No

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	596,369
Total State Funds Requested	1,096,369

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)	1,096,369	100.0%
Federal		0.0%
State (excluding the amount of this request)		0.0%
Local		0.0%
Other		0.0%
Total Project Costs for Fiscal Year 2019-2020	1,096,369	100.0%

8. Has this project previously received state funding? No

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

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	FY1819 budget for ambulance services is \$485,641. If the Liberty County Ambulance service is to meet all of its demands, post Hurricane Michael, (due to damaged local facilities) it will require running two ambulances full time. The FY1819 budget is budgeted to run one ambulance at a time. If two ambulances are run simultaneously we anticipate the FY1819 budget to double.	500,000
Expense/Equipment/Travel/Supplies/Other	Equipment Capital outlay for: Additional Ambulance, Mobile Communications, and Cardiac Monitor to meet increased demand and time restraints due to Hurricane Michael. This will also accommodate for the loss of time due to runs that require patient drop off at damaged facilities with slow patient intake processes.	280,369
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The building will house the ambulatory office for the Liberty County EMS, overnight housing for an call EMT/EMS, and storage for the emergency medical equipment.	316,000
Total State Funds Requested (must equal total from question #6)		1,096,369

11. Program Performance:

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

Provide adequate emergency medical services for the residents of Liberty County and the surrounding Communities who the Liberty County EMS services under mutual aid agreements.

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

Running two ambulances simultaneously.

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

Quick response times and medical treatment during life threatening accidents.

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

The entire populations of Liberty County and those who travel through Liberty County.

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

Decrease in response time to emergency medical service calls, and increased ability to meet the increased calls that are a result of Hurricane Michael. Increase in call times are a result of damage infrastructure due to Hurricane Michael.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard



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penalties for failing to meet deliverables or performance measures provided for in the contract?

None

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.

Liberty County Board of County Commissioners.

13. Requestor Contact Information:

- a. **Name:** Kathy Brown
- b. **Organization:** Clerk of Court
- c. **E-mail Address:** kbrown@libertyclerk.com
- d. **Phone Number:** (850)643-2215

14. Recipient Contact Information:

- a. **Organization:** Liberty County Board of County Commissioners
- b. **County:** Liberty
- 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:** Kathy Brown
- e. **E-mail Address:** kbrown@libertyclerk.com
- f. **Phone Number:** (850)643-2215

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**