



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2500

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Support from Legislative funding in order to expand the scope of our Community Paramedic Program. There currently exists community health needs and gaps in the healthcare delivery for some citizens of Polk County. This request is in addition to the funds currently budgeted by the BOCC in the amount of \$92,731 to run the current program here in Polk County. We also have some potential input from our local hospitals to help with the program in the amount of \$150,000.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	0
Total State Funds Requested	450,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	65%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	92,731	13%
Other	150,000	22%
Total Project Costs for Fiscal Year 2022-2023	692,731	100%

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.**
- We would try to fund with a grant or try to secure additional funds through budgeting.

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

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



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Polk County Fire Rescue \$490,893 - PPE, medical supplies related to call and disinfecting supplies. Board of County Commissioners \$126M - PPE, Medical supplies, medical disinfecting. DOJ COVID grant \$299,848 used for 2nd set of bunker gear to have an additional set to clean before using again after a COVID alert call.

11. 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		0
Operational Costs: Other		
Salary and Benefits	Add 3 additional personnel with Salary, Benefits and overtime (if necessary).	306,000
Expense/Equipment/Travel/Supplies/Other	Purchase of 1 additional vehicle, daily operational expenses including fuel, equipment for a new vehicle, 3 cells phones, computers/tablets.	144,000
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)		450,000

12. Program Performance

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

Polk County Fire Rescue is aggressively taking strategic steps to improve the overall health status of our citizens. The cost of the requested project is \$450,000 and will expand the Community Paramedic Program that will reduce the 30 -day hospital readmissions within our population of individuals with chronic medical conditions. We are requesting funding to expand the scope of our current Community Paramedicine Program.

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

Reduction of the 30 day hospital readmissions within the Polk County population with chronic medical conditions such as CHF, COPD, Diabetes, Hypertension and Heart Disease.

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

Ensuring the linkage to follow-up medical appointments; provisions of in-home assessments and disease management care; education on medication, diet and healthy lifestyle habits, medication compliance monitoring and transportation to medical appointments as needed.

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

Citizens that our local hospitals have identified as having significant issues managing their chronic conditions (CHF, COPD, Diabetes, Hypertension, and Heart Disease).

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



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This project will result in the expansion of the Community Paramedic Program that will result in working towards reducing 30 day hospital readmissions within the population with chronic medical conditions such as CHF, COPD, Diabetes, Hypertension and Heart Disease. Historically, Polk County has a high rate of recurrence of readmissions due to not following up with doctor appointments and not continuing the medication as directed. The Community Paramedics will provide the post-discharge follow up services to help ensure medications are administered correctly and follow up appointments are met.

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?

This appropriation should result in a cost reimbursement contract for the funding of the Community Paramedic Program. Should Polk County fail to complete the expansion of our Community Paramedic Program, the funds in this appropriation should be withheld.

13. 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.

Polk County Board of County Commissioners.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number