



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2435

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The University of Miami Medical Training and Simulation Laboratory (MTSL) has been an important asset to the State of Florida through its development and dissemination of state-of-the-art life-saving training programs in prehospital response, emergency medicine, and surgery for medical, nursing, allied healthcare and 1st responders. The MTSL accomplishes this through the development and use of web-based and mobile multimedia learning systems and simulation technology. The specific goals of this project are to: 1) Create and disseminate advanced prehospital training programs for Florida's first responders; 2) Develop patient simulation training scenarios that enhance hands-on advanced life-saving skills, practiced without risking real patients. These programs will focus on 1) responding to active shooter and hostile events; 2) responding to natural disasters such as hurricanes and floods; 3) supporting Florida's rural communities by addressing and supporting their unique needs.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	2,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,500,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	23%
<b>Matching Funds</b>		
Federal	1,000,000	10%
State (excluding the amount of this request)	3,500,000	34%
Local	400,000	4%
Other	3,000,000	29%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>10,400,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	3,500,000	2,500,000	57	No

9. Is future-year funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. 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.**

**12. 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	1. Direct and organize curricula and training programs. 2. Oversee operations and course logistics. 3. Prepare training equipment, classrooms, and simulation settings. 4. Provide training and evaluate learners' knowledge and skills.	1,625,000
Expense/Equipment/Travel/Supplies/Other	Patient simulation training systems. Medical procedural task trainers. Consumable supplies	575,000
Consultants/Contracted Services/Study	Contracted services to support tele-training throughout Florida, including remote and rural geographical regions.	300,000
<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>2,500,000</b>

**13. Program Performance**

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



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The goals are to: 1) Create and disseminate advanced prehospital training programs for Florida's first responders; 2) Develop patient simulation training scenarios that enhance hands-on advanced life-saving skills, practiced without risking real patients. These programs will focus on 1) responding to active shooter and hostile events; 2) responding to natural disasters such as hurricanes and floods; 3) supporting Florida's rural communities by addressing and supporting their unique needs.

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

Advanced, lifesaving, critical skills for first responders (law enforcement/fire rescue/EMS) to respond to active shooter hostile events and natural disasters (hurricanes). Advanced public health and preventive health services skills for fire rescue/EMS to address the unique healthcare challenges and needs of rural communities.

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

These training programs focus on advanced lifesaving skills and recommended best practices for the pre-hospital management of active shooter/assailant events, natural disasters (hurricanes) and public health services for all populations. Special training will specifically address the unique needs for Florida's rural communities.

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

All Florida residents who are at risk of active shooter/assailant hostile events, and natural disasters (hurricanes), or who required need for prehospital and emergency, and public health services.

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

Improvement of knowledge and skills in the response to active shooter/assailant hostile events, natural disasters (hurricanes) and pre-hospital community and public healthcare and services. These will be measured through surveys of 1st responders (law enforcement / EMS); Simulation scenarios, and examinations to assess knowledge and skills.

**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?**

Subject to the penalties put forth by the Florida Department of Education Gen. Assurances, Terms & Conditions, for Participation in Federal & State Programs.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**



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**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

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

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**



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a. Name	<input type="text" value="Scott L. Ross"/>
b. Firm Name	<input type="text" value="Capital City Consulting LLC"/>
c. E-mail Address	<input type="text" value="scott@cccfla.com"/>
d. Phone Number	<input type="text" value="(850)222-9075"/>

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*