

LFIR # 3047

4.	Project/Program D	escription				
	This proposal seeks funding to implement a mobile application that delivers life-saving treatment information to rural EMS agencies and hospitals, ensuring faster, more accurate, and standardized emergency care while reducing errors and improving patient outcomes. Customized to each agency's protocols by clinical experts, the app eliminates guesswork in high-stress situations, and comprehensive hands-on training will enhance responders' skills, confidence, and decision-making. This initiative bridges critical gaps in rural healthcare, equips providers with cutting-edge tools, and ultimately saves more lives when every second counts.					
5.	State Agency to re	ceive requested fun	n ds Departr	ment of Health		
	State Agency conta	acted? Yes				
6	Amount of the Non	recurring Request f	or Fiscal Year 2	025-2026		
ı		Todairing Hoquest I			int	
ł	Type of Funding Operating			Amou	750,000	
Ì	Fixed Capital Outlay	 /			0	
	Total State Funds				750,000	
				•		
7.	Total Project Cost f	or Fiscal Year 2025	-2026 (including	g matching funds avail	lable for this proje	ect)
	Type of Funding			Amount	Percentage	
		equested (from ques	tion #6)	750,000	100%	
	Matching Funds					
Federal State (excluding the amount of this request)				0		
			est)	0	0%	
- 1	Local			0	0%	
•	Other			0	0%	
•		. =			100%	
		s for Fiscal Year 202	25-2026	750,000		
8.	Total Project Costs Has this project pro	s for Fiscal Year 202 eviously received so most recent instand	tate funding?	750,000 No		
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received s	tate funding?	No Specific	Vetoed	
8.	Total Project Costs Has this project pro If yes, provide the	eviously received somost recent instance	tate funding?	No	Vetoed	
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received somost recent instance Amou	tate funding? ce: unt	No Specific	Vetoed	
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу)	eviously received some most recent instance Amount Recurring	tate funding? ce: unt Nonrecurring	Specific Appropriation #	Vetoed	
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу)	eviously received somost recent instance Amou	tate funding? ce: unt Nonrecurring	No Specific	Vetoed	
8. 	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fund	eviously received some most recent instance Amount Recurring	tate funding? ce: unt Nonrecurring tested?	Specific Appropriation #	Vetoed	
8. 	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fund	eviously received somost recent instance Amout Recurring ing likely to be required.	tate funding? ce: unt Nonrecurring tested?	Specific Appropriation #	Vetoed	



LFIR # 3047

Complete questions 10 and 11 for Fixed Capital Outlay Projects

	Status of Const a. What is the cu	truction urrent phase of t	he project?			
	Planning	O Design	Construction	O N/A		
ı	b. Is the project	"shovel ready" (i.e permitted)?			
(c. What is the es	stimated start da	te of construction?			
(d. What is the estimated completion date of construction?					
(. What funding stream will be used for ongoing operations and maintenance of the project?					
11.	List the owners relationship be	s of the facility to	o receive, directly or rs of the facility and	indirectly, any f the entity.	ixed capital outlay fur	nding. Include the

12. 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				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	The Department of Health (DOH) will contract a third-party provider, as an expense, to equip rural EMS agencies and hospital EDs with a proven application that provides instant access to weight-based dosing, treatment protocols, and resuscitation guidance.	750,000		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

13. Program Performance

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



LFIR # 3047

Treating children in emergencies is difficult, and studies show many providers are unprepared. The Department of Health (DOH) will contract a third-party provider to equip rural EMS agencies and hospital EDs with a proven application that offers instant access to weight-based dosing, treatment protocols, and resuscitation guidance. This initiative will boost provider confidence, reduce medication errors, and improve survival rates in underserved areas with extended transport times.

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

The funds will support the implementation of a custom mobile application that provides life-saving treatment information to clinicians in rural EMS agencies and hospitals. The app is used for direct patient care in emergency settings when time to treatment is critical. The app must be customized to each agency's protocols by a team of clinical experts. First responders and hospital personnel will also receive comprehensive training, including hands-on simulations that enhance their skills, preparedness, and emergency response.

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

Citizens will directly benefit from faster, safer, and more precise emergency medical care where it it needed most. In rural settings, where access to specialized pediatric care is often limited, this support is crucial to improving patient outcomes, minimizing disability, and strengthening emergency response capabilities.

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

The target population for this project includes all citizens, regardless of age or condition, which receive care from rural EMS agencies or hospitals.

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

By providing real-time medication dosing, CPR guidance, and protocol adherence support, clinicians can confidently deliver high-quality resuscitation efforts with precision. Increased ROSC rates directly correlate with better survival outcomes and reduced long-term disability for patients, further demonstrating the platform's impact on public safety and emergency medical care. Success will be measured by analyzing key clinical performance metrics before and after the implementation of a mobile application.

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?

Specific penalties should be clearly outlines in the contract(s), and the parties involved should have a shared understanding of the consequences of nonperformance. Suggested penalties or considerations include liquidated damages, contract termination, withholding payment, disqualification of future contracts, performance improvement plans, cover of additional costs, and other legal action.

	cov	er of additional costs, and other legal action.			
14.	ls th	nis project related to mitigation, response, or recovery from a natural disaster? No			
а	a. If Y	Yes, what phase best describes the project?			
☐ Mitigation (reducing or eliminating potential loss of life or property)					
ı		Response (addressing the immediate and short-term effects of a natural disaster)			
ı		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)			
k	o. Na	nme 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?			
	□ Y	es, Applied			
☐ Yes, Received					



LFIR # 3047

□ No	
☐ No, but intends to	o apply
a. If yes, provide th	e FEMA project worksheet ID#:
b. Provide the total	project cost listed on the FEMA project worksheet:
16. Has the entity app	lied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to	o apply
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
17. Requester Contact	
a. First Name	Allison Last Name Antevy
b. Organization	Antevy
c. E-mail Address	
d. Phone Number	(954)707-2529 Ext.
18. Recipient Contact	Information
a. Organization	Florida Department of Health
b. Municipality and	d County Statewide
c. Organization Ty	ре
□For Profit Entity	
□Non Profit 501(d	c)(3)
□Non Profit 501(d	:)(4)
□Local Entity	
□University or Co	llege
☑Other (nlease sr	pecify). State agency



LFIR # 3047

d. First Name	Victoria	Last Name	Mohebpour		
e. E-mail Address	Victoria.Mohebpour@flhealth.gov				
f. Phone Number	(850)245-4444	Ext.			
19. Lobbyist Contact Information					
a. Name	Heather L. Turnbull				
b. Firm Name	Rubin, Turnbull & Associates				
c. E-mail Address	heather@rubinturnbull.com				
d. Phone Number	(305)495-3868				

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