

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Memorial Healthcare Regional All Hazards Response and Recovery System
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Manny Diaz
Members Copied: Jared Moskowitz

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Executive Office of the Governor
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Full restitution of amount awarded

6. Requester:

- a. Name: Shane Strum
- b. Organization: South Broward Hospital District, d/b/a Memorial Healthcare System
- c. Email: sstrum@mhs.net
- d. Phone #: (954)265-3451

7. Contact for questions about specific technical or financial details about the project:

- a. Name: David Dungan
- b. Organization: South Broward Hospital District, d/b/a Memorial Healthcare System
- c. Email: sstrum@mhs.net
- d. Phone #: (954)265-7108

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Kelly Mallette
- b. Firm: Ronald L Book PA
- c. Email: kelly@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: South Broward Hospital District, d/b/a Memorial Healthcare S
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe) Special Taxing District

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

The Regional All Hazards Response and Recovery System will provide the swift deployment of a portable Mobile Command Center and an Alternate Medical Care Area for the rapid triaging of patients and the delivery of minor emergency treatment and discharge. The system will also serve as an evacuation staging area; be available to decompress emergency departments; provide purified drinking water and oxygen; and the eliminate/reduce the need for state and federal resources.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Project Coordinator (1 Full Time Equivalent FTE). This staff member will coordinate the purchase, delivery, storage, oversight and routine maintenance of all vehicles and equipment. The Project Coordinator will also schedule and oversee training	50,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	1 customized, 4 X 4 Sport Utility Vehicle @ \$50,000 that deploys with Modular Mobile Command Shelter (1,000 sq ft) @ \$12,000 and Incident Command Cart @ \$6,000; 2 - 26 foot Box Trucks @ \$90,000 = \$180,000 that store and deploy supplies; Modular Shelters 4 @ \$85,000 = \$340,000 (4,500 sq ft) and Interface	950,000

<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

discharge; provision of an evacuation staging area; ability to generate 1,500 gallons of purified drinking water on-site per hour; ability to generate oxygen and fill oxygen cylinders on-site; decompression of emergency departments; and the elimination or reduction of state

and/or federal resources. This System supports the Hospital Incident Command System (HICS) goals and strategies to enhance hospital emergency preparedness and response capability and also to provide for nursing home or other

17b. Describe the direct services to be provided to the citizens by the funding requested.

Medical triage; minor emergency emergency treatment for infants, children and adults; generation of purified water on-site; generation of oxygen on-site; and evacuation shelter services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Florida citizens who are the victims of natural disasters (i.e. hurricanes, floods); terrorist attac

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400

○401-800

○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	(A) # persons who are medically triaged; and (B); # persons receiving minor emergency treatment; (C) # persons who are evacuated from a facility.	(A) Clinical Triage Log; Electronic Health Record (EHR); and (B) Clinical Treatment Log; Electronic Health Record (EHR); (C) Evacuation Log
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		

<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Generate up to 1,500 gallons of on-site purified drinking water per hour, per incident.	Water Purification Log Book
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improve patient health by providing oxygen.	Generate 93% oxygen concentration and the ability to fill up to 10, 244 cubic foot cylinders per day.	Oxygen Generation Log Book

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	87.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	150,000	13.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,150,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No