

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Alpha 1 Program
2. Date of Submission: 12/07/2015
3. House Member Sponsor(s): Jose Rodriguez

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d***
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	345,169	0	345,169	345,169	0	0	0

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Marcia Ritchie
- b. Organization: Alpha 1 Foundation
- c. Email:
- d. Phone #: (305)567-9888

6. Organization or Name of Entity Receiving Funds:

- a. Name: Alpha 1 Foundation
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Alpha One Program is a comprehensive statewide program providing screening, detection and education for alpha-1 antitrypsin deficiency, a genetic disorder that manifests itself as costly lung and liver disease in children and adults. Funding is provided to the Alpha-1 Foundation to administer the Program. Testing is provided in every county in Florida with major regional sites located in Lakeland, Jacksonville, Tallahassee, Miami, Tampa, St. Petersburg, Naples, and Ft. Myers. The Alpha One Program is one of the most cost effective health care programs in Florida. Through detection, diagnosis and early intervention, individuals abate the need for costly lung or liver transplantation. Current cost of a single lung transplant is \$797,300 and the cost of a liver transplant is \$577,100 per person. These transplantation costs are avoided for each individual detected. The total state investment is \$345,169. -1500 individuals will be tested in FY 2015-16 with potential health care savings amounting to over \$1 billion in transplantation costs alone.. -Purchase medical supplies and testing components for text kits -One full time Florida Detection Coordinator to coordinate all Program activities including distribution of test kits, consultation with health care providers, hospitals, clinics and medical education efforts. -Health care provider education will be conducted through medical conferences, CME courses, Grand Rounds, CEU activities, data collection, reporting and all program accountability -Printing and distribution of educational materials Individuals detected are provided assistance and support for follow-up, treatment and care to abate severe and costly health care consequences of the disease There is no other program providing these services in Florida Comprehensive detailed quarterly reports are provided to the Department of Health regarding the Program and all Program activities, goals, objectives and deliverables. The Alpha 1 Foundation and the Alpha One Program have been recognized for outstanding operating practices, accountability and responsible governance by the highest accreditations attainable in the not for profit and voluntary sectors.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 86,292

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

No