

# 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: High Blood Pressure & Blood Glucose Screening - A 100% Solution
2. Date of Submission: 01/21/2016
3. House Member Sponsor(s): Holly Raschein

## 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***
- 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? 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<br><i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request for FY 2016-17<br><i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i> |   |  |   |
|--------------------|---|-------------------------------|---|---|---|--|---|
|                    | Column: A   | B                             | C   | D   | E   | F  | G   |
| Funds Description: | Prior Year Recurring Funds  | Prior Year Nonrecurring Funds | Total Funds Appropriated<br><i>(Recurring plus Nonrecurring: Column A + Column B)</i> | Recurring Base Budget<br><i>(Will equal non-vetoed amounts provided in Column A )</i>                                       | <b>INCREASED or NEW Recurring Requested</b> | <b>TOTAL Nonrecurring Requested</b><br><i>(Nonrecurring is one time funding &amp; must be re-requested every year)</i> | <b>Total Funds Requested Over Base Funding</b><br><i>(Recurring plus Nonrecurring: Column E + Column F)</i> |
| Input Amounts:     |   |                               |   |   | 0   | 725,448  | 725,448   |

- 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: H. Bruce Hayden
- b. Organization: Banyan Community Health Center
- c. Email: bhayden@banyanhealth.org
- d. Phone #: (305)398-6110

6. Organization or Name of Entity Receiving Funds:

- a. Name: Banyan Community Health Center
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

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.)

Expenses: Medical & Clinical Personnel- \$532,486; Operating- \$93,313, Medical Labs- \$46,400; Indirect- \$53,249.

Services: High Blood Pressure and Blood Glucose Screening (2000 unduplicated), Triage into Preliminary Care for elevated thresholds (600 unduplicated) for General Primary Medical Care and Care Coordination, including as needed Gynecological & Reproductive Care; Preventive Dental; Mental Health Services; Substance Abuse Services; Optometry; Nutrition; Psychiatry; Pharmaceutical Services; Case Management; Eligibility Assistance; Health Education; Transportation; Translation; Diagnostic Laboratory; Diagnostic Radiology; Screenings; Access to Coverage for Emergencies During and After Hours. Services will be provided to 2000 Severe & Persistent Mentally Ill at a median cost of \$363 per person.

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

Federal: 150,000

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

Local: 0

Other: 0

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

No