

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Homestead - Efforts to Combat Sickle Cell Disease

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Holly Raschein

Members Copied:

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?

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 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
Column:	A	B	C	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Jimmie Williams
- b. Organization: Councilman, City of Homestead
- c. Email: jwilliams@cityofhomestead.com
- d. Phone #: (305)224-4456

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Jimmie Williams
- b. Organization: Councilman, City of Homestead
- c. Email: jwilliams@cityofhomestead.com
- d. Phone #: (305)224-4456

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Jose Diaz
- b. Firm: Robert M. Levy & Associates
- c. Email: jdiazj@aol.com
- d. Phone #: (850)294-7583

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: The City of Homestead
- 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

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)

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

The City of Homestead is asking the State to put a priority focus on Sickle Cell Disease with dedicated funds for research and healthcare programs that facilitate patient care and needs specifically in Homestead and other South Florida cities. Miami-Dade, Palm Beach, and Hillsborough counties represent the largest population of Sickle Cell affected individuals in Florida.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Administrative oversight/manager.	35,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Care coordinators, community health workers, insurance/benefits 21% (\$65,000 + \$13,650 FICA/benefits).	78,650
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Infusion chairs, office equipment.	15,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Medical Director, contracted physicians, and nurse practitioners.	125,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Nurse, medical assistant + 21% FICA and benefits (\$99,200 + \$20,832)	120,032
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical equipment, legal, printer, patient label machine, home visit travel.	41,318
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Computers, Information technology	55,000

	services, claims and billing set-up.	
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Rental space at \$2500 per month.	30,000
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

☐ For Profit

☒ Non Profit 501(c) (3)

☐ Non Profit 501(c) (4)

☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)

☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

☐ Other (Please describe)

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?

Yes

15a. Please Describe:

The City of Homestead Council adopted Resolution R2015-09-104 supporting efforts to combat Sickle Cell disease and recognizing September of each year as Sickle Cell Awareness Month. The City Council of Miami Gardens adopted the same resolution text by unanimous consensus as Resolution 2016-161-3060. Additionally, with the support of community members, Councilman Jimmie Williams pushed for Miami-Dade County to become involved in increasing quality of life for sufferers.

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

Yes

16a. Please Describe:

Lanetta Bronte, MD, MPH, MSPH Foundation for Sickle Cell Disease Research.

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

Yes

17a. Describe the target population to be served. 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
- ☐ Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input checked="" type="checkbox"/> Improve physical health	41.63% of treated patients will better manage their Sickle Cell disease.	Patient reported to "Sick Cell Health Continuum of Care: Educate-Active-Facilitate-Coordinate".
<input checked="" type="checkbox"/> Improve mental health	Improved depression screenings.	Clinical trials of patients using PHQ-9 test.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Healthcare workers will perform 6 monthly workshops in South Florida, enroll thousands of patients in SCHCC-EAFC & test hundreds of patient family members for Sickle Cell.	Performed on SCHCC-EAFC family member enrollees in Miami-Dade, Broward, and Palm Beach counties.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Anticipated job opportunities upon creation of new programs.	Additional resources are needed for Miami-Dade county which represents one of the largest populations of affected individuals in Florida.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input checked="" type="checkbox"/> Reduce recidivism	16.35% reduction in hospital and urgent care visits for SDC complications.	Patients reported to SCHCC-EAFC
<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 type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	500,000	100%	

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

No