

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Foundation of Sickle Cell Disease Research - Sickle Cell News Minutes

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Shevrin Jones

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, 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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					348,621	348,621

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? Department of Health

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.

Percentage of monthly funds deducted depending on the contracted per task timeframe

6. Requester:

- a. Name: Lanetta Bronte
- b. Organization: Foundation of Sickle Cell Disease Research
- c. Email: LBronte@fscdr.org
- d. Phone #: (954)397-3251

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

- a. Name: Lanetta Bronte
- b. Organization: Foundation of Sickle Cell Disease Research
- c. Email: LBronte@fscdr.org
- d. Phone #: (954)397-3251

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

- a. Name: Yolanda Cash-Jackson
- b. Firm: Becker & Poliakoff
- c. Email: yjackson@bplegal.com
- d. Phone #: (954)987-7550

9. Organization or Name of entity receiving funds:

- a. Name: Foundation of Sickle Cell Disease Research
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

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?

To develop a series of sickle cell educational videos (campaign videos) to improve the awareness of sickle cell research, treatment options and wellness. The Foundation for sickle Cell Disease Research will work with Mission Critical Health to distribute the campaign video to a network of healthcare broadcasters reaching a captive audience of patients and professionals within hospitals, clinics and waiting rooms. The Sickle Cell News Minutes will provide patients with useful information.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project oversight, hiring, staff training, call center management	57,072
<input checked="" type="checkbox"/> b. Other Salary and Benefits	2 sickle cell patient navigators	76,752
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Mission Critical, IHeart Radio, Radio PSA	60,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	3 Call center Representatives: Serves customers by determining requirements; answering inquiries; resolving problems; fulfilling requests; maintaining database.	92,102
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computers, telephones, telecommunication services, Social media programming, website programming	40,825

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Radio, publication, direct mail, postage, print.	21,870
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		348,621

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?

Yes

15a. Please Describe:

At the ICABA Friday, November 10, 2017 at the Tower Club, Ft. Lauderdale Summit Kickoff, Building Relationships for their Gloval Health Summit at Florida Memorial meeting on January 26, 2018. During their November meeting, there were several questions related to the disparate care in sickle cell disease.

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?

No

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 type="checkbox"/> Improve physical health		

<input checked="" type="checkbox"/> Improve mental health	Improved depression scores	phQ9
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	1. Increase neurocognitive assessment by a qualified practitioner. 2. Increase use of IEP and 504 plans. 3. Reduce school absenteeism	1. Completion of assessment 2. Enrollment in IEP or 504 plans 3. Review school attendance records
<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 type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improved Sickle Cell well being	1. Visits to the emergency department 2. Assigned and monitored by a primary care physician 3. Reduction in hospital admissions	1. Medical record review 2. Payer reports

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:	348,621	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	348,621	100%	

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

No