

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Foundation for Healthy Floridians - Nutrition Education

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Cord Byrd

Members Copied:

### 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, Col. E***
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:		750,000	750,000		750,000	750,000

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? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

t is anticipated the contract would be structured such that payment(s) would be contingent upon the receipt and approval of deliverables by the agency; hence the agency would not be remitting payment for services not delivered.

6. Requester:

- a. Name: Kristy Jones
- b. Organization: Foundation for Healthy Floridians, Inc.
- c. Email: kjones@flmedical.org
- d. Phone #: (850)224-6496

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

- a. Name: Kristy Jones
- b. Organization: Foundation for Healthy Floridians, Inc.
- c. Email: kjones@flmedical.org
- d. Phone #: (850)224-6496

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

- a. Name: Chris Clark
- b. Firm: Florida Medical Association
- c. Email: cclark@flmedical.org
- d. Phone #: (855)224-6496

9. Organization or Name of entity receiving funds:

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

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?

In an effort to curtail escalating health care costs, this program seeks to leverage the state's network of primary care physicians to distribute high quality nutrition education resources to hundreds of thousands of Floridians. A significant percentage of Florida's population is obese. Each year, obesity-related diseases drive up health care costs. Enabling physicians to assist patients take responsibility for their own health could help avoid or modify behaviors effecting health care costs.

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	Executive Staff to oversee the project and development of nutrition education resources	33,542
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative Staff to manage administrative, accounting and operational tasks	28,071
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Facilities expenses for Executive Director and other Administrative Staff	9,242
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Field staff to provide outreach to physicians	255,527
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, equipment, laptop, internet, and phone for field staff. Printed	412,710

	materials and shipping.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Physician and nutritionist consulting services	10,908
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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?

Yes

15a. Please Describe:

Physicians have expressed strong interest in a program that would provide them with high quality education nutrition resources.

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:

USDA research supports the use of well-designed nutrition education programs as an effective tool for promoting healthier choices in low-income school children and seniors. (Link: <https://www.fns.usda.gov/pressrelease/2013/fns-001313>) Moreover, Florida previously recognized the importance of education on healthy eating for combatting obesity. DOH has worked to disseminate information on proper nutrition through its Healthiest Weight program. (Link: <http://www.healthiestweightflorida.com/>)

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?

In order to help combat obesity, Foundation staff will develop high quality nutrition education resources. Foundation staff will then directly contact and provide these resources to primary care physicians to disseminate to their patients. There are over 10,000 primary care physicians in the State of Florida.

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

Primary care physicians will provide nutrition education resources to patients as part of their scheduled medical office visits. This material will help educate patients on the importance of proper nutrition, for the purpose of preventing and treating obesity-related medical conditions.

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): All patients within the physician's panel which will include patients of all ages and income levels.

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	Increased awareness of the benefits of healthy lifestyle choices	Aggregate the number of educational resources distributed to patients by primary care physicians during or following an in-person appointment.
<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 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 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:	750,000	60.0%	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:	500,000	40.0%	No
<b>TOTAL</b>	<b>1,250,000</b>	<b>100%</b>	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

☐ <1M

☒ 1-3M

☐ >3-10M

☐ >10M

20b. How many additional years of state support do you expect to need for this project?

☐ 1 year

☒ 2 years

☐ 3 years

☐ 4 years

☐ ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

☒ Ongoing activity ? no total cost

☐ <1M

☐ 1-3M

☐ >3-10M

☐ >10M