



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nova Southeastern University - Pediatric Feeding Disorders Program

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 01/25/2018

4. **Project/Program Description:**

Improve the health of children with significant feeding disorders oftentimes resulting in major medical challenges. the funds will be used to expand the current pilot program and offer services for low income, disadvantaged and high-need families. Current effectiveness research study demonstrate program validity.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
669,282		669,282

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 669,282

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

yes, TBD

11. Program Performance:

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

Critically needed clinical assessment and treatment for low income, disadvantaged and high-need families struggling with pediatric feeding disorders. Expansion of current pediatric feeding disorders clinic to meet the needs of clients on waiting lists.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

100% of the funds will be used to support clinical services: evaluations and treatment of children with significant pediatric feeding disorders by a multi-disciplinary team (psychologies, speech/language pathologist, nutritionist, behavioral therapists, gastroenterology, physician consultant).

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operations and maintenance (standard university costs for maintenance and operation of	71,168



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	facility)	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Eec & Clinic Directors, Licensed Psychologies, Speech & Language Pathologist, Behavior Technicians, nutritionist, Administrator Assistant, and Post Doctoral Psychologist	474,444
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Clinic furnishings, office and program supplies, travel, community outreach, equipment	57,670
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Pediatric Gastroenterologist	66,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		669,282

d. What are the direct services to be provided to citizens by the appropriations project?

Evaluations and treatment of children with significant pediatric feeding disorders by a multi-disciplinary team.

e. Who is the target population served by this project? How many individuals are expected to be served?

Persons with poor health - students - developmentally disabled - 101-200 target population.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

1. Decrease patient's behavioral challenges (tantrumming, distress, food refusal) as a result of their feeding disorders. 2. Parental and family stress related to feeding, mealtimes, and general parenting distress will decrease both at home and in community settings, such as school and resaurants.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

loss of funding



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- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

n/a

- 13. Requestor Contact Information:**

- a. **Name:** Roni Leiderman
- b. **Organization:** Nova Southeastern University
- c. **Email:** roni@nova.edu
- d. **Phone Number:** (954)262-6930

- 14. Recipient Contact Information:**

- a. **Organization:** Nova Southeastern University
- b. **County:** Broward
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Susan Kabot
- e. **E-mail Address:** kabot@nova.edu
- f. **Phone Number:** (954)262-7129

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Sandra Harris
- b. **Firm:** Panza, Maurer & Maynard
- c. **Email:** sharris@panzamaurer.com
- d. **Phone Number:** (850)681-0980