



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1373

**1. Title of Project:** Cervical Cancer Prevention and Detection

**2. Senate Sponsor:** Oscar Braynon

**3. Date of Submission:** 02/06/2019

**4. Project/Program Description:**

TO REDUCE INCIDENCE OF CERVICAL CANCER BY INCREASING ACCESS TO ROUTINE SCREENINGS, IMPROVE COMPLIANCE THROUGH EARLY DETECTION, AND REDUCE THE OVERALL COST OF TREATING WOMEN DIAGNOSED WITH CERVICAL CANCER. WITH THIS FUNDING, 400 WOMEN AGES 21 TO 49 WILL RECEIVE EDUCATION AND CARE COORDINATION. A COLPOSCOPY WILL BE PROVIDED FOR HIGH RISK AND/OR POSITIVE RESULTS.

**5. State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 193,051        |
| Fixed Capital Outlay               |                |
| <b>Total State Funds Requested</b> | <b>193,051</b> |

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percent       |
|--|----------------|---------------|
| Total State Funds Requested (from question #6)       | 193,051        | 100.00%       |
| Federal  | 0              | 0.00%         |
| State (excluding the amount of this request)         |                | 0.00%         |
| Local  |                | 0.00%         |
| Other  |                | 0.00%         |
| <b>Total Project Costs for Fiscal Year 2019-2020</b> | <b>193,051</b> | <b>100.0%</b> |

**8. Has this project previously received state funding?** No

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | NonRecurring |                             |        |
|                          |           |              |                             |        |

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**

| Spending Category                                   | Description | Amount |
|---|-------------|--------|
| <b>Administrative Costs:</b>                        |             |        |
| Executive Director/Project Head Salary and Benefits |             |        |



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1373

|  |   |                |
|--|---|----------------|
| Other Salary and Benefits  | DIRECTOR OF PERFORMANCE IMPROVEMENT TO OVERSEE PROGRAM COMPLIANCE                           | 10,451         |
| Expense/Equipment/Travel/Supplies/Other                                |   |                |
| Consultants/Contracted Services/Study                                  | PROVIDE CERVICAL CANCER SCREENING TESTS INCLUDING COLPOSCOPIES FOR ELIGIBLE UNINSURED WOMEN | 182,600        |
| <b>Operational Costs:</b>  |   |                |
| Salary and Benefits  |   |                |
| Expense/Equipment/Travel/Supplies/Other                                |   |                |
| Consultants/Contracted Services/Study                                  |   |                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   |                |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>193,051</b> |

**11. Program Performance:**

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

THE PURPOSE AND GOAL IS TO REDUCE INCIDENCE OF CERVICAL CANCER BY INCREASING ACCESS TO ROUTINE SCREENINGS, IMPROVE COMPLIANCE THROUGH EARLY DETECTION, AND REDUCE THE OVERALL COST OF TREATING WOMEN DIAGNOSED WITH CERVICAL CANCER. WITH THIS FUNDING, 400 WOMEN AGES 21 TO 49 WILL RECEIVE EDUCATION AND CARE COORDINATION. A COLPOSCOPY WILL BE PROVIDED FOR HIGH RISK AND/OR POSITIVE RESULTS.

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

FREE CERVICAL CANCER TEST, CARE COORDINATION, AND PATIENT EDUCATION ON IMPORTANCE OF EARLY DETECTION AND PREVENTION.

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

THE DIRECT SERVICES TO 400 CITIZENS, AGES 21 TO 49 WILL INCLUDE FREE PAP TESTING AND COLPOSCOPIES FOR WOMEN WHO ARE HIGH RISK AND/OR WITH POSITIVE TEST RESULTS.

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

THE TARGET POPULATION SERVED BY THIS PROJECT WILL BE 400 ELIGIBLE UNINSURED WOMEN BETWEEN THE AGES OF 21 AND 49.

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

EXPECTED OUTCOME OF THIS PROJECT WILL BE TO INCREASE ACCESS TO CERVICAL CANCER SCREENINGS FOR WOMEN AGES 21-49 AND TO INCREASE EARLY DETECTION THROUGH EDUCATION AND CARE COORDINATION. THE METHODOLOGY BY WHICH THIS OUTCOME WILL BE MEASURED IS BY DATA EXTRACTED FROM ELECTRONIC HEALTH RECORDS CONFIRMING COMPLETION OF PAP TEST AND COLPOSCOPY

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1373

#### **penalties for failing to meet deliverables or performance measures provided for in the contract?**

SUGGESTED PENALTY FOR NOT MEETING PERFORMANCE MEASURES COULD BE REDUCTION IN PAYMENT.

#### **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:** ROSALYN FRAZIER
- b. **Organization:** BROWARD COMMUNITY AND FAMILY HEALTH CENTERS
- c. **E-mail Address:** RFRAZIER@BCFHC.ORG
- d. **Phone Number:** (954)266-2999

#### **14. Recipient Contact Information:**

- a. **Organization:** BROWARD COMMUNITY AND FAMILY HEALTH CENTERS
- 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:** ROSALYN FRAZIER
- e. **E-mail Address:** RFRAZIER@BCFHC.ORG
- f. **Phone Number:** (954)266-2999

#### **15. Lobbyist Contact Information**

- a. **Name:** Yolanda Cash-Jackson
- b. **Firm Name:** BECKER AND POLIAKOFF
- c. **E-mail Address:** YJACKSON@BPLEGAL.COM
- d. **Phone Number:** (954)987-7550