



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2112

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Provide maternal fetal medicine services to low income, uninsured and under-insured, high risk, pregnant woman in Manatee County. The program will include the services of a perinatologist who will provide medical care and ultra sound technician who will provide ultrasounds to the target population.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="700,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	700,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="700000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	700,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="700,000"/>	<input style="width: 80%;" type="text" value="523"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Medical supplies, data processing, population health costs	10,000
Consultants/Contracted Services/Study	Primatologist and ultrasound technician	690,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		700,000



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11. Program Performance

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

Improved birth outcomes for the uninsured and under-insured whose pregnancies are considered high risk. Improve low and very low birth weight outcomes which are currently at 11% and should be less than 6%.

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

Comprehensive maternal fetal medicine services for patients referred by MCR Health obstetrical providers. Services include perinatologist visits, consultations and ultrasounds provided to the patients.

- c. What direct services will be provided to citizens by the appropriation project?

Citizens will be provided access to a maternal fetal medicine provider to improve birth outcomes. Currently, patients must commute an estimated 1 hour to receive services which results in a transportation barrier to care.

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

Uninsured and under-insured to include Medicaid recipients.

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

The cost effectiveness and overall goals of the project will be measured by the outcomes data within the target population. Through analysis of the outcomes data, an improved health status will be realized with the perinatologist's services provided to those pregnant women who are considered high risk. The information regarding the number of visits provided and the number of ultrasounds provided will be tracked. The outcome measure to reduce low and very low birth weights will be measured over time.

- f. 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?

Funding adjustment based on deliverables not met.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.