

- 1. Title of Project: Florida Alliance for Sports Medicine (FASMed)
- 2. Senate Sponsor: Bill Montford
- **3.** Date of Submission: <u>11/15/2017</u>
- 4. Project/Program Description:

This statewide sports injury advocacy program is for kids participating in sports programs in Florida. Program is run in conjunction with the Florida Orthopedic Society and is a collaborative organization of Florida physicians who work together with public schools and the FHSAA in creating sports safety policies to keep kids safe while playing organized sports. The organization was created in 2012 and has made significant efforts in enhancing safety in our Florida schools for the student-athlete. This program seeks to grow to offer additional statewide educational efforts on relevant topics on sports safety including Heat Stroke, Concussion, Exertional Sickling and Sudden Cardiac Arrest. Over 800 schools sponsor organized athletic programs within our great state of Florida. With a steady increase in numbers annually, nearly 800,000 school-aged kids now participate in these sports and activities.

# 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? <u>Department of Health</u>

# 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
350,000		350,000

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

Туре	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): <u>350,000</u>

9. Previous Year Funding Details:



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

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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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

No

# 11. Program Performance:

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

<u>Prevention of sports related catastrophic injury through advocacy and educational efforts specific to high</u> <u>school and middle school-aged children participating in sports and active activities</u>. Ideally this program exists to eliminate death due to heat stroke, second impact syndrome, exertional sickling, sudden cardiac arrest and <u>cervical spine injury associated with sports and physical activity</u>. It promotes best practice models to our <u>statewide schools which, when adopted, drastically reduce the likelihood of these sad cases</u>.

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

2018 Collaborative Solutions Meeting for Safety in Florida High School Sports educational conference for sports medicine providers, School Superintendents, School Principals, Coaches and Parents. Social media campaign connecting coaches and student-athletes in regard to specific safety parameters needed for participation in sports. Implementation of a state-wide injury reporting and tracking system for more accurate data collection. Speakers bureau for special events and topics.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and	Part-time CEO dedicated to	110,000



# The Florida Senate

# Local Funding Initiative Request - Fiscal Year 2018-2019

Benefits	the organization	
☑Other Salary and Benefits	Payroll taxes and accounting	30,500
☑Expense/Equipment/Travel/Supplies/Other	Attendance at national/state meetings for sports safety	15,500
Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	Staff salaries	60,000
☑Expense/Equipment/Travel/Supplies/Other	Operational supplies: Office, software, computer hardware, Staff travel and mileage	134,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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

Advocacy, educational, and screening services

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

Middle school and High school-aged student athletes are the direct beneficiaries of the programming. Over 800,000 student-athletes compete in Florida schools. Parents, coaches, administrators and sports medicine professionals are secondary beneficiaries taking the total expected served to over 2 million. This is serving a Financially Disadvantaged community.

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

<u>Eliminate death from sports injury and significantly reduce catastrophic injuries from sports</u>. Data will be collected annually through injury reporting databases via the FHSAA.

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? <u>None.</u>



- 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.
  <u>N/A</u>
- **13.** Requestor Contact Information:
  - a. Name: <u>Robert Sefcik</u>
  - **b.** Organization: <u>Florida Alliance for Sports Medicine</u>
  - c. Email: <u>Robert.sefcik@bmcjax.com</u>
  - d. Phone Number: (904)202-4332

#### 14. Recipient Contact Information:

a. Organization: Florida Alliance for Sports Medicine

- b. County: Leon
- c. Organization Type:
  - O For Profit
  - Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - O Local Entity
  - O University or College
  - O Other (Please specify)
- d. Contact Name: Robert Sefcik
- e. E-mail Address: Robert.sefcik@bmcjax.com
- f. Phone Number: (904)202-4332

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

- a. Name: None
- **b. Firm:** None
- c. Email:
- d. Phone Number: