



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Advanced Training of Pediatric Child Abuse Specialists

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

This will fund one 3 year Pediatric Child Abuse fellowship at the University Of Florida College Of Medicine – Jacksonville Division of Child Protection and Forensic Pediatrics. This extensive training will prepare the fellow to become an expert in all facets of child abuse and neglect, ultimately assisting the Child Protection Teams and the Department of Children and Families with child abuse investigations.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Board of Governors

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

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
300,000		300,000

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	100,000	25.0%
Other	0	0.0%
TOTAL	100,000	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>300,000</b>	<b>300,000</b>

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

Yes

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

300,000

**11. Program Performance:**

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

Develop a highly qualified group of pediatricians trained in the many components of child abuse/neglect - who would be the future leaders in Florida, many of whom will replace the current group of CMS Child Protection Team pediatricians who are nearing retirement.

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

Specialized education and training of pediatricians

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Director and Assistant Program Director	82,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Fellowship salary & fringe benefits - per fellow	198,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Professional meetings, travel, office supplies - per fellow	20,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Once sub-board certified, these pediatricians could serve as Child Protection Team medical directors for the Department of Health as it assists the Department of Children & Families investigate cases of child abuse and neglect.

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

Abused and neglected children

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

Child Abuse Sub-board certified pediatricians who will help identify and treat child abuse and neglect.

**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?**

10% failure for failure to provide quarterly reports within 30 days

**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:** Randell Alexander
- b. **Organization:** Florida Chapter American Academy of Pediatrics
- c. **Email:** ralexander@abusetnet.org
- d. **Phone Number:** (904)633-0190

**14. Recipient Contact Information:**

- a. **Organization:** University of Florida College of Medicine



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**b. County:** Alachua

**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:** Scott Rivkees

**e. E-mail Address:** srivkees@ufl.edu

**f. Phone Number:** (203)641-2545

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

**a. Name:** Douglas Bell

**b. Firm:** Metz Husband Daughton

**c. Email:** Doug.bell@mhdfirm.com

**d. Phone Number:** (850)205-9000