



# The Florida Senate

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

1. **Title of Project:** Electronic Personal Health Records

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

Electronic Personal Health Records System. Provides for storage and access of important data, documents, and photos for foster children. Data is available in electronic or mobile format.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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
350,000		350,000

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	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):** 350,000

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) 4

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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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:		350,000	350,000

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

Yes

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

\$350,000

### 11. Program Performance:

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

The funds will be utilized for the secure hosting and maintenance of the Personal Health Records (PHR) software. The budget includes staff for project implementation, help desk to assist users, and youth staff, formerly in foster care, to deliver the ongoing youth and caregiver training for the PHR system usage.

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

The PHR system allows the data and documents, critical to a youth's transition into adulthood, available quickly and effectively to a youth or caregiver in electronic and even mobile format. The system increases the likelihood that youth receive all of their important documents, photos, and history versus the current paper process.

#### 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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Staff to implement and monitor system	50,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Technology equipment, communications,	300,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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

The PHR system allows the data and documents, critical to a youth's transition into adulthood, available quickly and effectively to a youth or caregiver in electronic and even mobile format. The increases the likelihood of the youth receiving all of these important documents, photos, and history versus they current paper process.

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

Foster children.

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

The benefit will be to help provide quicker and better services to foster children. Output data: number of clients served and documents saved. Outcome data: system availability.

**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?**

Withhold a percentage of payment until the deliverables are met.

**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:**

- Name:** Elizabeth VanAker
- Organization:** Five Points Technology Group



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- c. **Email:** Elizabeth.VanAcker@fivetg.com
- d. **Phone Number:** (850)528-5444

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

- a. **Organization:** Five Points Technology Group
- b. **County:** Manatee
- 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:** Elizabeth VanAker
- e. **E-mail Address:** Elizabeth.VanAcker@fivetg.com
- f. **Phone Number:** (850)528-5444

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

- a. **Name:** Rebecca Roman
- b. **Firm:** Adams St. Advocates
- c. **Email:** Rebecca@adamsstadvocates.com
- d. **Phone Number:** (727)916-0608