



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mary Brogan Breast & Cervical Cancer

2. **Senate Sponsor:** Audrey Gibson

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

4. **Project/Program Description:**

Mary Brogan Breast & Cervical Cancer Early Detection Program (Sec. 381.93, F.S.) is a state and federally funded program that annually provides more than 14,000 low-income, medically underserved FL women between 50 and 64 access to cancer screening and diagnostic testing services.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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
2,600,000		2,600,000

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

Type	Amount	Percent
Federal	6,000,000	69.8%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	6,000,000	69.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,600,000

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) 5

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:	300,000	1,900,000	2,200,000

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

Yes

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

\$2,600,000.00

11. Program Performance:

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

Screen more women and save more lives

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

Screenings, treatments, services

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operational expenses	2,600,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,600,000

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

Screenings

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

Medically underserved women between the ages of 50 and 64 whose incomes are below 200% of the federal poverty level. Over 15,000 women.

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

Projected 400 women who otherwise would not have been diagnosed, will be treated for their cancer.

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?

None.

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:** Matt Jordan
- b. **Organization:** American Cancer Society Cancer Action Network
- c. **Email:** matt.jordan@cancer.org
- d. **Phone Number:** (850)519-2801

14. Recipient Contact Information:

- a. **Organization:** Florida Department of Health
- b. **County:** Statewide
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Department of Health

d. Contact Name: Matt Jordan

e. E-mail Address:

f. Phone Number: (850)519-2801

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: