



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2581

1. Title of Project: Patient Academic Program at Johns Hopkins All Children's Hospital

2. Senate Sponsor: Darryl Rouson

3. Date of Submission: 03/19/2019

4. Project/Program Description:

The Patient Academic Services department exists to keep patients and siblings engaged academically through the duration of their admission and beyond. It supports a connection to the schooling program chosen by the family and provides the normalcy of school and learning. Qualified and certified teachers teach students at their academic level and encourage growth. This includes direct instruction, after school tutoring, career planning, and school reintegration support.

5. State Agency to receive requested funds : Department of Health

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 500,000 |
| Fixed Capital Outlay | |
| Total State Funds Requested | 500,000 |

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

| Type of Funding | Amount | Percent |
|--|----------------|---------------|
| Total State Funds Requested (from question #6) | 500,000 | 100.00% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 0 | 0.00% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 500,000 | 100.0% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | NonRecurring | | |
| 2017-18 | | 425,000 | 110 | No |

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. \$500,000

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



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| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | 40% of the program team leader's salary is covered by the grant. The role of the team leader is to provide coordination and oversight to the school program. To act as a liaison for the team with county employees and hospital leadership. Team lead additionally helps patients and families with school choice options and provides supportive instruction at bedside. | 29,687 |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | 6.6 Florida Certified Teachers and one teacher's aide | 427,342 |
| Expense/Equipment/Travel/Supplies/Other | Curriculum support and instructional supplies. | 42,971 |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

11. Program Performance:

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

To provide instruction to Florida students (ages 3 and up) who are hospitalized or in treatment for chronic or life limiting medical treatments and conditions using certified teachers.

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

Instructional support at bedside and outpatient clinical settings. After school tutoring is available for patients who need continued support after treatment is completed. Career planning and college prep are included in these supports.

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

Tutoring, instructional support, liaison with home school, cultural and learning enrichment, career planning, at-risk intervention, and college planning and preparation (SAT/ACT, FAFSA support, GED support, Exam proctoring, etc.)

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

With 7 teachers and 1 teacher's aide, it is expected that 5,500 students will be served annually. The target age for students is 3 years of age through college age.

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



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Improved quality of education and student success as measured via online assessment tool; improved graduation rates as measured by # of students who graduate and/or successfully pass the GED; improved self esteem, motivation and drive for school success as measured by survey and anecdotal reports; increased number of cultural enrichment activities as measured by tracking the number of activities; and improved economic self-sufficiency as measured by the number of students who participated in career and financial planning activities.

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?

Penalties could include returning the funds to the state associated with unmet deliverables.

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:** Kristin Maier
- b. **Organization:** Johns Hopkins All Children's Hospital
- c. **E-mail Address:** kmaier6@jhmi.edu
- d. **Phone Number:** (727)767-3957

14. Recipient Contact Information:

- a. **Organization:** Johns Hopkins All Children's Hospital
- b. **County:** Pinellas
- 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:** Kristin Maier
- e. **E-mail Address:** kmaier6@jhmi.edu
- f. **Phone Number:** (727)767-3957

15. Lobbyist Contact Information

- a. **Name:** Amanda Stewart
- b. **Firm Name:** Corcoran & Johnston Government Relations
- c. **E-mail Address:**
- d. **Phone Number:** (813)404-5216