

LFIR # 1254

Canata Cuana							
Senate Sponsor	Oscar Braynon						
Date of Request	11/12/2019						
roject/Program Description							
CERVICAL CANCER PREVENTION AND DETECTION							
THROUGH EARLY D CANCER. WITH THIS	NCE OF CERVICAL CANCER BY INCI ETECTION AND REDUCE THE OVER S FUNDING, 400 WOMEN AGES 21 TO IVE RESULTS, A COLPOSCOPY WIL	ALL COST OF TREATING \ O 49 WILL RECEIVE EDUC	WOMEN DIAGNOS	ED WITH CERVICAL			
State Agency to	receive requested funds De	partment of Health					
State Agency con	tacted? ○ Yes ● No						
Amount of the No	onrecurring Request for Fisca	al Year 2020-2021	-				
Type of Fundin	g	Amount					
Operations		246,732					
Fixed Capital Ou	utlay	000					
Total State Fun	ds Requested	246,732					
•	et for Fiscal Year 2020-2021 (i			for this project)			
Type of Funding	y s Requested (from question #6	Amount 246732	Percentage 66.0 %				
Matching Funds		240732	00.0 70				
Federal		00	0 %				
	the amount of this request)	00	0 %				
Local	· ,	126,000	34 %				
Other		00	0 %				
Total Project Co	osts for Fiscal Year 2020-2021	372,732	100 %				
	previously received state fund most recent instance:	ding? O Yes •	No				
Fiscal Year	Amount	Spec	cific				
(yyyy-yy)	Recurring N	onrecurring Appropr	iation # Vetoed				



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	DIRECTOR OF QUALITY IMPROVEMENT AND OB COORDINATORS TO OVERSEE PROGRAM COMPLIANCE.	21,382
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study	PROVIDE CERVICAL CANCER SCREENING TESTS INCLUDING COLPOSCOPIES FOR ELIGIBLE UNINSURED WOMEN.	225,350
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	246,732



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11. Program Performance

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

THE PURPOSE AND GOAL IS TO REDUCE INCIDENCE OF CERVICAL CANCER BY INCREASING ACCESS TO ROUTINE

	WOMEN DIAGNOSED WITH CERVICAL CANCER. WITH THIS FUNDING, 400 WOMEN AGES 21 TO 49 WILL RECEIVE EDUCATION, CARE COORDINATION. FOR HIGH RISK AND/OR POSITIVE RESULTS, A COLPOSCOPY WILL BE PROVIDED.					
b.	What activities and services will be provided to meet the intended purpose of these funds?					
	FREE CERVICAL CANCER TEST, CARE COORDINATION AND PATIENT EDUCATION ON IMPORTANCE OF EARLY DETECTION AND PREVENTION.					
C.	What direct services will be provided to citizens by the appropriation project?					
	THE DIRECT SERVICES TO 400 CITIZENS, AGES 21 TO 49, WILL INCLUDE FREE PAP TESTING AND COLPOSCOPIES FOR WOMEN WHO ARE HIGH RISK AND/OR RECEIVE POSITIVE TEST RESULTS.					
d.	Who is the target population served by this project? How many individuals are expected to be served?					
	THE TARGET POPULATION SERVED BY THIS PROJECT WILL BE 400 ELIGIBLE UNINSURED WOMEN BETWEEN THE AGES OF 21 AND 49.					
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?					
	EXPECTED OUTCOME OF THIS PROJECT WILL BE TO INCREASE ACCESS TO CERVICAL CANCER SCREENINGS FOR WOMEN AGES 21-49 AND TO INCREASE EARLY DETECTION THROUGH EDUCATION AND CARE COORDINATION. THE METHODOLOGY BY WHICH THIS OUTCOME WILL BE MEASURED BY DATA EXTRACTED FROM ELECTRONIC HEALTH RECORD CONFIRMING COMPLETION OF PAP TEST AND COLPOSCOPY.					
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?					
	SUGGESTED PENALTY FOR NOT MEETING PERFORMANCE MEASURES COULD BE REDUCTION IN PAYMENT.					



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R	equestor Contact	Information		
а	. First Name	ROSALYN	Last Name	FRAZIER
b.	. Organization	BROWARD COMMUNITY AND F	AMILY HEAL	TH CENTERS
C.	. E-mail Address	RFRAZIER@BCFHC.ORG		
d	. Phone Number	(954)266-2999	Ext.	
R	ecipient Contact l	Information		
a.	. Organization	BROWARD COMMUNITY AND F	AMILY HEAL	TH CENTERS
b	. Municipality and County Broward			
C.	: Organization Type			
For-profit Entity				
	O Non-Profit 5	501(c) (3)		
	O Non-Profit 5	501(c) (4)		
	Local Entity			
	University of	r College		
	Other (please	se specify) Non Profit 501(c) (3)		
d.	. First Name	ROSALYN	Last Name	FRAZIER
e	. E-mail Address	RFRAZIER@BCFHC.ORG		
f.	Phone Number ((954)2662999		
L	obbyist Contact I	nformation		
а	ı. Name	YOLANDA CASH JACKSON		
b	. Firm Name	BECKER & POLIAKOFF		