



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1695

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This project supports the Department of Health's Legislative Budget Request (LBR) and the Governor's recommendation for an additional \$359,634 in recurring Donations Trust Fund (2168) authority, within the Children's Medical Services budget entity (64300100), in contracted services category (100777), in the Health Services to Individuals program component (13.01.00.00.00), to expand genetic services throughout the state. The Department anticipates that adding satellite clinics to the existing genetic services contracts, would increase each of the contracts to \$1,000,000. Specifically, this request supports the continuation of the funding for the 4th center located in Jacksonville of \$1million to match the funding for the other 3 centers. In total, the centers will allow the centers to meet the needs of growing numbers of new born children and the growing number of genetic tests. This will result in the ability of the state to provide ever growing and advancing medical care.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="1,000,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="1000000"/>	<input style="width: 100%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,000,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text" value="2019-20"/>	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="1,000,000"/>	<input style="width: 100%;" type="text" value="523"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Director - Pediatric Geneticist 1.0 FTE	294,500
Other Salary and Benefits	Staff 2nd Pediatric Geneticist - 1.0 FTE; Genetic Counselor - 1.0 FTE; ARNP - 1.0 FTE; Registered Dietitian - 1.0 FTE; RN Care Manager - 1.0 FTE; Medical Assistant - .5 FTE; Licensed Clinical Social Worker - .5 FTE	681,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	This request contemplates study contracted services as well as coordination among the 4 pediatric genetic centers.	24,500
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>



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## 11. Program Performance

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

Meet demand for genetic services which have increased due to population growth/new births, increased number of tests required for New Born Genetics testing and advances in genetic technology.

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

Genetic Testing as required under State law, follow up services for children identified with genetic disorders, coordination of services throughout the state by optimizing coordination and collaboration.

- c. What direct services will be provided to citizens by the appropriation project?

Genetic testing, confirmation of test results, follow for medically necessary services, post testing and diagnosis

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

All children born in the State of Florida and tested under the requirements of the Department of Health in conjunction with all related hospitals.

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

Recruitment of necessary workforce to meet demand for services.  
Identifying and promptly treating children with genetic disorders allows for timely treatment to improve health outcomes, reduce costs, and improve quality of life for children and their families.

- 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?

The contract between Wolfson's Children's Hospital and the Department of Health contains measurable objectives and penalties for none performance.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Not requested

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.