

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1703

1.	Project Title	University of Florida - Jacksonville - Child Abuse Pediatrics Fellowship							
2.	Senate Sponsor	Gayle Harrell							
3.	Date of Request	02/05/2021							
4.	Project/Program Description								
	This funding supports on-going Child Abuse Pediatrics fellowships. Fellows in this subspecialty training help to support Child Protection Team functioning during their 3 years, develop medical expertise, evaluate patients, work with community partners, and may contribute to the CPT workforce over time.								
5.	State Agency to receive requested funds Department of Education								
	State Agency conta	acted? No							
6.	Amount of the Non	recurring Request	for Fiscal Yea	ar 2021-2	2022				
	Type of Funding				Amount				
	Operations				300,000				
	Fixed Capital Outlay	У			0				
	Total State Funds	Requested			300,000				
7.	Total Project Cost f	for Fiscal Year 202	1-2022 (includ	ling mat	ching funds ava	ilable for this proje	ect)		
	Type of Funding				Amount	Percentage			
	Total State Funds R	Requested (from que	estion #6)		300,000	100%			
	Matching Funds								
	Federal				0	0%			
	State (excluding the	amount of this requ	uest)		0	0%			
	Local				0	0%			
	Other				0	0%			
	Total Project Costs	s for Fiscal Year 2021-2022			300,000	100%			
8.	Has this project pr	eviously received	state funding?	? Ye	es		1		
	Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurri	ng A	Specific ppropriation #	Vetoed			
	2020-21	0	300	0,000	452	No			
9.	Is future funding li								
	a. If yes, indicate n	onrecurring amou							
	b. Describe the so	urce of funding tha	at can be used	l in lieu	of state funding				
	Not applicable								
10). Has the entity req	uesting this projec	ct received an	y federa	ıl assistance rela	ated to the COVID-	19 pandemic?		
	No			•			•		
	If yes, indicate the	amount of funds i	received and v	what the	funds were use	ed for.			



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

Spending Category	Description	Amount					
Administrative Costs:							
Executive Director/Project Head Salary and Benefits	\$79,653 salary and \$1192 fringe	80,845					
Other Salary and Benefits	Salaries and fringe (2 concurrent fellows and 2nd Child Abuse Pediatrician - assistant to the program).	203,982					
Expense/Equipment/Travel/Supplies/ Other	Physician travel, fellow travel, CPT business/activities. Registration fees (professional organizations)	15,173					
Consultants/Contracted Services/Study		0					
Operational Costs: Other							
Salary and Benefits		0					
Expense/Equipment/Travel/Supplies/ Other		0					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering		0					
Total State Funds Requested (must equal total from question #6) 300,0							

12. Program Performance

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

This will help to fund the only Child Abuse Pediatric fellowship program in Florida. This fiscal support for the fellowship will increase expertise in medical aspects of child abuse, adds to the current Child Protection Team workforce, and may lead to additions to the CPT medical workforce in the future.

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

This will help fund the salaries and expenses for up to 3 fellows to aid in their training and service. Child Abuse Pediatrics fellows will receive education that includes clinical service, research, and education. This includes medical evaluation of children alleged to have been abused - seen in outpatient and inpatient hospital settings. Fellows will be taught by the program faculty, university and Nemours faculty, and community personnel. By using national curricula quidelines, the fellowship shapes the fellows into the next generation experts.

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

Fellows are pediatricians who are in extra training to be specialists in Child Abuse Pediatrics. During their fellowship they are part of the Child Protection Team and evaluate patients and families in clinic and hospital settings, work with community partners on cases, and testify in court on behalf of children when necessary.

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

Up to 3 child abuse fellows (one for each year of the three years of training).

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

Training of fellows provides direct services during the training itself. This is evaluated by the Program Director, various fellowship committees, and by the DOH Child Protection Team measures for all medical providers. Ultimately the fellow should pass the national examination to become board certified. Some may choose to practice in Florida upon completion.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?

Should the fellowship fail to recruit a candidate for a given year, the funding would be reduced accordingly. Should a fellow quit, the funding would be reduced accordingly.

13. 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 Applicable



d. Phone Number (850)205-9000

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14. Requestor Contact Information								
a. First Name	Randell	Last Name	Alexander					
b. Organization	Florida Chapter, American Academy of Pediatrics							
c. E-mail Address	ralexander@abusenet.org							
d. Phone Number	(904)655-9505	Ext.						
15. Recipient Contact Information								
a. Organization	Organization University of Florida - Jacksonville, Dept. of Pediatrics							
b. Municipality and County Duval								
c. Organization Ty	c. Organization Type							
□For Profit Entity	r Profit Entity							
□Non Profit 501(c	□Non Profit 501(c)(3)							
□Non Profit 501(c	501(c)(4)							
□Local Entity	cal Entity							
☑University or Co	ollege							
□Other (please sp	□Other (please specify)							
d. First Name	Randell	Last Name	Alexander, MD, PhD.					
e. E-mail Address	ralexander@abusenet.org							
f. Phone Number	f. Phone Number (904)244-3056							
16. Lobbyist Contact Information								
a. Name	Douglas Bell Metz, Husband & Daughton, PA doug.bell@mhdfirm.com							
b. Firm Name								
c. E-mail Address								