



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Palm Beach County Operation Pill Drop

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**

Funding will provide for additional prescription drug disposal boxes to increase accessibility and supplement the ones we are already utilizing as well as allow for increased awareness of the program's existence and the location of these boxes to aid in combating the opioid epidemic in PBC. This project was established and is supported by Palm Beach County Sheriffs Office, the Narcotics, Overdose Prevention and Education Task Force and Solid Waste Authority of Palm Beach County.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

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
50,000		50,000

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

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

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 50,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?  
e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

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

No

### 11. Program Performance:

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

Reduced number of prescription drugs being flushed into water system protects against pharmaceuticals from getting into local waterways, affecting fish and wildlife. Additionally, this reduces the possibility of controlled substances getting into the hands of children and minors.

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

To acquire the secure prescription drug disposal mailboxes and supplies. To establish a robust community awareness program through traditional and new media and marketing techniques.

#### 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		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Secure prescription drug disposal mailboxes and supplies.	10,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Community awareness program and marketing	40,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

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

The overall goal is to increase public safety by providing a convenient location for citizens to dispose of unused or expired prescription medications, including narcotics and opiates, in a safe manner. Decreases availability of excess and unwanted prescription drugs for drug users to access.

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

General Population greater than 800 people

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

Pill Drop Boxes for medication disposal to ensure public safety and prevent addiction and accidental overdoses. By report of comparison to previous years of quantity and weight of prescription drugs collected in the past prior to implementation of this program.

**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.**

None

**13. Requestor Contact Information:**

- Name:** Jeff Kadel
- Organization:** Palm Beach County Substance Awareness Coalition
- Email:** JeffKadel@pbcsac.org
- Phone Number:** (561)374-7627



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### **14. Recipient Contact Information:**

**a. Organization:** Palm Beach County Substance Awareness Coalition

**b. County:** Palm Beach

**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:** Jeff Kadel

**e. E-mail Address:** JeffKadel@pbcsac.org

**f. Phone Number:** (561)374-7627

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**