



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2354

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

4. **Project/Program Description**

The Tallahassee Memorial Healthcare Program for At-Risk Babies and Mothers will provide direct services that include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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: 80%;" type="text" value="100,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>100,000</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: 80%;" type="text" value="100000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>100,000</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: 80%;" type="text"/>				

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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	Medical personnel to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	90,000
Expense/Equipment/Travel/Supplies/Other	Medical supplies to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	10,000
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>



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## 11. Program Performance

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

Proviso is proposed: The Agency for Health Care Administration shall include a governmentally designated program for hospital services for at-risk mothers and babies pursuant to sections 383.15 - 383.19, F.S., as a tier for the Low-Income Pool. Pursuant to s. 383.19, F.S., Tallahassee Memorial Healthcare is authorized as a Regional Perinatal Intensive Care Center and shall be included in this tier for the 2020-2021 Low Income Pool Model.

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

Obstetrical Services to women who have a high-risk pregnancy and care for newborns with special health needs.

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

Direct services will include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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

The target population are at-risk mothers and babies and mothers with poor physical health. We expect to serve between 401 - 800 individuals.

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

This project will reduce the risk of serious illness for pregnant women and newborns, and provide medical care to women with high-risk pregnancies and newborns who are sick or born too early. Comparison of the rate of risk of serious illness for pregnant women with high-risk pregnancies participating in the program with those pregnant women not in the program.

- 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?

No funding is to be appropriated; therefore, no penalties are suggested.



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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.**

N/A

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.