

LFIR # 2494

Project Title	Florida Chiropractic Society Drug Free Alternatives for Pain Treatment			
Senate Sponsor	Gayle Harrell			
Date of Request	01/22/2020			
Project/Program I	Description			
order to bolster the effor	1 (2019) requires health care practitioner ectiveness of chiropractic as an alternativoractors to learn new strategies for pain new strategies for pain new sthroughout the state to educate chiropratics.	ve to opioid prescriptions, the nanagement as an alternate	nis awareness car	mpaign will provide
State Agency to r		artment of Health		
Amount of the No	onrecurring Request for Fiscal	Year 2020-2021		
Type of Funding	9	Amount		
Operations		115,000		
Fixed Capital Ou	tlay	000		
Total State Fund	ds Requested	115,000		
Total Project Cos	t for Fiscal Year 2020-2021 (ind	cluding matching fu	nds available	for this project)
Type of Funding		Amount	Percentage	
	s Requested (from question #6)	115000	100.0 %	
Matching Funds		00	0 0	
Federal State (evaluding	the amount of this request)	00	0 %	
<u>`</u>	the amount of this request)	00	0 %	
Local		00	0 %	
Other			9	
Other Total Project Co	sts for Fiscal Year 2020-2021		100 %	
Total Project Co	osts for Fiscal Year 2020-2021 oreviously received state funding most recent instance:	115,000	100 % No	

115,000

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary support for administrative staff to perform additional duties under the program.	15,000
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Travel costs for conference speakers. Educational brochures, displays, and other materials for conference events.	20,000
Consultants/Contracted Services/Study	Payment for conference speakers.	80,000
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	l tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	115,000



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1	1	١.	Prog	gram	Perf	or	man	се

Ρ	rogram Performance
٧	Vhat specific purpose or goal will be achieved by the funds requested?
- 1	The appropriated funds will be used to educate licensed Florida chiropractors on strategies for pain management as an alternative to opioid use.
\ V	What activities and services will be provided to meet the intended purpose of these funds?
E	Educational conferences will be held throughout the state to reach licensed Florida chiropractors in their local communities.
\	What direct services will be provided to citizens by the appropriation project?
E	Education on strategies for non-opioid pain management to licensed Florida chiropractors.
L	Who is the target population served by this project? How many individuals are expected to be served? Licensed Florida chiropractors. Individuals to be served indeterminate, but targeting as many of the over 7,000 licensed Florida chiropractors as possible.
V	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
ķ	Improve mental health and reduce substance abuse - chronic pain is known to lead to mood disorders such as anxiety and depression and often leads to abuse of substances such as opioids. Teaching effective pain management strategies to chiropractors presents the opportunity for effective longterm pain relief. Methodology will include measurement of the number of chiropractors successfully completing the program.
	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?
÷	Cessation of funding if activities are not conducted according to schedule.



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	lot applicable.				
Re	equestor Contact	: Information			
a.	First Name	Eddie	Last Name	Martinez	
b.	Organization	Florida Chiropractic Society			
c.	E-mail Address	admin@floridachiropractic.org			
d.	Phone Number	(561)383-7722	Ext.		
_	ini				
	ecipient Contact				
	Organization	Florida Chiropractic Society			
b.	. Municipality and County Statewide				
c.	Organization Typ	oe e			
	O For-profit E	rofit Entity			
	O Non-Profit 5	501(c) (3)			
	O Non-Profit 5	501(c) (4)			
	 Local Entity 	,			
	O University of	or College			
	Other (please)	se specify) 501(c)(6)			
d.	First Name	Eddie	Last Name	Martinez	
e.	E-mail Address	admin@floridachiropractic.org			
	Phone Number				
	_				
Lo	obbyist Contact I	nformation			
a.	. Name	Paul Lowell			
b.	Firm Name	Converge Government Affairs of	Florida, Inc.		
c.	E-mail Address	paul@convergegov.com			