



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Patient Academic program at Johns Hopkins All Children's Hospital

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

Providing instructional support for Florida's most fragile student population. This program will provide Florida certified teachers who will instructionally support patients and siblings, who are hospitalized or in treatment for chronic and life limiting illnesses.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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

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
500,000		500,000

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):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:	425,000		425,000

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

Yes

a. If yes, indicate non-recurring amount per year.

Yes. At least \$500,000 per year, depending on patient volume trends.

11. Program Performance:

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

To provide instruction to Florida students (ages 3 and up) who are hospitalized or in treatment for chronic or life limiting medical treatments and conditions using certified teachers.

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

Instructional support at bedside and in an out patient clinic setting. After school tutoring available for patients who need continued support after treatment is completed. Career planning and college prep are included in these supports.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	40% of the Coordinators salary	30,500
<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 checked="" type="checkbox"/> Salary and Benefits	6 Florida certified teachers and one teacher's aide	425,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Curriculum supports and instructional supplies	44,500
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Instructional supports, tutoring, 1:1 instruction, career planning, and school reintegration planning and supports.

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

Over 3,000 students are expected to be served with our target population being Florida students ages 3 and up who are hospitalized or in treatment at Johns Hopkins All Children's Hospital.

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

The expected benefit is to keep hospitalized Florida students connected to their school and moving forward in their school work. Allowing them to continue to be a student while in treatment for chronic and life limiting illnesses. Outcomes are measured by anecdotal records, surveys, and monthly data collections on hours spent on instruction.

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?

Penalties could include returning the funds to the state associated with unmet deliverables.

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.

Johns Hopkins All Children's Hospital

13. Requestor Contact Information:

- a. **Name:** Alicia Riggs
- b. **Organization:** Johns Hopkins All Children's Hospital
- c. **Email:** Ariggs1@jhmi.edu
- d. **Phone Number:** (727)767-4130



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14. Recipient Contact Information:

a. **Organization:** Johns Hopkins All Children's Hospital

b. **County:** Pinellas

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:** Alicia Riggs

e. **E-mail Address:** Ariggs1@jhmi.edu

f. **Phone Number:** (727)767-4130

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

a. **Name:** Anita Berry

b. **Firm:** Corcoran and Johnson

c. **Email:** anita@corcoranfirm.com

d. **Phone Number:** (301)524-0172