



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1316

1. **Project Title** BEST Academy: Preparing A Youth Healthcare Workforce2. **Senate Sponsor** Darryl Rouson3. **Date of Request** 11/14/20194. **Project/Program Description**

In 2004 Dr. Dexter Frederick founded the BEST Program (Brain Expansions Scholastic Training) to address the clear and urgent disparity gap of minority and under-represented youth in the medical professions. The non-profit organization promotes academic excellence among middle and high school students by exposing them to health care career paths and providing instructional support to improve grades and increase high school and college completions rates. Over the past 15 years, the program has successfully implemented evidenced based practices to enable youth to overcome educational, personal and financial barriers. The BEST Program has afforded more than 600 students the opportunity to earn industry certification, gain employment through apprenticeship, and enter the medical workforce that Florida urgently needs.

5. **State Agency to receive requested funds** Department of EducationState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,305,000
Fixed Capital Outlay	000
Total State Funds Requested	1,305,000

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)	1305000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,305,000	100 %

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		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director- Responsible for supervision and oversight of the program and ensure effectiveness, including hiring; training, managing all staff, communicating with the state, hospitals and university leader.	65,000
Other Salary and Benefits	Data Entry and Management Specialist - Provides back office functions to include direct support to payroll, IT, accounting support, HR Support and other corporate level functions including research.	65,000
Expense/Equipment/Travel/Supplies/Other	Office Supplies, Printing/ Coping/Postage Travel expenses, Training, Operational/Administrative fees and functions. Liability Insurance	50,000
Consultants/Contracted Services/Study	Compensation for Accountant, Audit/bookkeeper and Program Instructors.	75,000
Operational Costs: Other		
Salary and Benefits	Five Program Managers- including medical mentor recruiters and trainers community engagement. These team member will engage in the community for the purpose of creating experimental learning opportunities for academy participants.	575,000
Expense/Equipment/Travel/Supplies/Other	Medical school field trips and other medical education facilities. Subcontract with community partners to sustain projects, develop programs, and extend outreach opportunities.	350,000
Consultants/Contracted Services/Study	Curriculum Developer- Social Media Manager-Program Evaluator	125,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,305,000



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11. Program Performance

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

The purpose and the goal of the BEST Program is to increase the number of minority healthcare professional by nurturing and preparing high school and college students to become nurses, physicians, surgeons and other healthcare professionals. These graduates provide a pool of healthcare professionals capable of addressing the needs critical to the health of the citizens of Hillsborough and Pinellas counties. For 15 years BEST has successfully implemented evidenced-based programing intended to develop a high trained talent pool of medical professionals prepared to serve underrepresented and minority communities throughout Florida. BEST is the only non-profit organization in Hillsborough County serving minority youth by exposing them to health care career path and giving them the opportunity for experiential learning with the hospital as their classroom

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

BEST Program participants will be given 3 types of services. First, BEST delivers a structured curriculum designed to achieve academic excellence among middle and high school participants with a primary outcome of better grades and completion rates. Students undergo intensive training of medical skill, memory enhancement skills, and critical learning modules. Second, students participate in summer experiential learning opportunities through doctor led hospital labs and rotations. Third, the year-long academic curriculum teaches a more-in-depth study of social determinants of health policy and preventative health approaches to diseases that affect their community.

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

The direct services that participants will receive are mainly two components which includes a summer hospital-based experiential learning program and a year-long academic program focused on social determinants of health and medical research and practices. The students involved in this program would benefit by having the opportunity for volunteerism and access and exposure to various health care professions.

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

The target population to be served are BEST Academy students in high school and college between the ages of 14-24 living in Hillsborough and Pinellas County. The population will primarily compose of under-represented and economically disadvantaged youth. Approximately 500 individuals will be expected to be served. With the support from the school district attempting to closing the gap of the lack of available qualified health care providers in low-income communities.

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

There are several expected benefits and outcomes of this project. Specifically, the BEST Program aims to increase the number of high school students that are knowledgeable about the process of pursuing a health career; it aims to increase the number of students who actually chose and pursue health careers path; it aims to increase the number of healthcare certifications earned, and increase the number of minority graduates entering medical related professions. The methodology will be to collect and analyze participation and completion data. These data will include the number and type of student job shadowing/pre-apprenticeship experiences; survey data regarding, student participation in STEM Courses; exit survey data of graduating seniors about local hospital shadowing and their satisfaction 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?

BEST Academy acknowledges the agency is required to assess penalties for unmet deliverables or performance measures. As a first step, BEST would request additional time to deliver services for students activity in the program and/or modify the frequency of services delivered to ensure expected outcomes are reached. In the event efforts in rectifying the program is not met, nominal financial consequences would apply.



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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.