



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2384

1. **Project Title** School Telehealth Services for Fiscally Constrained Counties

2. **Senate Sponsor** Aaron Bean

3. **Date of Request** 01/16/2020

4. **Project/Program Description**

To provide telehealth services to children in underserved Florida school districts. By providing the necessary equipment and physician-supervised nurse practitioners, this program can provide health care, including mental health services, to underserved populations in Florida's rural and fiscally constrained counties.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	000
Total State Funds Requested	2,000,000

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)	2000000	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	2,000,000	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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2384

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	Full-time nurse practitioners provide for instant connectivity as well as physician supervision to ensure compliance. 24/7 technical support. Installation and training personnel.	<input style="width: 90%;" type="text" value="500,000"/>
Expense/Equipment/Travel/Supplies/Other	Telehealth equipment package, installation and initial training. 24/7 technical support with IT staff having over 100 years combined experience. Unlimited virtual training and support. Training for new school employees on software. 5-year warranty on equipment package.	<input style="width: 90%;" type="text" value="1,500,000"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		<input style="width: 90%;" type="text" value="2,000,000"/>



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2384

11. Program Performance

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

Provide telehealth services to children in underserved Florida school districts. By providing the necessary equipment and physician-supervised nurse practitioners, this program can provide health care, including mental health services, to underserved populations.

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

Provide full-time nurse practitioners with appropriate physician supervision. Installation of desktop hardware, initial training, 24/7 technical support, unlimited virtual training and support, training for new school employees, 5-year warranty on the equipment package.

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

The activity and services listed above will be implemented in Florida schools in fiscally constrained counties to provide quality, efficient healthcare to underserved communities. This includes the ability to see a mental health specialist which is often not accessible in rural areas.

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

Target population includes, but is not limited to, persons with poor physical health, persons with poor mental health, economically disadvantaged persons, at-risk youth, students in our public school systems, teachers and support staff of our public school systems. Thousands of persons in the target population expect to be served.

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

Increased access to medical care and mental health counseling in rural, underserved counties in our state. Measure number of counseling sessions and medical visits taken through increased access to care.

- 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?

Failure to meet performance measures could result in cessation or revocation of contract funding.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2384

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 Bobby Last Name Hulslander
- b. Organization Fulfilling Lives Foundation Inc.
- c. E-mail Address bobby417@outlook.com
- d. Phone Number (904)738-1585 Ext.

14. Recipient Contact Information

- a. Organization Fulfilling Lives Foundation Inc.
- b. Municipality and County Statewide
- 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 Bobby Last Name Hulslander
- e. E-mail Address bobby417@outlook.com
- f. Phone Number (904)7381585

15. Lobbyist Contact Information

- a. Name Joe Mobley
- b. Firm Name The Fiorentino Group
- c. E-mail Address jmobley@thefiorentinogroup.com
- d. Phone Number (904)3582757 Ext.