



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1417

1. Project Title Foundation for Sickle Cell Disease Research - Eliminate Sickle Cell Disease COVID-HID

2. Senate Sponsor Darryl Rouson

3. Date of Request 02/02/2021

#### 4. Project/Program Description

Florida has the highest number of individuals living with sickle cell disease (SCD). COVID data collected on SCD patients demonstrate more than half had been hospitalized three or more times during the COVID-19 pandemic. In a sample of 206 patients, average age 28: 122 (69%) patients were hospitalized during their COVID-19 illness, 19 (11%) were admitted to the ICU and 7 percent died. For the same age group without SCD, these statistics are less than one percent. This project aims to eliminate Sickle Cell Disease COVID hospitalization, intensive care unit admission and death for this disease that is listed by the CDC as having severe health outcomes if infected with COVID.  
<https://www.cdc.gov/media/releases/2020/p0625-update-expands-covid-19.html>

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	125,000	33%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>375,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 250,000

b. Describe the source of funding that can be used in lieu of state funding.

Revenue from providing direct services

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

From a grant through St. Thomas University in Miami Gardens, Florida, the Foundation received \$75,000 to provide on-site COVID services and medicine services to 155 Miami-Dade County residents.

#### 11. 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	Responsible for the oversight of overall management of the project.	10,000
Other Salary and Benefits	Grants and finance administrators are responsible for providing financial and administrative support services to designated program staff, assist with oversight of implementation and monitoring.	20,000
Expense/Equipment/Travel/Supplies/Other	Administrative office and travel expenses for 7 locations in the designated areas. These expenses are used for the operations of the main and satellite office and includes costs associated with general services information technology.	50,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Clinical staff, technicians, programmers, and laboratory assistants to carry out the project in each service area.	75,000
Expense/Equipment/Travel/Supplies/Other	Other operational expenses include COVID cleaning services, utilities, equipment to carry out the project functions, staff travel, and training.	75,000
Consultants/Contracted Services/Study	Consultants will provide expertise to project by assisting with getting the word out and improving performance operations.	20,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

#### 12. Program Performance

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

Florida has the highest number of individuals living with sickle cell disease (SCD). COVID data collected on SCD patients demonstrate more than half had been hospitalized three or more times during the COVID pandemic. In a sample of 206 patients, average age 28: 122 (69%) patients were hospitalized during their COVID-19 illness, 19 (11%) were admitted to the ICU and 7 percent died. For the same age group without SCD, these statistics are less than one percent.

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

Patient assessment, disease management, connecting patients to providers to care for COVID related illnesses through direct in-person services, telemedicine, and telehealth.

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

Services provided include telehealth/telemedicine strategies, personal care, activities of daily living, access to health services, COVID prevention education, and PPE.

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

Individuals with sickle cell disease and sickle cell trait. More than 800 individuals will be served.

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



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be measured?

Reduce COVID related hospitalizations, ICU admissions and Deaths. Improve COVID prevention education for vulnerable health conditions. Information will be obtained from hospital medical records, Foundation's electronic health records and direct information from patient's and families. Document the education provided and assess through demonstration or properly wearing a mask, hand washing, social distancing, and staying up to date on all necessary vaccinations.

**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 the contract?**

Failure to meet deliverables: Service Provider shall be penalized by determined percentage with respect to any failure by Service Provider to meet the Acceptance Criteria for any Deliverable as set forth in the applicable Work Agreement.

**13. 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.**

The organization is a not-for-profit. There is no ownership.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number