



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 2012

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

To provide prevention, early intervention, education, medical treatment, support services and on-going case management to improve the quality of life for the over 400,000 Floridians living with epilepsy and their families while simultaneously saving the State of Florida money and valuable resources.  
90% of patients report fewer emergency room visits once enrolled in the Florida Epilepsy Services Program.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	83%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	17%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>600,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	2,668,230	250,000	443	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

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

Florida Epilepsy Service Providers will continue to seek funds to augment state funding from grantors, individuals and other government agencies.  
The nonrecurring amount is to replace drastic cuts in the Seat Belt Trust Fund over the years.

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



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

Some of the Florida Epilepsy Service Providers received PPP funding utilized for salaries and rents totaling \$450,000.

**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	5% of the funds requested will be used towards administrative staff salaries plus 14% for fringe benefits	28,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	New client database software to replace an antiquated current system. New system will allow for ease of reporting to the DOH.	25,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	33% of the funding will be expended on additional program staff – case managers who work directly with clients and prevention and education coordinators who educate the community at large and fringe benefits.	165,000
Expense/Equipment/Travel/Supplies/Other	10% of the funding will provide printed educational materials, online educational materials, travel for program staff to attend health fairs, provide online and in-person presentation and outreach to the community at large about epilepsy prevention and first aid.	50,000
Consultants/Contracted Services/Study	46% of funding will pay doctors and hospitals across the state at vastly reduced rates for medical visits and diagnostic testing for patients economically qualified. Negotiated rates with medical professionals treats a single patient for approximately \$851 annually plus in-kind donations of \$1,100. This cost compares to AHCA 2017 ED visits for epilepsy patients at an average statewide cost of \$8,571 per visit.	231,500
<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>500,000</b>

**12. Program Performance**

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

To provide prevention, early intervention, education, medical treatment, support services and on-going case management to improve the quality of life for the over 400,000 Floridians living with epilepsy and their families while simultaneously saving the State of Florida money and valuable resources.  
90% of patients report fewer emergency room visits once enrolled in the Florida Epilepsy Services Program.

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

Medical and diagnostic services, individualized case management, prescription medication assistance, support groups, education and family support services for those with a diagnosis of epilepsy and epilepsy prevention and education for the community at large.

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

Medical visits and all diagnostic services including EEG's and MRI's, individualized case management, prescription medication assistance, support groups, education and family support services.

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



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Over 400,000 Floridians with epilepsy and their families as well as educating the community at large about prevention and seizure first aid.

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

Benefit: Reduced emergency room visits; improved seizure management measured through an annual client survey.  
Benefit: Patients will have better understanding and control of their seizures measured through an annual client survey.  
Benefit: Improved seizure control for many means job and education opportunities measured through an annual client survey.

**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?**

Current contracts affords monthly fiscal penalties for any epilepsy service provider not meeting the required deliverables and performance measures of the contract.  
Deliverables and performance measures are determined annually based on income received for services.

**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.**

N/A



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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