



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1101

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This will help fund the Child Abuse Pediatrics fellowships. This fiscal support for the fellowship will increase expertise in medical aspects of child abuse, adds to the current CPT workforce, and may lead to additions to the CPT medical workforce in the future.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	300,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	300,000	149	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.

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

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



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	\$79,653.20 salary and \$1192 fringe	80,845
Other Salary and Benefits	Salaries and fringe (2 concurrent fellows and 2nd Child Abuse Pediatrician - assistant to the program).	203,982
Expense/Equipment/Travel/Supplies/Other	Physician travel, fellow travel, CPT business/activities. Registration fees (professional organizations)	15,173
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

12. Program Performance

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

Develop a highly qualified group of pediatricians trained in the many components of child abuse/neglect - who would be the future leaders in Florida, many of whom will replace the current group of CMS Child Protection Team pediatricians who are nearing retirement.

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

Specialized education and training of pediatricians.

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

Once sub-board certified, these pediatricians could serve as Child Protection Team medical directors for the Department of Health as it assists the Department of Children & Families investigate cases of child abuse and neglect.

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

Abused and neglected children

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

Child Abuse Sub-board certified pediatricians who will help identify and treat child abuse and neglect.

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?

10% failure for failure to provide quarterly reports within 30 days

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.



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Not Applicable.



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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