



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1440

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Cleft & Craniofacial Center program provides interdisciplinary services and advocacy for children with cleft lip, cleft palates and facial clefts for more than sixty years with over 600 patients annually from birth to 22-years-old. The specialty equipment requested-- Nasoendoscopy set up and scopes, BAHA softbands unilateral and bilateral and Nasometers, will help evaluate and plan for the management and treatment of hearing, speech, velopharyngeal palatal function and resonance in children with Cleft Lip, Cleft Palate, Craniofacial and related disorders in babies, children and youth. Because the treatment required is highly specialized, the requested equipment will bring optimal care to young craniofacial patients to maximize their medical, dental and psychological outcomes and to maintain clinical expertise in diagnosis and treatment as an accredited ACPA Cleft and Craniofacial Center, one of only five centers in the state, with Jacksonville, the least funded of the five.

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	125,000
Fixed Capital Outlay	0
Total State Funds Requested	125,000

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)	125,000	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	125,000	100%

8. Has this project previously received state funding?

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

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.



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

No

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	- Nasoendoscopy set up and scopes - BAHA softbands (unilateral and bilateral) - Nasometers	125,000
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)		125,000

12. Program Performance

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

Specialty equipment requested: Nasoendoscopy set up and scopes, BAHA softbands unilateral and bilateral, and Nasometers, will help evaluate and plan for the management and treatment of hearing, speech, velopharyngeal palatal function and resonance in children with Cleft Lip, Cleft Palate, Craniofacial and related disorders in babies, children and youth.

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

The Cleft & Craniofacial Center program provides interdisciplinary services and advocacy for children with cleft lip, cleft palates and facial clefts for more than sixty years with over 600 patients annually from birth to 22-years-old.

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

Special equipment requested Nasoendoscopy set up and scopes, BAHA softbands unilateral and bilateral, and Nasometers, will be used by an interdisciplinary team of surgeons, pediatricians, nurses, dentists, orthodontists, speech therapists, audiologists, psychologists, and other specialty providers to bring smiles to the faces of children.

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

Babies, children and youth with cleft lip, cleft palate, craniofacial and related disorders in the northeast Florida area. We serve 600 patients annually.

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



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Providing optimal care to young craniofacial patients to maximize their medical, dental and psychological outcomes and to maintain clinical expertise in diagnosis and treatment as an accredited ACPA Cleft and Craniofacial Center, one of only five in the state. The quality of care for patients with craniofacial differences and related disorders are carefully monitored by the team providing diagnosis, treatment planning, and treatment services. This requires (1) longitudinal assessments of the outcomes of treatment, (2) periodic team review of the clinical outcome data, and (3) team adaptation of treatment procedures when clinical outcome assessments do not reach referenced criteria.

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 will result in financial penalties

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