



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1843

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To promote and advance initiatives focused on people affected by Sickle Cell Disease in Florida afflicted with low access to treatment. We strive to be the single-point center that provides comprehensive care and linkage services such as insurance counseling, pharmacy assistance, financial aid, coping skills development, and other supportive services.

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	3,000,000
Fixed Capital Outlay	0
Total State Funds Requested	3,000,000

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)	3,000,000	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	3,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	250,000	468	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	Responsible for the overnight of overall management of the project.	40,000
Other Salary and Benefits	Grants and finance administrators are responsible to provide financial and administrative support services to designated program staff, and assist with oversight of implementation and monitoring.	150,000
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 including costs associated with general services information technology.	400,000
Consultants/Contracted Services/Study	Statewide Sickle Cell Database, Health Cloud, Sales Force Shield.	510,000
Operational Costs: Other		
Salary and Benefits	Clinical staff, technicians, programmers, labatory assistants to carry out the project in each service area.	700,000
Expense/Equipment/Travel/Supplies/Other	Other operational expenses include COVID cleaning services, utilities, equipment to carry out the project functions, staff travel, training.	1,000,000
Consultants/Contracted Services/Study	Consultants will provide expertise to project to by assisting with getting the word out and improving performance operations.	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		3,000,000

12. Program Performance

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

To promote and advance initiatives focused on people affected by Sickle Cell Disease in Florida afflicted with low access to treatment. We strive to be the single-point center that provides comprehensive care and linkage services such as insurance counseling, pharmacy assistance, financial aid, coping skills development, and other supportive services.

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 illness 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, PPE, and chronic care management.

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

>800
Elderly Persons, at-risk youth, developmentally disabled, physically disabled, individuals with sickle cell disease or a sickle hemoglobinopathy, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons.

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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Improve Physical Health: Reduce Sickle Cell Disease related emergency room visits, hospitalizations, ICU admission and Deaths. Claim data, Florida Health Information Exchange, Data from the Sickle Cell Disease Electronic Health Record, HEDIS data from Health Plans. Improve Mental Health: Depression screening tool - PHQ-9. Data from the Sickle Cell Disease Electronic Health Record HEDIS data Health Plans. Improve quality of Education: Improve sickle cell education on preventing complications and how to care for your self with sickle cell disease. Document the education provided and assess through demonstration and client feedback.

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.

None



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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