

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1988** 

| 1. | Project Title  | Who We Play Fo       | r: Sudden Cardia | ac Arrest Pi               | evention                       |  |  |  |  |
|----|--|----------------------|------------------|----------------------------|--------------------------------|--|--|--|--|
| 2. | Senate Sponsor   | Debbie Mayfield      |                  |                            |                                |  |  |  |  |
| 3. | Date of Request  | 12/12/2023           |                  |                            |                                |  |  |  |  |
| 4. | Project/Program D  | escription           |                  |                            |                                |  |  |  |  |
|    | Florida. Research in kids will have a dete                     | ndicates 3% of scree | ned students wil | l have a de<br>n. Therefor | tectable hear<br>e, hundreds o | rt condition and, of toof students and fam | 22-years old throughout that population, 1 in 300 nilies will be armed with nese screenings. |  |  |
| 5. | State Agency to re   | ceive requested fu   | nds Depart       | tment of He                | alth                           |  |  |  |  |
|    | State Agency conta   | acted? Yes           |                  |                            |                                |  |  |  |  |
| 6. | Amount of the Non  | recurring Request    | for Fiscal Year  | 2024-2025                  |                                |  |  |  |  |
|    | Type of Funding  |                      | Amount           |                            |                                |  |  |  |  |
|    | Operations   |                      |                  |                            | 975,000                        |  |  |  |  |
|    | Fixed Capital Outlag   | У                    |                  |                            |                                | 0  |  |  |  |
|    | <b>Total State Funds</b>                                       | Requested            |                  |                            |                                | 975,000                                    |  |  |  |
| 7. | Total Project Cost   | for Fiscal Year 2024 | 4-2025 (includin |                            |                                |  | ∍ct)<br>∣  |  |  |
|    | Type of Funding  | loguested (from gue  | otion #6)        | Amo                        |                                | Percentage                                 |  |  |  |
|    | Total State Funds Requested (from question #6)  Matching Funds |                      |                  |                            | 975,000                        | 66%  |  |  |  |
|    | Federal  |                      |                  |                            | 0                              | 0%   |  |  |  |
|    |  | amount of this requ  | est)             |                            | 0                              | 0%   |  |  |  |
|    | State (excluding the amount of this request)  Local            |                      |                  |                            | 0                              | 0%   |  |  |  |
|    | Other  |                      |                  |                            | 500,000                        | 34%  |  |  |  |
|    | Total Project Cost   | s for Fiscal Year 20 | 24-2025          |                            | 1,475,000                      | 100%                                       |  |  |  |
| 8. | Has this project pr  | eviously received s  | state funding?   | Yes                        |                                |  |  |  |  |
|    | Fiscal Year  | Amo                  | ount             | Sr                         | ecific                         | Vetoed                                     |  |  |  |
|    | (уууу-уу)  | Recurring            | Nonrecurring     |                            | priation #                     |  |  |  |  |
|    | 2023-24  | 0                    | 975,0            |                            | 539                            | No   |  |  |  |
| g  | Is future funding li   | kely to be requeste  | .d?              | Yes                        |                                |  |  |  |  |
| ٥. | •  | nonrecurring amou    |                  | 975,000                    | 1                              |  |  |  |  |
|    |  | •                    |                  |                            |                                |  | ı  |  |  |
|    |  | urce of funding tha  | t can be used if | n lieu of St               | ate funding.                   |  | 1  |  |  |
|    | Private donations.   |                      |                  |                            |                                |  |  |  |  |
| 10 | ). Has the entity rec  | uesting this projec  | t received any f | federal ass                | istance rela                   | ted to the COVID-                          | 19 pandemic?   |  |  |
|    | Yes  |                      |                  |                            |                                |  |  |  |  |
|    |  | amount of funds r    | occived and wh   | at the fun                 | le wore use                    | d for                                      |  |  |  |
|    | in yes, mulcale the  | aniount of fullds f  | eceiveu aiiu Wi  | ial liit lull(             | is well use                    | u iui.                                     |  |  |  |



11. Status of Construction

a. What is the current phase of the project?

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705,000

975,000

Who We Play For received EIDL \$3,300 (which has been repaid), PPP1 \$16,047, and PPP2 \$15,840 (both PPP's were forgiven).

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

|    | Planning   | Oconstruction N/A  |         |
|----|--|--|---------|
|    | b. Is the project "shovel ready" (   | (i.e permitted)?   |         |
|    | c. What is the estimated start da  | te of construction?  |         |
|    | d. What is the estimated comple  | tion date of construction?   |         |
| 12 | List the owners of the facility to relationship between the owner  | o receive, directly or indirectly, any fixed capital outlay funding. Incluse of the facility and the entity. | ude the |
|    |  |  |         |
|    | Details on how the requested st  |  | Amount  |
|    |  |  |         |
|    | Spending Category  Administrative Costs:   | Description  | Amount  |
|    | Administrative Costs:  Executive Director/Project Head Salary and Benefits   | Description  | Amount  |
|    | Administrative Costs:  Executive Director/Project Head   | Description  | Amount  |
|    | Administrative Costs:  Executive Director/Project Head Salary and Benefits   | Description  | C       |
|    | Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/  | Description  | C       |
|    | Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted                 | Description  | C       |
|    | Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study | Description  |         |

#### 14. Program Performance

Planning Engineering

Construction/Renovation/Land/

**Fixed Capital Construction/Major Renovation:** 

Total State Funds Requested (must equal total from question #6)

Consultants/Contracted

Services/Study

transmiting medical records: \$75,000 New ECG equipment \$50,000

all children in need: \$50,000 each

rly staff for heart screening events: \$50,000

the medical publication effort: \$50,000 each

2 Heart Health Advocates to help ensure follow up care is provided for

2 Operations Director to manage the data, logistics and to help lead

Hourly IBR Coordinator: \$10,000 1 full time Volunteer Coordinator: \$45,000



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

Reduction of SCA events. Funds will be used to deliver non-invasive, 5-minute electrocardiogram (ECG) heart screenings to 50,000 students across FL. Research indicates 1 in 300 kids will have a detectable, life threatening heart condition; therefore, WWPF can expect to save approximately 167 young lives.

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

Funds will be used to deliver non-invasive, 5-minute electrocardiogram (ECG) heart screenings to 50,000 students across FL. The ECG readings are then sent to and read by a pediatric cardiologist, and the results are returned to the student or parent/guardian. Support is provided when next steps are needed to mitigate or eliminate any heath threats to the child.

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

Who We Play For will host heart screening events in partnership with local schools and community organizations, advancing the standard of care for 50,000 students between the ages of 10 and 22-years. Research indicates 1 in 300 kids will have a detectable, life threatening heart condition; therefore, WWPF can expect to save approximately 167 young lives.

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

50,000 Florida students between the ages of 10 and 22-years old.

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

Significantly reduced sudden cardiac arrest in children and young adults. 50,000 student athletes will be provided an ECG with 3% expected to be flagged for follow up (~1,500). Based on national statistics (1 in 300 kids have a detectable life threatening heart condition) WWPF can expect to save ~167 lives. By providing early warning of increased risk, students are able to seek medical help before an event occurs. Every benefit will be tracked, recorded, and published to show return on investment.

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?

Disbursed funds for deliverables not met will be returned to the state.

| 15.                               | 15. Requester Contact Information  |                             |           |       |  |  |  |
|-----------------------------------|------------------------------------|-----------------------------|-----------|-------|--|--|--|
|                                   | a. First Name                      | Evan                        | Last Name | Ernst |  |  |  |
|                                   | b. Organization                    | Who We Play For             |           |       |  |  |  |
|                                   | c. E-mail Address                  | evan.ernst@whoweplayfor.org |           |       |  |  |  |
|                                   | d. Phone Number                    | (321)506-0074               | Ext.      |       |  |  |  |
| 16. Recipient Contact Information |                                    |                             |           |       |  |  |  |
|                                   | a. Organization                    |                             |           |       |  |  |  |
|                                   | b. Municipality and County Brevard |                             |           |       |  |  |  |
|                                   | c. Organization Type               |                             |           |       |  |  |  |
|                                   | □For Profit Entity                 |                             |           |       |  |  |  |
|                                   | ☑Non Profit 501(c)(3)              |                             |           |       |  |  |  |
|                                   |                                    |                             |           |       |  |  |  |



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| □Non Profit 501(c               | □Non Profit 501(c)(4)                         |           |       |  |  |  |
|---------------------------------|---|-----------|-------|--|--|--|
| □Local Entity                   | □Local Entity                                 |           |       |  |  |  |
| □University or Co               | □University or College                        |           |       |  |  |  |
| □Other (please sp               | □Other (please specify)                       |           |       |  |  |  |
| d. First Name                   | Evan  | Last Name | Ernst |  |  |  |
| e. E-mail Address               | e. E-mail Address evan.ernst@whoweplayfor.org |           |       |  |  |  |
| f. Phone Number                 | r (321)506-0074                               |           |       |  |  |  |
| 7. Lobbyist Contact Information |   |           |       |  |  |  |
| a. Name                         | Samantha Sexton Greer                         |           |       |  |  |  |
| b. Firm Name                    | Corcoran Partners                             |           |       |  |  |  |
| c. E-mail Address               | samantha@corcoranpartners.com                 |           |       |  |  |  |
| d. Phone Number                 | d. Phone Number (813)527-0172                 |           |       |  |  |  |