

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: BEST Academy: Preparing A Youth Healthcare Workforce
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Susan Valdes
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,255,000	1,255,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Failure to meet deliverables may result in the withholding of funds, disallowance of costs, and/or suspension or termination of the appropriated fund award.

6. Requester:

- a. Name: Dexter Frederick
- b. Organization: Brain Expansions Scholastic Training, Inc. (BEST)
- c. Email: brainexpansions@gmail.com
- d. Phone #: (813)892-2182

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dexter Frederick
- b. Organization: Brain Expansions Scholastic Training, Inc. (BEST)
- c. Email: brainexpansions@gmail.com
- d. Phone #: (813)892-2182

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: BEST Academy
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose and goal of the BEST Program is to increase the number of minority healthcare professionals by nurturing and preparing high school and college students to become nurses, physicians, surgeons and other healthcare professionals. These graduates will provide a pool of healthcare professionals capable addressing the needs critical to the health of the citizens of Hillsborough and Pinellas counties. For 15 years BEST has successfully implemented a curriculum with great success.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director - Responsible for the supervision and oversight of the program and ensure effectiveness, include hiring; training, and managing all staff; and communicating with state, hospitals and university leaders	65,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Data Entry and Management specialist – Provides back office function to include direct support for payroll, IT, accounting support, HR Support and other corporate level functions including research	65,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office Supplies, Printing/Coping/Postage, Travel Expenses, Training , Operational/Administrative fees and functions, and Liability Insurance	50,000

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Compensation for Accountant, Audit/Bookkeepers, and Program Instructors	50,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Five(5) Program Managers including Medical Mentors Recruiters and Trainers Community Engagement – These team members will engage the community for the purpose of creating experiential learning opportunities for Academy participants	550,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical School Field Trips in Florida and Other Medical Educational Facilities.- Subcontract with community partners to sustain projects, develop programs and extend outreach opportunities	350,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Curriculum Developer – Social Media Manager – Program Evaluator	125,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,255,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

After 15 years of programming in Hillsborough County, many leaders and organizations value the program and show support. Currently, BEST partners with over 15 non profit organization, 4 hospitals, 1 medical school and Moffitt Cancer Center. Letter of support from the Hillsborough Department of Health, Hillsborough County School District and Moffitt Cancer Center can all be available if necessary.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

BEST Program gives its students 3 types of services. First, BEST delivers a structured curriculum designed for academic excellence with a primary outcome of better grades and completion rates. The instructional model exposes students to career paths available in healthcare. Second, students participate in summer experiential learning opportunities through hospital rotations. Thirdly, they get an in-depth study of regarding the social determinants of health.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The direct services that participants will receive are mainly two components which includes a summer hospital-based experiential learning program and a year-long academic program focused on social determinants of health and medical research and practices. The students involved in this program would benefit by having the opportunity for volunteerism and access and exposure to various health care professions.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		

<input checked="" type="checkbox"/> Improve mental health	100% of student participants will be exposed to life skills curriculum sessions to build self confidence	Attendance rosters, student evaluative surveys; parent evaluative surveys
<input checked="" type="checkbox"/> Enrich cultural experience	Students class is diverse with different ethnicities and exposed to social determinants of health. Students volunteer at free clinic in Hillsborough which exposes them to minority populations which broadens their cultural experience	The ethnicity make up of the classroom and numbers. The number of hour of social determinant instruction.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students are in and intense academic environment for an additional 60 hours that teaches learning skills, critical thinking, memory enhancement and writing	Observe GPA post program, upper level courses taken, Attendance rosters, Student evaluative surveys and parent evaluation Also use standardized testing to determine student achievement in comparison with expectation of their age group
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Students who complete the BEST Program provide education on social determinants of health to citizens in the community. They provide education about early preventive screening to prevent catastrophic diseases such as cancer.	Completion of the BEST Academy Program and certification in the Social Determinant Module
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	An expanded BEST Academy in Hillsborough and Pinellas would allow more individuals to pursue a career in high paying fields in healthcare. Individuals who complete a high demand health career will be able to secure employment high than the median pay locally	Number of graduates who take jobs in the Hillsborough and Pinellas county region. Number of apprenticeship, clinical certification and professional licensure completed.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,255,000	94.7%	N/A

2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	50,000	3.8%	Yes
4. Local:	0	0.0%	No
5. Other:	20,000	1.5%	Yes
TOTAL	1,325,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No