

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nova Southeastern University - Pediatric Feeding Disorders Program
2. Date of Submission: 11/10/2017
3. House Member Sponsor: Jared Moskowitz  
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<br>for FY 2017-18<br><i>(If appropriated in 2017-18 enter the<br/>appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2018-19<br><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<br><br><i>(Recurring plus Nonrecurring:<br/>column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 669,282                                | 669,282   |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.  
All funds used for clinical operations and for delivery of services; monies not used will be returned to state.

6. Requester:

- a. Name: Roni Leiderman
- b. Organization: Nova Southeastern University
- c. Email: roni@nova.edu
- d. Phone #: (954)262-6930

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

- a. Name: Susan Kabot
- b. Organization: Nova Southeastern University
- c. Email: kabot@nova.edu
- d. Phone #: (954)262-7129

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

- a. Name: Sandra Harris
- b. Firm: Panza Maurer and Maynard
- c. Email: sharris@panzamaurer.com
- d. Phone #: (850)681-0980

9. Organization or Name of entity receiving funds:

- a. Name: Nova Southeastern University
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

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?

Improve the health of children with significant feeding disorders oftentimes resulting in major medical challenges. The funds will be used to expand the current pilot program and offer services for low income, disadvantaged and high-need families. Current effectiveness research study demonstrate program validity.

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

| Spending Category   | Description  | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>request is zero for the category |
|---|--|--|
| Administrative Costs:   |  |  |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits |  |  |
| <input type="checkbox"/> b. Other Salary and Benefits                           |  |  |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other  | Operations and Maintenance<br>(standard university costs for<br>maintenance and operation of facility)   | 71,168   |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study               |  |  |
| Operational Costs:  |  |  |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                    | Exec & Clinic Directors, Licensed<br>Psychologist, Speech & Language<br>Pathologist, Behavior Technicians,<br>Nutritionist, Administrator Assistant,<br>and Post Doctoral Psychologist | 474,444  |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Clinic furnishings, office and program<br>supplies, travel, community outreach,<br>equipment   | 57,670   |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study    | Pediatric Gastroenterologist   | 66,000   |

|   |  |         |
|---|--|---------|
| Fixed Capital Construction/Major Renovation:                                  |  |         |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |  |         |
| TOTAL   |  | 669,282 |

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)

N/A

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:

Please see letters of support from parent and physicians.

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?

Critically needed clinical assessment and treatment for low income, disadvantaged and high-need families struggling with pediatric feeding disorders. Expansion of current pediatric feeding disorders clinic to meet the needs of clients on waiting lists.

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

100% of the funds will be used to support clinical services: evaluations and treatment of children with significant pediatric feeding disorders by a multi-disciplinary team (psychologist, speech/language pathologist, nutritionist, behavioral therapists, gastroenterology physician consultant)

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 checked="" type="checkbox"/> Improve physical health                                   | Result in weaning pediatric feeding tube patients off of their feeding tubes as soon as possible, prevent feeding tube placements when possible, expand dietary variety in individuals evidencing a feeding disorder to avoid nutritional deficiencies.   | The number of patients served will be tracked. For each patient, the percent of total oral food consumption will be determined pre- and post-treatment as well as the number of foods willingly eaten pre- and post-treatment. Caregiver fidelity will be tracked to ensure that treatment gains are maintained within the home and school setting. |
| <input checked="" type="checkbox"/> Improve mental health                                     | 1. Decrease patient's behavioral challenges (tantrumming, distress, food refusal) as a result of their feeding disorders. 2. Parental and family stress related to feeding, mealtimes, and general parenting distress will decrease both at home and in community settings, such as school and restaurants. | 1. Behavioral observation and assessment measuring frequency and intensity of tantrumming, distress and food refusal. 2. Pre- and post-treatment measurements will be obtained via the Parenting Stress Index to monitor stress levels throughout treatment.  |
| <input type="checkbox"/> Enrich cultural experience   |   |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education                  |   |   |
| <input type="checkbox"/> Improve quality of education   |   |   |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality  |   |   |
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) |   |   |
| <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 type="checkbox"/> Enhance specific individual's economic self sufficiency |  |  |
| <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 2018-19 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: | 669,282 | 100.0%           | N/A   |
| 2. Federal:  | 0       | 0.0%             | No  |
| 3. State: (Excluding the requested Total Amount in #4d, Column F)          | 0       | 0.0%             | No  |
| 4. Local:  | 0       | 0.0%             | No  |

|           |         |      |    |
|-----------|---------|------|----|
| 5. Other: | 0       | 0.0% | No |
| TOTAL     | 669,282 | 100% |    |

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

No