

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Comprehensive Health Plan
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Byron Donalds
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:					893,000	893,000

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.
funding reduced or eliminated

6. Requester:

- a. Name: Lori Brooks
- b. Organization: The School District of Lee County
- c. Email: lorimb@leeschools.net
- d. Phone #: (239)337-8348

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

- a. Name: Lori Brooks
- b. Organization: The School District of Lee County
- c. Email: lorimb@leeschools.net
- d. Phone #: (239)337-8348

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

- a. Name: Carole Green
- b. Firm: Capitol Strategies Consulting
- c. Email: Carole@capitolstrategies.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: The School Board of Lee County
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Lee

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) Local School District

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

Develop a model program for implementation of a Comprehensive Health Education class at the 8th grade level to address mental and emotional health education, suicide prevention, substance use and abuse prevention, dating violence and abusive behavior, human trafficking, teenage pregnancy, injury prevention and safety, Internet safety, personal health, community health, consumer health, family life, nutrition, prevention and control of disease.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits for 12 teachers to teach one semester course annually	828,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Florida Department of Education Subject Area Certification test fee and training	65,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		893,000

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:

The School District of Lee County has letters of support for Comprehensive Health Education from: The Foundation for Lee County Public Schools, The Lee County Coalition for a Drug Free Southwest Florida, Dr. Stanley Wiggins, Golisano Children's Hospital, The Abuse Counseling and Treatment Centers. In addition, mental health education is a cause championed by the First Lady. It is also a priority of the Greater FL Consortium of School Boards. Finally, FL Statute 1003.42(2)(n) requires it.

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?

This would fund a model program requiring middle school students in grade 8 to take a minimum of one semester of health.

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

Comprehensive Health Education addresses the physical, mental, emotional and social dimensions of health. It is designed to motivate and assist students to develop lifelong healthy habits, addressing topics like: personal, family, community & environmental health,

nutrition, injury prevention & safety, sexuality education, mental & emotional health, prevention & control of disease, and substance use & abuse.

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	Students will be provided comprehensive health education in order to reduce the amount of risk factors associated with unhealthy behaviors in the areas of: • personal, family, community and environmental health; • nutrition; • injury prevention and safety; • sexuality education; • mental and emotional health; • prevention and control of disease; • and substance use and abuse.	Pre and post assessment data will be collected from each student, and SESIR data will be analyzed.
<input checked="" type="checkbox"/> Improve mental health	Students will be provided comprehensive health education in order to reduce the amount of risk factors associated with unhealthy behaviors in the areas of: • personal, family, community and environmental health; • nutrition; • injury prevention and safety; • sexuality education; • mental and emotional health; • prevention and control of disease; • and substance use and abuse.	Pre and post assessment data will be collected from each student and data from our mental health assessment teams and community partners will be analyzed.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students will be provided comprehensive health education in order to reduce the amount of risk factors associated with unhealthy behaviors in the areas of: • personal, family, community and environmental	Pre and post assessment data will be collected from each student, and SESIR data will be analyzed.

	health; • nutrition; • injury prevention and safety; • sexuality education; • mental and emotional health; • prevention and control of disease; • and substance use and abuse.	
<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 checked="" type="checkbox"/> Reduce substance abuse	Students will be provided comprehensive health education in order to reduce the amount of risk factors associated with unhealthy behaviors in the areas of: • personal, family, community and environmental health; • nutrition; • injury prevention and safety; • sexuality education; • mental and emotional health; • prevention and control of disease; • and substance use and abuse.	Pre and post assessment data will be collected from each student, and SESIR data will be analyzed.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Students will be provided comprehensive health education in	Pre and post assessment data will be collected from each student, and

	order to reduce the amount of risk factors associated with unhealthy behaviors in the areas of: • personal, family, community and environmental health; • nutrition; • injury prevention and safety; • sexuality education; • mental and emotional health; • prevention and control of disease; • and substance use and abuse.	SESIR data will be analyzed.
<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:	893,000	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	893,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M