

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Epilepsy Services Program

2. Date of Submission: 11/13/2019

3. House Member Sponsor: Nick DiCeglie

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					850,000	850,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes

5a. If yes, which state agency? Department of Health

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

Current contracts affords monthly fiscal penalties for any epilepsy service provider not meeting the required deliverables and performance measures of the contract. Deliverables and performance measures are determined annually based on income received for services.

6. Requester:

- a. Name: Karen Egozi
- b. Organization: Epilepsy Florida, Inc
- c. Email: kegozi@epilepsyfl.org
- d. Phone #: (305)607-4949

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

- a. Name: Karen Egozi
- b. Organization: Epilepsy Florida, Inc
- c. Email: kegozi@epilepsyfl.org
- d. Phone #: (305)607-4949

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

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Epilepsy Service Program
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

To provide prevention, early intervention, education, medical treatment, support services and on-going case management to improve the quality of life for the over 400,000 Floridians living with epilepsy and the families while simultaneously saving the State of Florida money and valuable resources.

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	5% of the funds requested will be used towards administrative staff salaries.	42,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	14% fringe and benefits.	5,950
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	New client database software to replace antiquated current system. New system will allow for ease of reporting to the DOH.	25,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	33% of the funding will be expended on additional program staff – case managers who work directly with clients and prevention and education coordinators who educate the community at large.	280,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	10% of the funding will provide printed educational materials, online	85,000

	educational materials, travel for program staff to attend health fairs, provide presentation and outreach to the community at large about epilepsy prevention and first aid.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	48% of funding will pay doctors and hospitals across the state for medical visits and diagnostic testing for patients economically qualified. Negotiated rates with medical professionals treats a single patient for approximately \$851 annually plus in-kind donations of \$1,100. This cost compares to AHCA 2017 ED visits for epilepsy patients at an average statewide cost of \$8,571 per visit.	411,050
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>850,000</b>

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 vast majority of physicians, hospitals, corporations, local governments, patients, universities, and other non-profits support the work of Florida Epilepsy Service Providers for patients.

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

Yes

16a. Please Describe:

In January 1990, the Governor's Task Force on Epilepsy provided a blueprint report to the Governor and Florida Legislature on Epilepsy.

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?

Patients report their yearly emergency room visits were reduced to close to zero as a direct result of receiving medical services, social services, and patient and family education from Florida Epilepsy Service Providers. In addition, seizure first aid, education and prevention services are provided to thousands of Floridians across the state.

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

Medical and diagnostic services, individualized case management, prescription medication assistance, support groups, education and family support services for those with a diagnosis of epilepsy and epilepsy prevention and education for the community at large.

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	Reduced emergency room visits; improved seizure management	Annual client survey
<input checked="" type="checkbox"/> Improve mental health	improved seizure control; better educated about the disease and treatment	Annual client survey
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Improved seizure control for many means job opportunities.	Annual client survey
<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:	850,000	45.9%	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:	400,000	21.6%	Yes
5. Other:	600,000	32.4%	Yes
<b>TOTAL</b>	<b>1,850,000</b>	<b>100%</b>	

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