

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nemours Foundation Daily Identification of Symptoms in Youth (DAISY): Creating a Tool for Use in Pediatric Patients with Eosinophilic Esophagitis

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Wyman Duggan

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	Column: B	Column: C	Column: D	Column: E	Column: 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:					556,809	556,809

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 Health

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.

N/A – Funding is being requested for a one year pilot project to determine the effective of this model in meeting the program’s goals.

6. Requester:

- a. Name: Gary Josephson, MD
- b. Organization: Nemours Children't Specialty Care-Jacksonville
- c. Email: gary.josephson@nemours.org
- d. Phone #: (904)697-3690

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

- a. Name: Gary Josephson, MD
- b. Organization: Nemours Children't Specialty Care-Jacksonville
- c. Email: gary.josephson@nemours.org
- d. Phone #: (904)697-3690

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

- a. Name: Brian Jogerst
- b. Firm: BH & Associates
- c. Email: brian@bhandassociates.com
- d. Phone #: (850)933-1985

9. Organization or Name of entity receiving funds:

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

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 establish the first-ever ethnographic study of Eosinophilic Esophagitis (EE) children and families to explore the natural history of EE, potentially from diagnosis to established treatment, and to collect daily symptoms, individual/environmental triggers of symptoms, and child/parent distress related to symptoms to better facilitate diagnosis of EE, direct medical treatment of EE, and to inform adjunctive therapies needed for youth with EE.

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	Susana R Patton, PhD ABPP CDE (20% FTE, Principal Investigator): Dr. Patton is a Principal Research Scientist and Center Director for the Center for Healthcare Delivery Science- Florida in the Nemours Children's Health System. Uwe Blecker, MD (10% FTE, Co-Investigator): Dr. Blecker is the newly hired Chief of Pediatric Gastroenterology at Nemours.	357,524
<input checked="" type="checkbox"/> b. Other Salary and Benefits	(10% FTE, Co-Investigator): We respectfully request an additional 10% FTE to support time/effort for another physician Co-Investigator who can help with reliability analyses for the upper endoscopy reports. (100% FTE, postdoctoral fellow):	125,133
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		

<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	We request funds to purchase up to 10 Google Pixel 3aXL smartphones to loan to families who do not have a compatible mobile device. (\$700/smartphone * 10 phones = \$7,000) Data Plans: In the case we need to loan out a mobile device to families, we will need to support the device with its own data plan. We request \$4,000 to cover the cost of 10 separate unlimited data plans (\$33.33/month * 10 phones) Mileage: We request money to support home visits to pick up any loaned devices.	74,152
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		556,809

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?

No

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?

To establish the first-ever ethnographic study of Eosinophilic Esophagitis (EE) children and families to explore the natural history of EE, potentially from diagnosis to established treatment, and to collect daily symptoms, individual/environmental triggers of symptoms, and child/parent distress related to symptoms to better facilitate diagnosis of EE, direct medical treatment of EE, and to inform adjunctive therapies needed for youth with EE.

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

Novel data providing a more in depth understanding of EE symptom severity/frequency in youth which may be used to validate a less invasive/expensive screening tool for diagnosis of EE as well as treatment follow up. Novel data of EE symptom severity/frequency as they relate to food triggers.

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): Medical Community

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 type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Novel data providing a more in depth understanding of EE symptom severity/frequency in youth which may be used to validate a less	An Innovative mHealth tool for tracking EE symptoms and triggers which we may be able to share with the larger medical community; 6-

	invasive/expensive screening tool for diagnosis of EE as well as treatment follow up. Novel data of EE symptom severity/frequency as they relate to food triggers.	Opportunity to establish NE Florida/Nemours Children's Health System as a leader and innovator of EE clinical research and management.
<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 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:	556,809	70.9%	N/A
2. Federal:	228,292	29.1%	Yes
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	785,101	100%	

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

No