Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: MCR Health Maternal Fetal Medicine
2. Date of Submission: 11/04/2019
3. House Member Sponsor: Will Robinson
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes
   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? 2019-20
c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		700,000	700,000		700,000	700,000

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 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.
   Reduction in funding for deliverables not met

6. Requester:
   a. Name: Patrick Carnegie
   b. Organization: MCR Health, Inc.
   c. Email: pcarnegie@mcr.health
   d. Phone #: (941)776-4000

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Linda Snyder
   b. Organization: MCR Health
   c. Email: lsnyder@mcr.health
   d. Phone #: (941)304-7975

8. Is there a registered lobbyist working to secure funding for this project?
   a. Name: Michelle McKay
   b. Firm: T.B. Consultants, Inc.
   c. Email: michelle@tbconsultants.net
   d. Phone #: (941)812-4039

9. Organization or Name of entity receiving funds:
   a. Name: MCR Health, Inc.
   b. County (County where funds are to be expended): Manatee
   c. Service Area (Counties being served by the service(s) provided with funding): Manatee

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?

Improved birth outcomes for the uninsured and under-insured whose pregnancies are considered high risk. Improve low and very low birth weight outcomes which are currently at 11%.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Support Staff - nurses, care coordinators, receptionists	240,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Medical supplies	10,000
☑g. Consultants/Contracted Services/Study	Perinatologist and Ultrasound Technician will be contracted to provided the services	450,000
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		700,000

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?

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?

Medical visits and consultations provided by a perinatologist or ultrasound technician

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

Medical visits

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): At risk pregnant woman from all demographic backgrounds

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
☑Improve physical health	Improve access to maternal fetal medicine services to improve birth outcomes	450 pregnant woman will have at least one ultrasound and 1 follow up visit with the perinatologist and/or obstetrician in consult with the perinatologist

☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		

☐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:	700,000	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	700,000	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