

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Johns Hopkins All Children's Hospital Patient Academics Program
2. Date of Submission: 11/15/2019
3. House Member Sponsor: James Grant
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 <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:		100,000	100,000		450,000	450,000

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.
Penalties could include returning the funds to the state associated with unmet deliverables.

6. Requester:

- a. Name: Kristin Maier
- b. Organization: Johns Hopkins All Children's Hospital
- c. Email: kmaier6@jhmi.edu
- d. Phone #: (727)767-9357

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

- a. Name: Kristin Maier
- b. Organization: Johns Hopkins All Children's Hospital
- c. Email: kmaier6@jhmi.edu
- d. Phone #: (727)767-9357

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

- a. Name: Amanda Steward
- b. Firm: Corcoran & Johnston Government Relations
- c. Email: amanda@johnstonstewart.com
- d. Phone #: (813)404-5216

9. Organization or Name of entity receiving funds:

- a. Name: Johns Hopkins All Children's Hospital
- b. County (County where funds are to be expended): Pinellas
- 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 instruction to Florida students (ages 3 and up) who are hospitalized or in treatment for chronic or life limiting medical treatments and conditions using certified teachers.

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	30% of the programs team leader's salary (\$13,480) and 10% of the Directors Salary (\$7,900) is covered by the grant. The role of the team leader is to provide coordination and oversight to the school program, while the Director provides support, coaching and overall leadership to the entire program. The Team Leader also acts as a liaison for the team with county employees and hospital leadership. Team lead additionally helps patient and families with school choice options and provides support	21,380
<input checked="" type="checkbox"/> b. Other Salary and Benefits	potential salary range adjustments based on some current legislature that has been being discussed) and/or fluctuations in pay if there were to be changes in who the FTE was	31,714
<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	6.7 Florida Certified Teachers and one teachers' aide	342,906
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Curriculum support and instructional supplies	54,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

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:

Letters of support from patients, families, physicians, and other medical staff, as well as anecdotal records kept by the program.

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?

The Patient Academic Services department exists to keep patients and siblings engaged academically through the duration of their admission and beyond. It supports a connection to the schooling program chosen by the family and provides the normalcy of school and learning. Qualified and certified teachers teach students at their academic level and encourage growth.

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

Florida Certified teachers will provide instructional supports to patients and siblings at bedside and in JHACH outpatient clinics. This includes direct instruction, after school tutoring, career planning, and school reintegration support. Additionally, teachers will coordinate with the students home school option to provide seamless transition for school success.

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	To provide instruction to Florida students (ages 3 and up) who are hospitalized or in treatment for chronic or life limiting medical treatments and conditions using certified teachers	number of students helped
<input checked="" type="checkbox"/> Improve mental health	improved self esteem, improved motivation and drive for school success.	survey, anecdotal reports
<input checked="" type="checkbox"/> Enrich cultural experience	number of enrichment activities provided that are focused on cultural inclusion.	track number
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	student academic growth during enrollment in hospital school program	Utilized on-line assessment tool

<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	enrollment of middle school, high school, and collegiate students who participate in career and financial planning.	track number
<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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	450,000	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	450,000	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