

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Ostomy Aftercare Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Roy Hardemon

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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

Refusal of any further funding request.

6. Requester:

- a. Name: Hal Spaet
- b. Organization: Miami Ostomy Aftercare Program, Inc.
- c. Email: halspaet@gmail.com
- d. Phone #: (305)773-0073

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

- a. Name: Hal Spaet
- b. Organization: Miami Ostomy Aftercare Program, Inc.
- c. Email: halspaet@gmail.com
- d. Phone #: (305)773-0073

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Miami Ostomy Aftercare Program, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe, Palm Beach

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 instruct R.N.'s, L.P.N.'s and patients on post-surgical aftercare procedures so that post-surgery patients who receive ostomy surgery at local hospitals will learn how to administer their own daily needs after experiencing their surgery because hospitals do not teach this necessary aftercare, they simply send patients home immediately after surgery without giving the patient this vital instruction on how to take care of their daily needs as a result of this surgery.

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	W.O.C.N. Project Director/Instructor	80,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative Assistant (part-time)	15,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	National Conference United Ostomy Association of America	1,500
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Public Relations outreach to medical and public community	23,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	W.O.C.N. Nurse/Instructors	60,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Advertising, printing, collateral	45,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Marketing and Public Relations outreach to community	25,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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)

N/A

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:

United Ostomy Associates of America, national organization, prior to and at their July 2017 national conference in Irvine, CA

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 teach nurses how to provide aftercare and instruction to patients of ostomy operations.

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

To instruct patients directly how to learn from ostomy nurses how to administer post-operative services to themselves and become self-sufficient.

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): Post-ostomy surgery patients predominantly > 60 having a cancer or other digestive area disease

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	The ultimate measure is healthy, well-instructed and educated patients able to be self-sufficient in applying the necessary ostomy appliances and caring for their permanent wound, the stoma, to efficiently eliminate the body's wastes.	1. Less return visits to the surgeon's office. 2. Reduced emergency room visits 3. Few calls to Emergency Medical Services

<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	More nurses educated in ostomy aftercare and more nurses becoming certified in the specialty. Hospitals providing ostomy aftercare instruction programs for their post-surgery patients. Patients learning to apply ostomy devices and care for themselves, becoming able to lead normal lives.	1. Increased number of nurses certified in ostomy aftercare. 2. Number of hospitals providing an ostomy aftercare program. 3. Patients who are able to return to their normal lives and become productive citizens.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Increase opportunities and wages for nurses who, as a result of the instruction, become specialized ostomy nurses.	Number of certified nurses increased.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	There are not enough nurses educated in this specialty, therefore, this program will provide more nurses with aftercare education to fill jobs in hospitals that choose to create ostomy aftercare programs for their	Increased salaries for nurses educated to provide ostomy aftercare specialty services. More patients able to receive ostomy aftercare instruction.

	post-ostomy surgical patients.	
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide education for R.N.'s and L.P.N.'s to learn information about ostomy aftercare thus expanding their work opportunities and increase their salaries. Self sufficiency of ostomy patients is the purpose of this program because post-surgery aftercare is not taught at local hospitals to ostomy patients.	Increased remuneration for nurses with aftercare specialty training and certification. Patients return to normal productive lives.
<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 2018-19 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:	250,000	71.4%	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:	100,000	28.6%	Yes
TOTAL	350,000	100%	

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

No