

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: COPD Pilot Project
2. Date of Submission: 11/23/2015
3. House Member Sponsor(s): H. O'Toole

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
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	400,000	400,000	0	0	400,000	400,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Steven Rule
- b. Organization: The Villages Airheads COPD Support Group
- c. Email: swrinfla@comcast.net
- d. Phone #: (352)205-7874

6. Organization or Name of Entity Receiving Funds:

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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

COPD, Chronic Obstructive Pulmonary Disease, is the third leading cause of death in Florida. Statistics from the US Centers for Disease Control indicate: -1.58 million Florida residents have been diagnosed with COPD - Sumter County has the highest per capita rate of COPD in the U.S. - COPD costs the State of Florida \$2.5 billion each year - Private - \$354,371,000 - Medicare - \$1,223,173,000 - Medicaid - \$751,488,000 - COPD is the #1 reason for emergency room visits in The Villages The program will serve 125,000 individuals over the age of 65 living in The Villages, Florida and approximately 20,000 currently diagnosed with COPD. The Program will provide COPD targeted Awareness, Screening and Early Detection programs and events, and training for health care providers. Key partnerships with community providers will facilitate case management for identified patients. Program Goals include -Creating a model community of care within The Villages that will reduce the current identified and substantial economic burdens of COPD through the integration of awareness, screening, education, social and care management support that is not currently being provided . -Measure both short term and long term outcomes including lowering the percentage of people with COPD who are diagnosed, lower hospitalization rates, and lower medical and business costs of COPD in The Villages and in Florida. -A progress report will be provided to the Florida House, Senate and Office of the Governor by January 2017 and a final report July 1, 2017. Proposed \$400,000 budget includes: -\$50,000 Administration -\$400,000 Awareness, Screening and Diagnosis, Education and Peer Support, Training for health care professionals

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 400,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

No