



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Cellular Transplantation to Cure Diabetes

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

Support for Florida residents benefiting from cellular transplantation /clinical research trials offered through the Diabetes Research Institute. Funds will provide partial salary support for salaries of health care staff, cover patient screening and participation costs, and clinical research supplies.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
300,000		300,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	1,000,000	76.9%
TOTAL	1,000,000	76.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		213,332	213,332

### 10. Is future-year funding likely to be requested?

Yes

#### a. If yes, indicate non-recurring amount per year.

300,000

### 11. Program Performance:

#### a. What is the specific purpose or goal that will be achieved by the funds requested?

Support for Florida residents benefiting from cellular transplantation /clinical research trials offered through the Diabetes Research Institute.

#### b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Funds will provide partial salary support for salaries of health care staff, cover patient screening and participation costs, and clinical research supplies.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Partial salary support of Clinical Transplant Program Director and licensed physician(s) providing care to patients	41,500
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Partial salary support for medical staff such as licensed physician, nurse, regulatory monitor, and data entry person	88,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Patient travel and accommodations if needed overnight to Diabetes Research Institute from other parts of Florida	10,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Patient screening costs, including pre trial medical screening exams/procedures, post trial follow up care, research supplies and cellular processing costs associated with clinical trials/research	160,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Medical screening of State of Florida residents with diabetes to determine eligibility for cellular transplantation trials, follow up care for participants, processing of cellular products for transplant and research. Lab tests including but not limited to x rays, ultra sound, blood work and other medical assessments including processing of cellular products for use in clinical research/transplant; travel to enable screening and participation, follow up care and assessment of patients.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

Florida residents with diabetes wishing to be screened /access clinical research trials using the latest emerging cellular; >800



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- f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Positively impact health outcome for State of Florida residents with diabetes who can participate in on going cellular transplant trials to further accelerate research to cure diabetes. Report of care provided to eligible patients related to clinical trial participation and follow up care provided. Performance measures also include number of patients screened and participating, number of cellular products processed in cGMP Human Cell Processing Facility for both transplant and research purposes.

- g. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Full restitution of amount awarded

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

None

13. **Requestor Contact Information:**

- a. **Name:** Joshua Rednik
- b. **Organization:** Diabetes Research Institute Foundation.
- c. **Email:** jrednik@drif.org
- d. **Phone Number:** (954)964-4040

14. **Recipient Contact Information:**

- a. **Organization:** Diabetes Research Institute Foundation.
- b. **County:** Broward
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Joshua Rednik
- e. **E-mail Address:** jrednik@drif.org
- f. **Phone Number:** (954)964-4040

15. **If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Kelly Mallette
- b. **Firm:** Ronald L. Book P.A.
- c. **Email:** Kelly@rlbookpa.com
- d. **Phone Number:** (305)935-1866