



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** University of Florida - Research Fellowship Award

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Funding of Research Fellowship Award : Impact of host signaling on microbial activities in the development of colitis-associated colorectal cancer for project being conducted at the University of Florida. Under primary investigator Ye Yang.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Board of Governors

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 |
|---------------------------------|---|---------------------------------------|
| 50,000 | | 50,000 |

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 | 0 | 0.0% |
| TOTAL | 0 | 0.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 50,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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: | | | |

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

No

11. Program Performance:

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

It's purpose is to define how cancer activities derived from E. Coli NC101 are influenced by inflammatory bowel disease relevant anti-inflammatory drugs.

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

Progress report of the study is required to be submitted to a subcommittee of the Crohn's & Colitis Foundaiotn's National Scientific Advisory Committee . Reports are reviewed and approved before the next year of funding is considered

c. How will the funds be expended?

| Spending Category | Description | Amount |
|---|--|--------|
| Administrative Costs | | |
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | Project Head/Primary Investigator: In keeping with the funding terms of this traditional Research Fellowship Award, the primary investigator's (Ye Yang) salary and benefits would be fulfilled with this funding for the amount of time that the award is granted for. | 50,000 |



The Florida Senate

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| | | |
|--|--|--------|
| <input type="checkbox"/> Other Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 50,000 |

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

The results of the research have the potential to directly impact patients with Crohn's disease and/or ulcerative colitis (IBD). Understanding of the mechanism by which intestinal inflammation influences bacteria derived cancer activities. Leading to the design of therapeutic intervention aimed at limiting cancer activity.

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

Patients suffering from Crohn's disease and/or ulcerative colitis whose numbers are estimated to be 1.6 million.

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

Understanding of the mechanism by which intestinal inflammation influences bacteria derived cancer activities. Leading to the design of therapeutic intervention aimed at limiting cancer activity. Progress report of the study is required to be submitted to a subcommittee of CCFA's Nation Scientific Advisory Committee made up of scientists, researchers and lay people. Reports are reviewed and approved.

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?

This is a research project being conducted at the University of Florida. It is a Fellowship Award that has reportable deliverables and performance measurements based on the outcome of the research. As outlined in the award, if these deliverables are not met then funding will cease.

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.



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N/A

13. Requestor Contact Information:

- a. **Name:** Kathleen Keohane
- b. **Organization:** Crohn's & Coltis Foundation
- c. **Email:** kkeohane@crohnscolitisfoundation.org
- d. **Phone Number:** (561)218-2929

14. Recipient Contact Information:

- a. **Organization:** Crohn's & Coltis Foundation
- b. **County:** Palm Beach
- 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:** Kathleen Keohane
- e. **E-mail Address:** kkeohane@crohnscolitisfoundation.org
- f. **Phone Number:** (561)218-2929

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

- a. **Name:** Nick Matthews
- b. **Firm:** Becker & Poliakoff
- c. **Email:** nmatthews@bplegal.com
- d. **Phone Number:** (954)985-4135