



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1434

1. **Title of Project:** FIU Medical School – Pediatric Cancer Research

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/05/2019

4. **Project/Program Description:**

To establish the first Clinical Laboratory Improvement Amendments (C.L.I.A) certified laboratory in the State of Florida for functional drug sensitivity and resistance testing on patient's tumor cells against FDA-approved drugs. The program aims to improve treatment decisions and outcome for pediatric cancer patients by matching that patient with the most effective and least toxic therapies available. The treating physician can adjust treatment based on personalized ex vivo drug testing.

5. **State Agency to receive requested funds :** Board of Governors

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	985,021
Fixed Capital Outlay	
Total State Funds Requested	985,021

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	985,021	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	985,021	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	To purchase an Automated Robotic Liquid Handling Workstation/Instrumentation from Labcyte (Access Workstation with Echo 650 Screening2 plus Omic2 System with one year service maintenance)	599,644
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	To cover salary and fringe benefits for one full-time Technologist that is Florida Board-certified in Clinical Laboratory.	287,079
Expense/Equipment/Travel/Supplies/Other	Service contract on the Robotic instrumentation/Workstation	98,298
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		985,021

11. Program Performance:

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

The program aims to improve treatment decisions and outcome for pediatric cancer patients by matching that patient with the most effective and least toxic therapies available. The treating physician can adjust treatment based on personalized ex vivo drug testing.

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

Functional Ex Vivo Drug Testing (CLIA-certified assay) at a service-based fee for all pediatric cancer patients. This service can also be provided to adult cancer patients.

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

Drug sensitivity testing for individualized treatments in pediatric cancer patients

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

Persons with poor physical health

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

Disappearance of disease - complete response, partial response or stable disease

f. 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?

Return of appropriations to the state

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



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relationship between the owner(s) of the facility and the entity.

Florida International University

13. Requestor Contact Information:

- a. **Name:** Tomas Guilarte
- b. **Organization:** Florida International University
- c. **E-mail Address:** tguilart@fiu.edu
- d. **Phone Number:** (305)348-5344

14. Recipient Contact Information:

- a. **Organization:** Florida International University
- b. **County:** Miami-Dade
- 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:** Diana Azzam
- e. **E-mail Address:** dazzam@fiu.edu
- f. **Phone Number:** (305)348-9043

15. Lobbyist Contact Information

- a. **Name:** Christopher Cantens
- b. **Firm Name:** Florida International University
- c. **E-mail Address:** ccantens@fiu.edu
- d. **Phone Number:** (305)348-3505