



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2032

**1. Title of Project:** Andrews Institute Regenerative Medicine

**2. Senate Sponsor:** Doug Broxson

**3. Date of Submission:** 02/19/2019

**4. Project/Program Description:**

Establish Andrews Institute Regenerative Medicine (Andrews) as a leader in medical research to advance regenerative medical developments in orthopedics.

**5. State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

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

Type of Funding	Amount
Operations	2,163,505
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>2,163,505</b>

**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)	2,163,505	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>2,163,505</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		1,000,000	451	No

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Medical Director	150,000
Other Salary and Benefits	Chief Scientific Officer	150,000
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study	Orthopedic Regenerative Medicine Research Funding	943,005
<b>Operational Costs:</b>		
Salary and Benefits	Operations Personnel	290,000
Expense/Equipment/Travel/Supplies/Other	Research-related equipment	630,500
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,163,505</b>

#### 11. Program Performance:

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

The goal of the project is to lead the state and nation in becoming the premier research and development and treatment destination for the regenerative therapies for orthopedics. Andrews would like to create and leave a global footprint in Florida for orthopedic regenerative medicine research.

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

Andrews will engage in continued research that will result in advanced regenerative medical developments in orthopedics.

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

Successful research and development will result in cutting edge therapies and joint regeneration as well as improve the quality of life for orthopedic patients of all ages.

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

The general population will benefit from the results of this project.

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

Improved physical health for those with regenerative conditions and improved quality of education for fellows/physicians.

**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?**

None.

**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.**

N/A

**13. Requestor Contact Information:**

**a. Name:** Dr. James Andrews



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- b. Organization:** Andrews Research and Education Foundation
- c. E-mail Address:** james.andrews@andrewsref.org
- d. Phone Number:** (850)916-8704

#### 14. Recipient Contact Information:

- a. Organization:** Andrews Research and Education Foundation
- b. County:** Santa Rosa
- 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:** Dr. Adam Anz
- e. E-mail Address:** adam.anz@andrewsref.org
- f. Phone Number:** (334)728-1998

#### 15. Lobbyist Contact Information

- a. Name:** Teye Reeves
- b. Firm Name:** Smith, Bryan and Myers
- c. E-mail Address:** treeves@smithbryanandmyers.com
- d. Phone Number:** (850)224-5081