



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1259

1. **Project Title** Florida Health Equity Research Institute2. **Senate Sponsor** Janet Cruz3. **Date of Request** 11/06/20194. **Project/Program Description**

This budget request is to provide support for the Florida Health Equity Research Institute (FL HERI). FL HERI was established in 2013 by the Florida Board of Governors to improve health of medically underserved populations. The goals for FL HERI include a) increasing the development of health solutions for underserved populations; b) growing the pool of individuals from unrepresented groups for the health workforce; c) increasing external funding that will improve economic development in the state; and d) enhancing recognition of Florida as a leader in improved health outcomes. Since its inception, FL HERI has developed 14 higher education partnerships, reached over 1,000 diverse students, and garnered \$34.3M in competitive research awards.

5. **State Agency to receive requested funds** Board of GovernorsState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	925,500
Fixed Capital Outlay	000
Total State Funds Requested	925,500

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	925500	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	925,500	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2017-18	00	750,000	141	Yes

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

If yes, indicate nonrecurring amount per year. 925,500



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Program Coordinator (.5 FTE)	39,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Program Directors for FL HERI cores (0.05 FTE)	97,500
Expense/Equipment/Travel/Supplies/Other	Travel (\$5,000) and space rental (\$10,000)	15,000
Consultants/Contracted Services/Study	Pilot research grants (8@\$50,000); pilot regional cluster projects (2@\$37,000), statewide student symposia (4 regional=\$100,000); statewide student summer research internships (\$150,000); annual statewide health equity summit (\$50,000).	774,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		925,500



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11. Program Performance

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

The overall purposes of this funding is to 1) increase the development of health solutions for medically underserved populations, and 2) build capacity of students interested in health science-related STEM careers. Both purposes strategically assist the state of Florida in being a national leader in health equity through increased federal grant acquisition and a stronger base of qualified students for health professional schools.

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

Activities will include a competitive pilot research grants; pilot regional cluster projects; four student symposia; statewide student summer research internships; annual statewide health equity summit.

c. What direct services will be provided to citizens by the appropriation project?

Citizens will have the opportunity to participate in the pilot research grants which may include community-based health projects and clinical trials. The children of citizens can participate in the symposia which will be open to the public and have the opportunity to apply for the summer research internships. Finally, clinicians, community representatives, faculty and students along with the general public will be invited to attend the health equity summits.

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

100 high school students; 300 university/college students; 100 clinicians and community representatives; 125 faculty; 600 Other (underserved populations for regional cluster projects, specific groups to be determined). Total=1,225.

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

1. Improved physical health: -number of new innovations that document the reduction of chronic disease risk factors in medically underserved populations, -number of regional cluster projects that document reduction of chronic disease risk factors in medically underserved populations; 2. Improved quality of education: -increase in awareness/ knowledge of high school and college students regarding their preparation for health-related work including STEM professions; 3. Improved economic activity: -increase in multi-university, multidisciplinary & community-based funding in collaborating institutions.

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?

Per FSU policy, all claims for payment must be in accordance with the approved payment schedule, appropriate invoicing and backup detail. Failure to follow these procedures will result in possible cancellation of the contract.



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

State owned

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.