

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1830

1.	Project Title	Suncoast Comm Research	unities Blood Ba	nk Platelet	s and Plasma	Retention and			
2.	Senate Sponsor	Joe Gruters							
3.	Date of Request	02/15/2023							
4.	Project/Program De	escription							
	Provide enhanced re SCBC is participating urine and DNA. We a allow us to retain and samples.	g in national researd are the only blood c	ch to advance prenter in Florida	recision me currently in	dicine and inc cluded in this	dividualized treatmonational research.	od and blood products. ent approaches in blood, Florida funding will lysis of collected		
5.	State Agency to rec	eive requested fui	n ds Depar	tment of H	ealth				
	State Agency conta	cted? No							
	•								
6.	Amount of the Nonr	ecurring Request	for Fiscal Year	2023-2024			-		
	Type of Funding				Amo				
	Operations					600,000	_		
	Fixed Capital Outlay				0				
	Total State Funds R	Requested				600,000			
7.	Total Project Cost fo	or Fiscal Year 2023	3-2024 (includir	ng matchir	ıg funds avai	lable for this proj	ect)		
	Type of Funding			Amo	ount	Percentage			
	Total State Funds Re	equested (from que	stion #6)		600,000	51%			
	Matching Funds								
	Federal				529,000	44%	1		
	State (excluding the	amount of this requ	est)		50,000	0%	1		
	Local Other				50,000 10,000	<u>4%</u> 1%			
		for Figure 1 Voca 200	00.0004						
	Total Project Costs	for Fiscal Year 20	23-2024		1,189,000	100%]		
8.	Has this project pre	eviously received s	state funding?	Yes			_		
	Fiscal Year	Amo	unt		pecific "	Vetoed			
	(уууу-уу)	Recurring	Nonrecurring	1	opriation #				
	2022-23	0	450,0	000	451	No			
9.	Is future funding lik	ely to be requeste	d?	No					
	a. If yes, indicate no	onrecurring amoui	nt per year.						
	b. Describe the sou	rce of funding tha	t can be used i	n lieu of st	ate funding.				
			t dan bo dood i		.ato ranianigi]		
10). Has the entity requ	uesting this projec	t received any	federal as	sistance rela	ted to the COVID-	19 pandemic?		
	Yes	- · ·	-						
	100								



11. Status of Construction

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If yes, indicate the amount of funds received and what the funds were used for.

PPP Loan - funds used for payroll assistance (1.33M) 2020

Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the current phase of the project?					
	OPlanning	ODesign	Construction			
	b. Is the project	: "shovel ready	" (i.e permitted)?			
	c. What is the e	stimated start	date of construction?			
	d. What is the e	stimated comp	eletion date of construction?			
12.	List the owner relationship be	s of the facility etween the ow	to receive, directly or indirection the facility and the ention	tly, any fixed capital (ty.	outlay funding. Include the	

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Clinical research technician 2 research phlebotomists	180,000		
Expense/Equipment/Travel/Supplies/ Other	4 platlets and plasma collection instruments - 3 Trima and 1 Optia Implemention of research samples cryopreservation control rate freezer liquid nitrogen product storage container. mobile reseach collection vehicle	420,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 600,000			

14. Program Performance

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

Investment in research testing and analyzers will improve patient outcomes and provide state-of-the-art blood services in Florida. Provide rapid response capabilities to the ever increasing need for complex blood product treatments, as exhibited in the recent pandemic.



□Non Profit 501(c)(4)

□University or College

□Local Entity

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

We will work directly with our partner hospitals and community with advanced technology to meet the multiple medical needs and challenges ahead, resulting in improved patient care and positive outcomes.

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

This equipment will allow for the expansion to meet the ever-growing need for life-saving testing and research. The center will be prepared in it's continuity plan for the next emerging virus that is already threatening our border.							and research. The blo	bc	
	d. Who is the targ	et population served by t	his project?	How many ir	ndividuals ar	e expected	to be served?		
	Suncoast Florida residents will initially benefit followed by the entire State of Florida.								
	e. What is the exp	ected benefit or outcome	of this proj	ect? What is	the methodo	logy by whi	ch this outcome will		
	be measured?								
	Specialized testing availability on demand and all inclusive research								
	f. What are the su	ggested penalties that the	e contracting	g agency may	/ consider in	addition to	its standard penalti	es	
	for failing to meet	deliverables or performa	nce measur	es provided f	or the contra	act?			
	There is not a con	tracting agency involved ar	nd therefore p	penalties are r	not applicable				
					• •				
15.	Requester Contact	Information	1						
	a. First Name	Scott	Last Name	Bush					
	b. Organization	Suncoast Communities Bl	ood Bank, In	C.					
	c. E-mail Address	sbush@suncoastblood.or	g						
	d. Phone Number	(941)954-1600	Ext.						
16.	Recipient Contact	Information							
	a. Organization	Suncoast Communities Bl	ood Bank, In	C.					
	b. Municipality and	d County Manatee							
	c. Organization Ty _l	ре							
	□For Profit Entity								
	☑Non Profit 501(c	☑Non Profit 501(c)(3)							

□Other (please specify)					
d. First Name	Scott	Last Name	Bush		
e. E-mail Address	sbush@sunocastblood.or	g			
f. Phone Number	(941)954-1600				



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17. Lobbyist Contact Information

a. Name	Douglas Arlington Holder Jr
b. Firm Name	The Legis Group
c. E-mail Address	doug@legisgroupfl.com
d. Phone Number	(941)735-4755