



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Atlantic University - Genomics and Precision Medicine Initiative

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

The Genomics and Precision Medicine Initiative seeks to address a gap in research between the analysis of a disease and the assessment of genetic variation. Today, the practice of medicine follows a “one-size-fits-all” approach which means that diseases are being treated based on symptoms and the same treatment plans are applied to a majority of patients. Unfortunately, not all patients react to treatment plans in the same way. Recent advances in technology have proven that genomics, the genetic makeup of an individual, affect a patient’s susceptibility to disease as well as how he or she responds to treatment. The Genomic Revolution is currently changing the relationship between basic medical research and clinical intervention. Unfortunately, the collection of human genetic data is out-pacing scientists and researchers’ capacity to help determine the implications of genetic variations in health and disease.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

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 |
|---------------------------------|---|---------------------------------------|
| 924,360 | | 924,360 |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type | Amount | Percent |
|--|--------|---------|
| Federal | 9 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 9 | 0.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 924,369



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

| 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?

New funding will help to develop a next-generation genomics core facility, which will prove vital to FAU's neuroscience and precision medicine efforts. By using human genome information, the university hopes to translate medical discoveries into new personalized treatment therapies.

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

Increase external research funding in the area of genomics research and discovery. Integrate genomics knowledge and training into graduate and medical education. Improve the delivery of healthcare to Floridians and their families.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|-------------|--------|
| Administrative Costs | | |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> Other Salary and Benefits | | |



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| | | |
|---|----------------------------|---------|
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | New Research Lab Equipment | 924,360 |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 924,360 |

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

Researchers in the College are addressing some of the world's most pressing health challenges including cardiovascular disease and stroke, cancer, Parkinson's disease, Alzheimer's disease, macular degeneration, autoimmune diseases and HIV/AIDS.

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

The outcome of genomics and precision medicine has the potential to positively affect the entire population. In addition, FAU Medical Students and Graduate Level Research Students would be directly impacted by access to this technology.

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

FAU's College of Medicine's seeks to develop a next-generation genomic core facility by obtaining state of the art genomics laboratory equipment and creating specialized workstations for the research team

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?

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: John Kelly, PhD

b. Organization: Florida Atlantic University



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- c. **Email:** President@fau.edu
- d. **Phone Number:** (561)297-3450

14. Recipient Contact Information:

- a. **Organization:** Florida Atlantic University
- b. **County:** Broward, Indian River, Martin, Okeechobee, Palm Beach, Saint Lucie
- 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:** Ryan Britton (Exec Director)
- e. **E-mail Address:** rbritto2@fau.edu
- f. **Phone Number:** (954)579-7669

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

- a. **Name:** Ken Pruitt
- b. **Firm:** The P5 Group
- c. **Email:** Ken@TheP5Group.com
- d. **Phone Number:** (772)971-5760