



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Atlantic University- Medical School Expansion

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

As you know, the U.S. faces an estimated shortage of nearly 105,000 physicians by 2030. The Charles E. Schmidt College of Medicine is currently restricted in terms of growth due to limited space. FAU's current medical school class size of 64 students could be doubled with adequate square footage in a new facility. Each year, more than 4,000 applicants seek admission to our limited number of seats, showcasing the interest amongst future physicians. The addition of this facility would enable the college to expand its current medical enrollments and research programs, add new residency programs and increase clinical operations.

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? Board of Governors

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
	3,350,000	3,350,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	39,980,000	92.3%
Local	0	0.0%
Other	0	0.0%
TOTAL	39,980,000	92.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 43,330,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. 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?

Yes

- a. If yes, indicate non-recurring amount per year.

Unknown at this time.

11. Program Performance:

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

The mission of the Charles E. Schmidt College of Medicine is to educate physicians and scientists to meet the healthcare needs of Florida, to conduct biomedical research to advance knowledge, which improves patient care, and to serve patients and communities with competence, compassion and respect. Requested funds will: Support the planning phase of the project consisting of architectural/design consultant design services; increase student capacity; expand infrastructure and finish the build-out of the physical space.

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

With the addition of America's newest medical school at FAU, the Charles E. Schmidt College of Medicine is capitalizing on its existing strength in basic, applied and translational biomedical research. Researchers in the college are addressing some of the world's most pressing healthcare challenges including cardiovascular disease and stroke, cancer, Parkinson's disease, Alzheimer's disease, macular degeneration, autoimmune diseases and HIV/AIDS.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Expansion of the Medical School.	3,350,000
TOTAL		3,350,000

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

FAU's current medical school class size of 64 students could be doubled with adequate square footage in a new facility. Each year, more than 4,000 applicants seek admission to our limited number of seats, showcasing the interest amongst future physicians. The addition of this facility would enable the college to expand its current medical enrollments and research programs, add new residency programs and increase clinical operations.

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

FAU Medical School Applicants and FAU Medical Students.

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

Charles E. Schmidt College of Medicine admits 64 students to each first year class, including approximately 16 (25%) of students who may be admitted from states other than Florida. Within the total class size of 64 students, a maximum of 4-5 students may be admitted to the dual MD/PhD program sponsored jointly by the College of Medicine and The Scripps Research Institute. For the second consecutive year, results from Match Day revealed a 100 percent match for the student body. The expansion of the building will give more students the chance to become physicians.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard



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penalties for failing to meet deliverables or performance measures provided for in the contract?

N/A

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.

Florida Atlantic University

13. Requestor Contact Information:

- a. **Name:** John Kelly
- b. **Organization:** Florida Atlantic University
- 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
- 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