



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Firefighter Cancer Initiative

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

The Firefighter Cancer Initiative (FCI); FCI focuses on cancer prevention and treatment. Firefighters are more likely to develop cancer compared to the population they serve. FCI aims to research this increased risk and expand firefighters' access to cancer screenings while educating about prevention and early detection.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Financial Services

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

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
2,000,000		2,000,000

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

Type	Amount	Percent
Federal	1,575,000	43.5%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	45,000	1.2%
TOTAL	1,620,000	44.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,620,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:		1,000,000	1,000,000

### 10. Is future-year funding likely to be requested?

Yes

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

Yes, \$1,000,000 per year

### 11. Program Performance:

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

Expand firefighters access to cancer screenings across the state; enable prevention and earlier detection of the disease; identify exposures that account for increased cancer risk; and field test new technology and methods that measure exposure in the field.

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

Funds will provide increased access to cancer screenings to enable prevention and earlier detection, identify exposures that account for increased cancer risk, and educate fire departments on cancer risks related to occupational exposures.

#### 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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Faculty, research team members and project manager	500,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Research equipment, supplies and travel	1,475,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Research outreach, recruitment, and education	25,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

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

Funds will provide access to cancer screenings and wearable technology to monitor and track exposure. Funds will continue to educate fire departments on cancer risks related to occupational exposures based on information collected from the initiative.

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

Florida firefighters. >800

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

FCI aims to increase the life expectancy of firefighters by directly benefiting their health in better understanding cancer risks related to occupational exposures. Program information collected should result in developing new safety standards and policy recommendations to reduce our firefighters' risk. Number of firefighters engaged; number of firefighters screened for cancer; successful new technologies to monitor exposure; number of tumor specimens submitted to the tumor bank to identify biomarkers and therapeutics; Continued analysis of the dataset linking the Florida Cancer Data System with State firefighter data.

**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?**

Subject to the penalties put forth by the Florida Department Financial Services

**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.**

None



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### **13. Requestor Contact Information:**

- a. **Name:** Dr. Erin Kobetz
- b. **Organization:** Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine
- c. **Email:** ekobetz@med.miami.edu
- d. **Phone Number:** (305)243-6185

### **14. Recipient Contact Information:**

- a. **Organization:** Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine
- b. **County:** Miami-Dade
- 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. Erin Kobetz
- e. **E-mail Address:** ekobetz@med.miami.edu
- f. **Phone Number:** (305)243-6185

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

- a. **Name:** Raena Wright
- b. **Firm:** University of Miami
- c. **Email:** raenawright@miami.edu
- d. **Phone Number:** (305)284-2618