



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2330

**1. Title of Project:** Red Tide Toxin Levels in Sarasota Residents

**2. Senate Sponsor:** Joe Gruters

**3. Date of Submission:** 03/05/2019

**4. Project/Program Description:**

After recent Red Tide blooms, some residents in the Sarasota/Bradenton area have been complaining of neurological symptoms which they believe are related to Red Tide exposure. Currently, there is no information available on the exposure levels of Red Tide toxins in Florida residents in proximity to Red Tide blooms. Also, there is little or no information available relating exposure to Red Tide toxins and human neurological consequences. This program will measure the levels of Red Tide toxins in the blood of volunteers and patients in the Sarasota/Bradenton area and determine whether the presence of these toxins increases the risk for neurological conditions. In addition, we will evaluate Sarasota/Bradenton residents who present at our clinic with neurological symptoms they believe to be associated with Red Tide exposure and treat on a case-by-case basis. We will disseminate any identified neurological health risk information to residents, interested agencies, and the scientific community

**5. State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	496,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>496,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	496,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>		<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Dr. Mullan (Co-Founder and Executive Director of the Roskamp Institute) will oversee both the population-based study and the progress of the clinic-based program. No salary is requested.	0
Other Salary and Benefits	Provision of staff for a) conducting the population-based study, and collecting information and blood samples from local residents; and b) evaluation, diagnosis, and treatment of patients presenting with neurological complaints related to Red Tide exposure.	259,500
Expense/Equipment/Travel/Supplies/Other	a) For the population-based study: purchase and maintenance of traveling phlebotomy vehicle, and blood draw consumables; b) For the clinic-associated consumables: phlebotomy; c) For the purchase of the relevant Red Tide toxin detection kits.	236,500
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>496,000</b>

#### 11. Program Performance:

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

This program will provide much needed, fundamental data regarding levels of Red Tide toxin exposure in humans. This information is essential to evaluate whether Red Tide toxins precipitate or exacerbate neurological and other conditions in human populations. In turn, this information is required to determine whether therapeutic steps are needed to prevent neurological consequences of Red Tide toxins.

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

1. We will afford Sarasota/Bradenton residents the opportunity to take part in studies examining their blood levels of Red Tide toxins. 2. We will provide neurological clinical evaluations of residents complaining of neurological conditions associated with, or aggravated by, Red Tide exposure. 3. We will provide feedback to the community (and beyond) on the results of the exposure studies and will make publicly available any clinical data relevant to Red Tide exposure.

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



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We will provide information to the community on levels of Red Tide toxin exposure and will provide direct clinical services to those individuals specifically complaining of neurological signs or symptoms associated with Red Tide toxin exposure.

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

The target population are those citizens concerned with the potential health risks (particularly neurological) that may be associated with exposure to Red Tide.

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

The expected benefit of the program is to acquire new knowledge about the accumulation of Red Tide toxins in humans and their impact on human health, particularly neurological health, and to disseminate this knowledge to the local communities at risk from Red Tide exposure and to the research communities beyond. This information will also inform therapeutic approaches, if appropriate, to mitigate effects of exposure. We will monitor the dissemination of this knowledge and get feedback from the community via online interaction.

**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?**

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:** Nicole Russ
- b. **Organization:** Roskamp Institute
- c. **E-mail Address:** nruss@roskampinstitute.org
- d. **Phone Number:** (941)752-2949

**14. Recipient Contact Information:**

- a. **Organization:** The Roskamp Institute
- b. **County:** Manatee
- 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:** Nicole Russ



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e. **E-mail Address:** nruss@roskampinstitute.org

f. **Phone Number:** (941)752-2949

#### 15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**