



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1882

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Funds will enable the state of Florida to positively impact the health outcomes for its residents with diabetes by supporting new, clinical trials for patients, thereby further accelerating research aimed at curing the disease and reducing its complications.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="623,198"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>623,198</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="623198"/>	<input style="width: 80%;" type="text" value="45.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="755,625"/>	<input style="width: 80%;" type="text" value="55"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,378,823</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2018-19"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="300,000"/>	<input style="width: 80%;" type="text" value="528"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1882

**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	Partial salary support for Clinical Transplant Program Director and licensed physicians providing care to patients.	68,191
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Partial salary support for medical staff such as licensed physician, nurse, regulatory monitor and data entry.	285,257
Expense/Equipment/Travel/Supplies/Other	Technical supplies for studies and follow-up; patient travel and accommodations if needed to serve patients throughout the state.	174,000
Consultants/Contracted Services/Study	Patient screening costs, including pretrial medical screenings and exams, procedures, post trial follow up care, research supplies and cellular processing costs associated with clinical trials/research.	95,750
<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>623,198</b>



# The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1882

## 11. Program Performance

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

Support Florida residents benefiting from cellular transplantation/clinical research trials offered through the Diabetes Research Institute.

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

Medical screening to Florida residents with Diabetes to determine eligibility for cellular transplantation trials, follow up care of participants, processing of cellular products for transplant and research.

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

Lab tests, including but not limited to X-rays, ultrasound, blood work and other medical assessments including processing of cellular products for use in clinical research/transplant; travel to enable screening participation, follow up care and assessments for patients.

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

Florida residents with diabetes wishing to be screened/assess clinical research trials using the latest emerging cellular therapies. We expect to screen more than 800 patients.

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

Positively impact health outcomes for state of Florida residents with Diabetes who can participate in ongoing cellular transplant trials to further accelerate research to cure diabetes. Report of care provided to eligible patients related to clinical trial participation and follow up care provided. Performance measures also includes number of patients screened and participating, number of cellular products processed in the cGMP Human Cell Processing Facility for both transplant and research purposes.

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?

Return of unspent funds.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1882

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

n/a

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.