



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2094

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

4. **Project/Program Description**

To establish the first Clinical Laboratory Improvement Amendments (C.L.I.A) certified laboratory in the State of Florida for functional drug sensitivity and resistance testing on patient's tumor cells against FDA-approved drugs. The program aims to improve treatment decisions and outcome for pediatric cancer patients by matching that patient with the most effective and least toxic therapies available. The treating physician can adjust treatment based on personalized ex vivo drug testing.

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="985,021"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>985,021</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="985021"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>985,021</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"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



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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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	To purchase an Automated Robotic Liquid Handling Workstation/Instrumentation from Labcyte (Access Workstation with Echo 650 Screening2 plus Omic2 System with one year service maintenance)	599,644
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	To cover salary and fringe benefits for one full-time Technologist that is Florida Board-certified in Clinical Laboratory.	287,079
Expense/Equipment/Travel/Supplies/Other	Service contract on the Robotic instrumentation/Workstation	98,298
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>985,021</b>



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#### 11. Program Performance

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

The program aims to improve treatment decisions and outcome for pediatric cancer patients by matching that patient with the most effective and least toxic therapies available. The treating physician can adjust treatment based on personalized ex vivo drug testing.

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

Functional Ex Vivo Drug Testing (CLIA-certified assay) at a service-based fee for all pediatric cancer patients. This service can also be provided to adult cancer patients.

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

Drug sensitivity testing for individualized treatments in pediatric cancer patients

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

Persons with poor physical health

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

Disappearance of disease - complete response, partial response or stable disease

- 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 appropriations to the state



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

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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.**

Florida International University

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.