

LFIR # 1344

1. Project Title	UCF: Keeping Florida's Tourisr Diseases	m Economy Safe from Eme	erging Infectious	
2. Senate Sponsor	Linda Stewart			
3. Date of Request	02/04/2021			
4. Project/Program D	Description			
leader in tourism-co Infectious Disease clinical and service	he largest cities in Florida that is a onnected infectious disease and en and Tourism Health Initiative which components to study, track and ma will enable key partnerships with p	nerging pathogens. This fund in will bring together multidis anage emerging pathogen	Inding will support disciplinary expertise, s in a community of	levelopment of an research, education.
	<u>, </u>	d of Governors		
State Agency cont				
6. Amount of the Non	nrecurring Request for Fiscal Yea	ar 2021-2022		
Type of Funding		Amo	unt	
Operations			6,000,000	
Fixed Capital Outla	•		0	
Total State Funds	Requested		6,000,000	
•	for Fiscal Year 2021-2022 (includ	ling matching funds avai		ect)
Type of Eunding		A 4	D	
Type of Funding		Amount	Percentage	
Total State Funds F	Requested (from question #6)	6,000,000	Percentage 100%	
Total State Funds F Matching Funds	Requested (from question #6)	6,000,000	100%	
Total State Funds F Matching Funds Federal		6,000,000	100%	
Total State Funds F Matching Funds Federal State (excluding the	Requested (from question #6) e amount of this request)	6,000,000 0	100% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local		6,000,000 0 0	100% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other	e amount of this request)	6,000,000 0 0	100% 0% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost		6,000,000 0 0 0 6,000,000	100% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	e amount of this request) s for Fiscal Year 2021-2022	6,000,000 0 0 0 6,000,000 7 No Specific	100% 0% 0% 0% 0%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding	6,000,000 0 0 0 6,000,000 7 No Specific	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding	6,000,000 0 0 0 6,000,000 7 No Specific	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (уууу-уу)	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding	6,000,000 0 0 0 6,000,000 7 No Specific	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding? Amount Recurring Nonrecurri	6,000,000 0 0 0 6,000,000 6,000,000 No Specific Appropriation #	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lia. If yes, indicate r	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding Amount Recurring Nonrecurri	6,000,000 0 0 0 6,000,000 Ro Specific Appropriation #	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lia. If yes, indicate r	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding Amount Recurring Nonrecurri ikely to be requested? nonrecurring amount per year.	6,000,000 0 0 0 6,000,000 Ro Specific Appropriation #	100% 0% 0% 0% 0% 100%	
Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li a. If yes, indicate r b. Describe the so	e amount of this request) s for Fiscal Year 2021-2022 reviously received state funding Amount Recurring Nonrecurri ikely to be requested? nonrecurring amount per year.	6,000,000 0 0 0 6,000,000 Ro Specific Appropriation # No No In lieu of state funding.	100% 0% 0% 0% 100%	19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.	

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits	Up to 12 new faculty positions, additional post-doctoral scientist and graduate students in STEM	4,900,000		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Support for research clinical lab, capable of testing	1,100,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 6,000,00				

12. Program Performance

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

The economic prosperity of Florida depends on tourism and the safety of its visitors and residents. This funding will establish an Infectious Disease and Tourism Health Initiative which will bring together multidisciplinary expertise (College of Medicine, Hospitality Management, Engineering & Computer Science, innovative academic programs in themed experience, etc., together with key partnerships with pharma, and private industry to support the health and safety of Florida's tourism industry.

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

The Infectious Disease & Tourism Health Initiative will serve to: strengthen capacity to predict and respond to pandemics that impact the tourism, vacation and convention industries and consequently, Florida's economy. The goals include: enhancing the preparedness for care of infectious diseases; increasing preparedness and response through technology, data, clinical services & artificial intelligence; developing new strategies and innovative technologies for the detection of pathogens and novel surface treatments;

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

Provide evidence-based best practices to secure the health, safety and financial viability of the travel, tourism & hospitality industries and Florida's communities.

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

All domestic and international travelers to Florida's tourist, vacation and convention destinations.

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



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Expected benefit: Advancing infectious disease and tourism/travel health by expanding and refocusing educational programs to serve communities and industries. Successful outcomes would include: Return of robust tourism revenue; vacation and convention destinations be able to remain safely open a full capacity while keeping the population safe; return of jobs connected to the tourism and convention industries; decreasing unemployment.

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 the contract?

Return of	state for	unds:	cessation	of	future	fundin	C

13. 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.

No fixed capital outlay requested at this time.



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14. Requestor Contact Information						
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	b. Organization	University				
	c. E-mail Address	President@ucf.edu				
	d. Phone Number	(407)823	-1823	Ext.		
15.	15. Recipient Contact Information					
	a. Organization	University of Central Florida College of Medicine				
	b. Municipality and County Orange					
	c. Organization Ty	ре				
	□For Profit Entity					
	□Non Profit 501(c	□Non Profit 501(c)(3)				
	□Non Profit 501(c)(4)					
	□Local Entity					
	☑University or Co	iversity or College				
	□Other (please specify)					
	d. First Name	Deborah		Last Name	German	
	e. E-mail Address	Deb@ucf.edu				
	f. Phone Number	(407)266-1000				
16.	16. Lobbyist Contact Information					
	a. Name	Janet D.	Owen			
	b. Firm Name	Universit	y of Central Flori	da		
	c. E-mail Address	janet.owen@ucf.edu				
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