

The Florida Senate Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1828

I. Project Title	Suncoast Blood	d Center Request fo	or Appropriation		
•			Librale		
. Senate Sponsor	Joe Gruters				
. Date of Request	02/05/2021				
. Project/Program De	escription				
Expand research ca with advanced mobil our community.	apabilities and dev les to meet and co	elopment through t mply with the highe	he acquisition of highly est standards and incre	technical testing in eased need for bloo	strumentation along d and blood products
. State Agency to red	ceive requested f	unds Departm	ent of Health		
State Agency conta	cted? No				
Amount of the Nonr	recurring Regues	t for Fiscal Year 2	021-2022		
	ecuiring Neques	Tion riscar rear 2			1
Type of Funding			Amo		
Operations Fixed Capital Outland	,			450,000	
Fixed Capital Outlay				450,000	
Total State Funds F	Requested			450,000	
Total Project Cost f	or Fiscal Year 20	21-2022 (including	g matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from qu	estion #6)	450,000	87%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)		quest)	0	0%	
Local			57,000	11%	1
Other			10,000	2%	
Total Project Costs	for Fiscal Year 2	2021-2022	517,000	100%	
. Has this project pre	eviously received	state funding?	No		
Fiscal Year	Am	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
		3			
					I
. Is future funding lik	cely to be reques	ted?	No		
a. If yes, indicate n	onrecurring amo	unt per vear.			
	•	, ,	lian of state from the se		I
b. Describe the sol	irce of funding th	iat can be used in	lieu of state funding.		1
O Has the entity read	uostina this proje	not received any fa	ndoral accietance rela	ated to the COVID	10 nandomia?
	uesting this proje	to received any fe	ederal assistance rela	ited to the COVID-	ra pariueillic?
Yes					
If yes, indicate the	amount of funds	received and wha	at the funds were use	d for.	



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PPP Loan - funds used for payroll assistance (1.33M)

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

Spending Category	Description	Amount			
Administrative Costs:	Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	3 Collection Instruments - 2 Alyx and 1 Trima 1 Analyzer - Gemini for HLA testing 2 Centrifuges Implementation of DNA and Molecular testing - BioArray 2 Blood Mobiles -80 Degree Freezer CELL WASHER - Capture P for platelet cross-match	450,000			
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)					

12. Program Performance

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

Investment in research testing and analyzers will improve patient outcomes and provide state-of-the-art blood services in Florida.

Provide rapid response capabilities to the ever increasing need for complex blood product treatments, as exhibited in the recent pandemic.

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

We will work directly with our partner hospitals and community with advanced technology to meet the multiple medical needs and challenges ahead, resulting in improved patient care and positive outcomes.

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

This equipment will allow for the expansion to meet the ever-growing need for life-saving blood and plasma products. We not only save a life, we save a family.

The blood center will be prepared in it's continuity plan for the next emerging virus that is already threatening our border.

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

South Florida residents will initially benefit followed by the entire State of Florida.

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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- 1. ACTUAL DR / PATIENT IMPROVED PATIENT OUTCOMES POST TRANSFUSION 2. MONITORING STAT AND ASAP BLOOD AND PLASMA PRODUCT REQUESTS
- 3. DAILY TRACKING OF BLOOD AND PLASMA COLLECTION INVENTORY
 4. REFERENCE TESTING AVAILABILITY ON DEMAND
- 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?

There is not a	contracting agen	cv involved	l and therefore	penalties are	not applicable
				P 0	

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.

NA			
11/7			



d. Phone Number (941)735-4755

The Florida Senate

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14. Requestor Contact Information							
	a. First Name	Scott	Last Name	Bush			
	b. Organization	SunCoast Blood Centers					
	c. E-mail Address	sbush@suncoastblood.org					
	d. Phone Number	(941)954-1600	Ext.	114			
15.	15. Recipient Contact Information						
	a. Organization	SunCoast Blood Centers					
	b. Municipality and County Manatee						
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Scott	Last Name	Bush			
	e. E-mail Address	sbush@suncoastblood.org					
	f. Phone Number	(941)954-1600					
16.	16. Lobbyist Contact Information						
	a. Name	Doug Holder					
	b. Firm Name	Legis Group					
	c. E-mail Address	doug@dougholder.com					