

LFIR # 1984

-	Suncoast Blood Cente	; I			
Senate Sponsor	Joe Gruters				
. Date of Request	01/03/2022				
Project/Program D	escription				
Expand research ca with advanced mobi our community.	apabilities and developme les to meet and comply w	ent through the vith the highes	e acquisition of highly st standards and incre	technical testing in eased need for blood	strumentation along d and blood products
State Agency to re	ceive requested funds	Departm	ent of Health		
State Agency conta		ional Vans 20	22 2022		
Type of Funding	recurring Request for Fi	iscai fear 20	Amo	unt	
Operations			Aillo	450,000	
Fixed Capital Outlay					
Total State Funds				450,000	
Type of Funding Total State Funds R	equested (from question	#6)	Amount 450,000	Percentage 87%	
Matching Funds	equested (from question)	#6)	450,000	87%	
IMALCHINA FUNGS			0	0%	
Federal	amount of this request)		0	0%	
Federal	amount of this request)				
Federal State (excluding the	amount of this request)		0	0%	
Federal State (excluding the Local Other	amount of this request)	023	0 57,000	0% 11%	
Federal State (excluding the Local Other Total Project Costs		•	0 57,000 10,000	0% 11% 2%	
Federal State (excluding the Local Other Total Project Costs Has this project pro	s for Fiscal Year 2022-20	•	0 57,000 10,000 517,000 No	0% 11% 2%	
Federal State (excluding the Local Other Total Project Costs Has this project pro	s for Fiscal Year 2022-20 eviously received state Amount	•	0 57,000 10,000 517,000 No	0% 11% 2% 100%	
Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу)	s for Fiscal Year 2022-20 eviously received state to Amount Recurring No	funding?	0 57,000 10,000 517,000 No Specific Appropriation #	0% 11% 2% 100%	
Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding life	s for Fiscal Year 2022-20 eviously received state for Amount Recurring No kely to be requested?	funding?	0 57,000 10,000 517,000 No	0% 11% 2% 100%	
Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding lift a. If yes, indicate n	s for Fiscal Year 2022-20 eviously received state to Amount Recurring No kely to be requested?	funding? nrecurring r year.	0 57,000 10,000 517,000 No Specific Appropriation #	0% 11% 2% 100% Vetoed	
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Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding lil a. If yes, indicate no	s for Fiscal Year 2022-20 eviously received state to Amount Recurring No kely to be requested? conrecurring amount per	funding? nrecurring r year. be used in l	0 57,000 10,000 517,000 No Specific Appropriation #	0% 11% 2% 100% Vetoed	19 nandemic?
Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding lift a. If yes, indicate not b. Describe the soci	s for Fiscal Year 2022-20 eviously received state to Amount Recurring No kely to be requested?	funding? nrecurring r year. be used in l	0 57,000 10,000 517,000 No Specific Appropriation #	0% 11% 2% 100% Vetoed	19 pandemic?



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PPP Loan - funds used for payroll assistance (1.33M) 2020

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		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	450,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 450,000				

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?

- 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



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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?

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There is not a contra	acting agency involved	h and theretore r	nenalties are not a	nnlicable
THOIC IS HOLD GOTHIA	icting agency involved		portation are riot a	ppiidabid.

13.	13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Ir	nclude the
	relationship between the owners of the facility and the entity.	

NA		



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14.	14. Requestor Contact Information						
	a. First Name	Scott Last Nar			Bush		
	b. Organization	Suncoast Communities Blood Bank, Inc.					
	c. E-mail Address	sbush@suncoastblood.org					
	d. Phone Number	nber (941)954-1600 Ext. 114					
15.	15. Recipient Contact Information						
	a. Organization	Organization Suncoast Communities Blood Bank, Inc.					
	b. Municipality and	l County	Manatee				
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(c	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						
16.	16. Lobbyist Contact Information						
	a. Name	Douglas	Arlington Holder	Jr			
	b. Firm Name	The Legis Group					
	c. E-mail Address	doug@legisgroupfl.com					
	d. Phone Number	(941)735	-4755				