

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: UF Health Alzheimer's and Dementia Research
2. Date of Submission: 11/07/2019
3. House Member Sponsor: Ray Rodrigues  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		2,000,000	2,000,000		5,000,000	5,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
N/A

6. Requester:

- a. Name: Nick Ferreri
- b. Organization: Memory Gardens
- c. Email: poisventure@earthlink.net
- d. Phone #: (239)823-3065

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dr. Todd Golde
- b. Organization: University of Florida
- c. Email: tgolde@ufl.edu
- d. Phone #: (352)273-9458

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Nick Larossi
- b. Firm: Capital City Counseling
- c. Email: niarossi@capitalconsult.com
- d. Phone #: (850)445-7255

9. Organization or Name of entity receiving funds:

- a. Name: University of Florida Center for Translational Research (ND)
- b. County (County where funds are to be expended): Alachua, Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Broward, Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Center for Translational Research in Neurodegenerative Disease (CTRND) at the University of Florida (UF) is a high-impact program of scientific discovery aimed at translating basic discoveries in neurodegenerative disease into therapies that benefit patients. Our major focus is on Alzheimer's and Parkinson's disease. These State funds have in the past, and will continue, to support the development of major programmatic research initiatives at the UF CTRND and within the state.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Support for over 40 staff scientists, postdoctoral fellows and other trainees who support our Alzheimer's disease research efforts	1,000,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Human imaging studies that support the 1Florida ADRC (\$1,000,000) these funds will be spent at UF, UM and MSMC. Support for funds to develop new major grant initiatives that will lead to long-term major funding (\$1,750,000).	2,750,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Information technology and database support for the 1FLORIDA Alzheimer's Disease Research Center	250,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Space Renovation to accommodate the 1FLorida ADRC Brain bank (will be matched by funds from UF) and Laboratory renovation for 1 new hire	1,000,000
TOTAL		5,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Multiple published studies show the disproportionate burden that Alzheimer's and other dementias have in Florida ([http://www.alz.org/documents\\_custom/2016-facts-and-figures.pdf](http://www.alz.org/documents_custom/2016-facts-and-figures.pdf)). Florida contains the highest percentage of elderly over age 65 years, and 10% of the AD patients in the US. Estimates of negative economic impact on the State are >\$25 Billion per year.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

State of Florida Purple Ribbon Task Force <https://aspe.hhs.gov/report/national-plan-address-alzheimers-disease-2017-update>

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Multi-center Research and Education relating to Alzheimer's Disease and Related Dementias and Parkinson's disease and related movement disorders.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Participation in Alzheimer's and Parkinson's Research Studies, Clinical Trials for new Alzheimer's and Parkinson's Therapies Training of next generation physicians and scientists. Education in the lay and professional community.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)

- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Spouses/caregivers of individuals with dementia

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Slowing cognitive decline in Study Participants	An extensive battery of Cognitive tests Peer Reviewed publications
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase number of trainees working on AD and related dementia	Number of trainees, publications by trainees, grants awarded to trainees
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

<input checked="" type="checkbox"/> Increase or improve economic activity	Increase federal and foundation funding	number and total dollar amount of ongoing and new awards
<input checked="" type="checkbox"/> Increase tourism	Medical tourism	Number of out-of-state patients and research participants, increased national reputation of UF and other institution in 1Florida ADRC consortium
<input checked="" type="checkbox"/> Create specific immediate job opportunities	expanded research staff	number of new hires
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Population Health, Economic Return	long term reduction in costs of advanced dementia to state, patents issued and technologies licensed.	Access to effective treatments and interventions, patent issued, technologies licensed

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	5,000,000	14.7%	N/A
2. Federal:	22,500,000	66.2%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	4,000,000	11.8%	Yes
5. Other:	2,500,000	7.4%	Yes
<b>TOTAL</b>	<b>34,000,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M

⊙>10M