

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Torrey Pines Institute for Molecular Studies - The Florida Drug Discovery Acceleration Program
2. Date of Submission: 09/18/2019
3. House Member Sponsor: Toby Overdorf
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? 2018-19
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | | | | | 1,000,000 | 1,000,000 |

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 Health
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 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.
Failure to meet deliverables without notification of good reasoning, will result in financial penalties as described in contract

6. Requester:

- a. Name: Richard Houghten
- b. Organization: Torrey Pines Institute for Molecular Studies
- c. Email: houghten@tpims.org
- d. Phone #: (772)345-4580

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

- a. Name: Richard Houghten
- b. Organization: Torrey Pines Institute for Molecular Studies
- c. Email: houghten@tpims.org
- d. Phone #: (772)345-4580

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

- a. Name: M. Jordan Connors
- b. Firm: Jordan Connors Group Inc.
- c. Email: Jordan@jordanconnors.com
- d. Phone #: (904)206-1604

9. Organization or Name of entity receiving funds:

- a. Name: Torrey Pines Institute for Molecular Studies
- b. County (County where funds are to be expended): St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Broward, Hillsborough, Leon, Miami-Dade, Orange, Palm Beach, St. Lucie, Seminole

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 overall goal is to create new collaborations and continue to expand existing collaborations throughout Florida. This enhances the state's position as a global leader in biomedical research. Also this fosters the creation of greatly expanded and successful research programs that will be supported through commercialization. The specific purpose of the project is to allow TPIMS to continue to provide compound libraries and expertise throughout Florida.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | Project Head's salary and benefits | 45,000 |
| <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 | Scientific personnel | 350,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Supplies, equipment maintenance contracts and to meet with partners. | 105,000 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Compounds and services to FL universities and institutions | 500,000 |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 1,000,000 |

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:

In each year of the program, the Florida Drug Discovery Program collaborators wrote letters in support of the program and documented how the program supported their research. These letters are available if desired.

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

No

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

No

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 checked="" type="checkbox"/> Improve physical health | Identification of new therapies to improve physical health. | Advancement of scientific programs to clinical trial development phase. |
| <input checked="" type="checkbox"/> Improve mental health | Identification of new therapies to | Advancement of scientific programs |

| | | |
|---|---|---|
| | improve mental health. | to clinical trail development phase. |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input type="checkbox"/> Improve quality of education | | |
| <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 | Identification of potential new therapies leading to commercialization opportunities. | Patent filings to provide opportunities for out licensing. |
| <input type="checkbox"/> Increase tourism | | |
| <input type="checkbox"/> Create specific immediate job opportunities | | |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input checked="" type="checkbox"/> Reduce substance abuse | Identification of new therapies to treat addiction and new non-addictive pain therapies to reduce opioid use. | Advancement of scientific programs to clinical development phase. |
| <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 type="checkbox"/> Other (Please describe): | | |

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: | 1,000,000 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, Column F) | 0 | 0.0% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,000,000 | 100% | |

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