

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami-HIV/AIDS Research at Centers for AIDS Research (CFAR)
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Holly Raschein
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>	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:		850,000	850,000		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? 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.
Subject to the penalties put forth by the Florida Department of Health

6. Requester:

- a. Name: Mario Stevenson
- b. Organization: University of Miami Miller School of Medicine
- c. Email: mstevenson@med.miami.edu
- d. Phone #: (305)243-2689

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

- a. Name: Mario Stevenson
- b. Organization: University of Miami Miller School of Medicine
- c. Email: mstevenson@med.miami.edu
- d. Phone #: (305)243-2689

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

- a. Name: Raena Wright
- b. Firm: University of Miami
- c. Email: raenawright@miami.edu
- d. Phone #: (305)284-2618

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): 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 objective of the state funding initiative is to support and enhance high quality HIV/AIDS research through pilot grant funds leading to a cure for HIV/AIDS and AIDS vaccine-developments in response to the health needs of Florida's citizens. Two of our State Pilot Awardees published with Dr. Ronald C. Desrosiers; one publication on a strategy that leads to an AIDS cure and another publication on significant advance in developing a potential HIV vaccine .

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	Research unit operational staff including lab manager, study coordinators, and other support staff salary and benefits	309,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	HIV Cure laboratory supplies, chemicals, and equipment. Operating costs for clinical research unit at Jackson Memorial Hospital	271,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds awarded as pilot grants and HIV Cure Research Symposium	420,000
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:

The Miami CFAR is one of 19 federally funded AIDS centers in the United States and the only one in Florida. Over 65% of all AIDS related research in the US is conducted in affiliation with a CFAR. The Miami CFAR and the Institute for AIDS and Emerging Infectious Diseases continue to work closely together.

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:

1. NIH Ending the HIV Epidemic (phase I geographic focus) <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> (phase I geographic focus)

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?

Support innovative research leading to a cure for HIV/AIDS and AIDS vaccine developments. State funds will be spent on pilot grant projects to allow researchers to develop innovative lines of research and be more competitive for federal grants and support of the research unit at Jackson Memorial

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

Funding supports a research Unit at Jackson Medical Hospital which facilitates inclusion of underrepresented individuals in clinical research studies that provide access to cutting edge therapies

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): The HIV/AIDS infected population in Florida

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 checked="" type="checkbox"/> Improve physical health	Improved health care outcomes, access to novel medications and increased support for patients enrolled in clinical studies. Increased participation of minorities in clinical research studies and increase access to cutting-edge treatments.	Recruitment data from the clinical research unit including the number of patients recruited, retained, and clinical trial outcomes.
<input checked="" type="checkbox"/> Improve mental health	Increased support, including close monitoring while enrolled in the clinical trial, for the participating individuals.	Recruitment data from the clinical research unit including the number of patients recruited, consented, retained, and clinical trial outcomes.
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	State funds awarded as pilot grants are leveraged to secure federal grant dollars. Federal grants provide new medical research jobs.	Federal funding secured as a return on investment to state funding.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Improved health care outcomes, access to novel medications and increased support for patients enrolled in clinical studies who are provided substance abuse referrals and resources.	Recruitment data from the clinical research unit including the number of patients recruited, consented, retained, and clinical trial outcomes.
<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): Improve HIV/AIDS Research	Research on HIV cure could be transformational to Florida's HIV/AIDS epidemic and to the HIV/AIDS epidemic in the United States and overseas.	The HIV/AIDS epidemic continues unabated in Florida and the health care and financial impact is substantial.

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	9.8%	N/A
2. Federal:	8,607,930	84.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	2.4%	No
4. Local:	250,000	2.4%	No
5. Other:	100,000	1.0%	No
TOTAL	10,207,930	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