Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Baptist Health Research Institute Familial Screening for Brain Aneurysms: The Florida Familial Brain Aneurysm Project Family Members
2. Date of Submission: 10/31/2019
3. House Member Sponsor: Wyman Duggan
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No
   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?
c. Were the funds provided in the most recent fiscal year subsequently vetoed?
d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					250,000	250,000

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.
   We do not anticipate any non-deliverables

6. Requester:
   a. Name: Ricardo Hanel, MD, PhD
   b. Organization: Baptist Neurological Institute - Lyerly Neurosurgery
   c. Email: rhanel@lyerlyneuro.com
   d. Phone #: (904)861-0315

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Palaniswamy Vijay, MD, PHD, MP
   b. Organization: Baptist Health Research Institute
   c. Email: palaniswamy.vijay@bmcjax.com
   d. Phone #: (904)202-7069

8. Is there a registered lobbyist working to secure funding for this project?
   a. Name: None
   b. Firm: None
   c. Email:
   d. Phone #:

9. Organization or Name of entity receiving funds:
   a. Name: Baptist Health Research Institute
   b. County (County where funds are to be expended): Duval
   c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

To identify the true prevalence of intracranial aneurysms among first degree relatives of patients affected by this disease and study their genetic and biomarker profiles at the State of Florida. This study can lead to a publication that can change the screening process we currently have for aneurysms and if specific genetic profiles and/or protein biomarkers show-up as promising candidates for early diagnosis, this will revolutionize the way we approach this disease.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☑b. Other Salary and Benefits	Salary for a laboratory technician to process blood samples and collected MRA brain images	40,000
☑c. Expense/Equipment/Travel/Supplies/Other	Laboratory supplies	5,000
☑d. Consultants/Contracted Services/Study	Consultant for statistical analysis	5,000
Operational Costs:		
☐e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Magnetic Resonance Angiography Blood sample (supplies, storage and processing)	200,000
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		

TOTAL		250,000

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?

No

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?

Yes

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

Patients diagnosed with an intracranial aneurysms will be inquired regarding their interest of recruiting first degree relatives (siblings, children and parents) for screening with Magnetic Resonance Angiography without contrast (MRA). Relatives enrolled for screening will also be requested to consent for collection of blood samples

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

Potential immediate benefits include diagnosis of intracranial and proper referral to qualified personnel for management of lesions that should be treated. The future benefit of this study would be the development of a blood test to increase access to screening for the population, preventing aneurysm ruptures and decreasing the costs associated with SAH.

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): Family members of patients with intracranial aneurysm

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

☑Improve physical health	Patients would become part of their own care, understanding and sharing doubts with a professional in the field.	Evaluation by family members with intracranial aneurysms.
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		

☐Improve drinking water quality		
☐Improve surface water quality		
☐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:	250,000	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	250,000	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