

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Diabetes Research Institute Foundation Cellular Research to Cure Diabetes
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Bryan Avila
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? 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:					623,198	623,198

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.
Return of unexpended funds and reduction in any future award

6. Requester:

- a. Name: Kelly Dunphy
- b. Organization: Diabetes Research Institute Foundation, Inc.
- c. Email: kdunphy@drif.org
- d. Phone #: (954)964-4040

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

- a. Name: Dr.Mitra Zehtab
- b. Organization: Diabetes Research Institute
- c. Email: Mzehtab@med.miami.edu
- d. Phone #: (305)243-9537

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

- a. Name: Kelly Mallette
- b. Firm: Ronald L. Book, P.A
- c. Email: kelly@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: Diabetes Research Institute Foundation, Inc.
- b. County (County where funds are to be expended): Broward
- 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?

Funds will enable the State of Florida to positively impact the health outcome for all its residents with diabetes by supporting new clinical trials for patients suffering from diabetes to further accelerate research aimed at curing the disease and reducing its complications.

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	Partial salary support of Clinical Transplant Program Director : and licensed physician(s) providing care to patients	68,191
<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	Partial salary support for medical staff such as licensed physician, nurse, regulatory monitor, and date entry person	285,257
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Technical supplies for studies and follow up; patient travel and accommodations if needed overnight to Diabetes Research Institute from other parts of Florida	174,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Patients screening costs, including	95,750

	pre trial medical screening exams/procedures, post trial follow up care, research supplies and cellular processing costs associated with clinical trials/research	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		623,198

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:

There is major organizational backing from both private donors through the DRIF (individual, corporate and foundations) and institution-based (Juvenile Diabetes Research Foundation, National Institute of Health) philanthropic support for the requested project.

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:

Yes. Research has been reviewed by the Diabetes Research Institute's Scientific Advisory Board. Additionally, our research has been published in numerous peer reviewed publications.

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?

Medical screening of State of Florida residents with Diabetes to determine eligibility for cellular transplantation trials, follow up care of participants, processing of cellular products for transplant and research.

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

Lab tests including but not limited to X-rays, ultrasound, blood work and other medical assessments including processing of cellular products for use in clinical research/transplant; travel to enable screening participation, follow up care and assessments for patients.

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): Services are provided to all Florida residents with Diabetes who meet the medical eligibility per st

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	Positively impact health outcome for State of Florida residents with diabetes who can participate in on going cellular transplant trials to further accelerate research to cure diabetes.	Report of care provided to eligible patients related to clinical trial participation and follow up care provided. Performance measures also include number of patients screened and participating, number of cellular products processed in cGMP Human Cell Processing Facility for both transplant and research purposes
<input type="checkbox"/> Improve mental health		
<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 type="checkbox"/> Create specific immediate job opportunities		
<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 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	623,198	45.2%	N/A

Project Request:			
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:	755,625	54.8%	Yes
TOTAL	1,378,823	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