



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2799

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

The Consortium for Medical Marijuana Clinical Outcomes Research was founded by state legislature to generate and disseminate evidence on the safety and effectiveness of medical uses of cannabis for a variety of health conditions. Since its start in 2019, the state-wide 9-member university Consortium has been supported annually via \$1.5 million state appropriation. This request is to 1. increase the operating budget for the Consortium, 2. support development of informational materials on safety and effectiveness of cannabis for DOH for distribution to consumers and healthcare providers. 3. booster outcomes research capacity and accelerate evidence generation on cannabis effectiveness and safety with the new data repository MEMORY. 4. hold annual scientific conferences.

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	1,500,000	0		No

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Federal funding via grant applications to NIH and others. This is on the way but will not support the Consortium operating budget and focus on specific research questions.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Compensate for salary increases of Consortium director, associate director, and assistant director of research administration.	55,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salary for evidence core lead, graduate research assistants, salary increase for communication specialist; salary for data analysts.	250,000
Expense/Equipment/Travel/Supplies/Other	Annual scientific conference on Cannabis Clinical Outcomes Research; computing infrastructure and data costs.	165,000
Consultants/Contracted Services/Study	Scientific writers, graphic designers, and scientific consultants.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Increase operating budget for the Consortium, a 9-university state-wide organization charged by the state to conduct and disseminate research on medical marijuana outcomes (funding has been static since Consortium start in 2019).

b. What activities and services will be provided to meet the intended purpose of these funds?

1. Development of informational materials on safety and effectiveness of cannabis for DOH for distribution to consumers and healthcare providers.
2. New studies in medical cannabis safety and effectiveness
3. Annual scientific conference

c. What direct services will be provided to citizens by the appropriation project?

Synthesize evidence and integrate in information materials for consumers and healthcare professionals; host annual research conference; enhanced evidence on medical cannabis safety and effectiveness will inform regulatory and clinical decision-making and improve public health. Citizens will have access to unbiased evidence-based information materials and an annual research conference on cannabis risks and benefits.

d. Who is the target population served by this project? How many individuals are expected to be served?

All Florida citizens with medical conditions who might (or might not) benefit from medical cannabis; currently, >900,000 patients are registered to receive medical cannabis; enhanced information about risk-benefit of cannabis can support treatment decisions whether cannabis should or should not be used.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Enhanced research output and evidence dissemination.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Consortium work is well underway; funds can be withheld if specific milestones are not accomplished including (a) the annual research conference and (b) provision of consumer and provider info sheets to DOH for distribution.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity



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University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number