



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** University of Florida: Institute for Comparative Veterinary Diagnostics

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 10/30/2017

4. **Project/Program Description:**

Create the Institute for Comparative Veterinary Diagnostics at the University of Florida, so that the state of Florida becomes a global leader in mitigating animal health-related risks to public health, animal agriculture, the equine industry, companion animals, aquatic animals and wildlife.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Board of Governors

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,500,000		2,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>1,500,000</b>	<b>1,500,000</b>

**10. Is future-year funding likely to be requested?**

Yes

**a. If yes, indicate non-recurring amount per year.**

\$1-\$3 million over the next 4 years.

**11. Program Performance:**

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

Create the Institute for Comparative Veterinary Diagnostics at the University of Florida, so that the state of Florida becomes a global leader in mitigating animal health-related risks to public health, animal agriculture, the equine industry, companion animals, aquatic animals and wildlife.

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

The purpose of the funds will create 20 new jobs, with the anticipated increased service revenues and expected research grants and contracts, the total economic impact will be about \$9.5 million per year.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director, Administrative Assistant and 3 Lab Techs	600,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Software, equipment, supplies and lab renovations	1,900,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Funding this request will mitigate the substantial risks currently faced by animal agriculture, the equine industry, companion animals, eco-tourism and public health.

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

Elderly, University/College students, and Floridians benefit from decreased risk of zoonotic disease (disease passed between human and animals).

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

Improve physical health - Decreased risk of zoonotic disease. CDC, FDOH statistics on disease rate. Improve agricultural production/promotion/education - Enhanced animal agriculture/equine production. USDA statistics. Improve quality of education - Improved training for veterinarians. Employment statistics including rate and salary. Enhance/preserve/improve environmental or fish and wildlife quality - Improved health of wildlife/aquatic animals. US Geological Services, US FWS, FFWC statistics Protect the general public from harm (environmental, criminal, etc.) - Decreased risk of zoonotic disease and improved environmental quality. CDC, DEP and FDOH statistics. Increase or improve economic activity - Enhanced animal agriculture/equine production. USDA statistics Increase tourism - Improved health of wildlife/aquatic animals and improved environmental quality. FL Tourism statistics Create specific immediate job opportunities - Increased employment to operate the laboratory

**g. 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 in the contract?**

None

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A



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### 13. Requestor Contact Information:

- a. **Name:** Kent Fuchs
- b. **Organization:** University of Florida
- c. **Email:** kent.fuchs@ufl.edu
- d. **Phone Number:** (352)392-1311

### 14. Recipient Contact Information:

- a. **Organization:** University of Florida
- b. **County:** Alachua
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Kent Fuchs
- e. **E-mail Address:** kent.fuchs@ufl.edu
- f. **Phone Number:** (352)392-1311

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Marion Hoffmann
- b. **Firm:** University of Florida
- c. **Email:** marionh@ufl.edu
- d. **Phone Number:** (850)270-4040