1. **Title of Project:** USF Health Morsani College of Medicine and Heart Institute
2. **Senate Sponsor:** Dana Young
3. **Date of Submission:** 11/16/2017
4. **Project/Program Description:**
   Final year of PECO funding to complete the construction of the new USF Health Morsani College of Medicine and Heart Institute facility in the Water Street Tampa district of downtown Tampa.
5. **State Agency Contacted?** No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Board of Governors
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**
<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>21,255,000</td>
<td>21,255,000</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>90,893,118</td>
<td>59.6%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>40,451,882</td>
<td>26.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>131,345,000</td>
<td>86.1%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 152,600,000
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) 5
   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? No
   e. Complete the following Worksheet.
### Input Prior FY Appropriation for this project for FY 2017-18

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds</td>
<td>Prior Year Nonrecurring Funds</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td>12,000,000</td>
<td>12,000,000</td>
<td>12,000,000</td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?
   
   No

11. Program Performance:

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Completes the state share of the construction costs for this PECO-funded facility that has been in the State's General Appropriations Act every fiscal year since FY 2012-13.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Pays for the state share costs of construction for the new facility.

   c. **How will the funds be expended?**
      
      | Spending Category | Description | Amount |
      |-------------------|-------------|--------|
      | Administrative Costs | | |
      | Executive Director/Project Head Salary and Benefits | | |
      | Other Salary and Benefits | | |
      | Expense/Equipment/Travel/Supplies/Other | | |
      | Consultants/Contracted Services/Study | | |
      | Operational Costs | | |
      | Salary and Benefits | | |
      | Expense/Equipment/Travel/Supplies/Other | | |
      | Consultants/Contracted Services/Study | | |
d. What are the direct services to be provided to citizens by the appropriations project?

   Provides a new state of the art medical education and research facility for the state. It will improve medical care and treatments for the citizens and attract the best doctors to Florida and Tampa Bay to be educated and practice medicine and medical research.

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

   The 50,000+ students at USF and its faculty researchers.

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

   The USF Health Heart Institute is projected to drive up to $73 million annually in local economic activity and increase the number of STEM graduate degrees and postdoctoral appointees. This projected ROI is based on an economic impact study commissioned by the American Association of Medical Colleges (AAMC) which indicates that for every new dollar of research funding acquired, $2.60 of local economic growth is generated.

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?

   Those penalties and procedures outlined in the statutes governing state PECO-funded construction projects.

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.

   The USF Board of Trustees will own the facility and has already secured title to the property upon which it will be constructed.

13. Requestor Contact Information:
   a. Name: USF Board of Trustees
   b. Organization: University of South Florida
   c. Email: mwalsh@usf.edu
   d. Phone Number: (813)974-1830

14. Recipient Contact Information:
   a. Organization: University of South Florida
   b. County: Hillsborough
   c. Organization Type:
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** mark Walsh

e. **E-mail Address:** mwalsh@usf.edu

f. **Phone Number:** (813)974-1830

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

a. **Name:** Mark Walsh

b. **Firm:** University of South Florida

c. **Email:** mwalsh@usf.edu

d. **Phone Number:** (813)974-1830