



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Cord blood Transplant Reimbursement

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/28/2017

4. **Project/Program Description:**

Purchase of cord blood for needed infants.

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?

Agency for Health Care Administration

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
383,800		383,800

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

Type	Amount	Percent
Federal	616,200	61.6%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	616,200	61.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

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

e. Complete the following Worksheet.



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

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

Yes

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

383,800

11. Program Performance:

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

To meet the growing need for cord blood in transplants.

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

Cord blood transplants

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase of cord blood from one or more of the three centers that collect and store this material	383,800
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<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		383,800

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

New born children with certain unique illnesses can only be successfully treated using cord blood transplants. Sickle Cell disease represents one of the major conditions that can be treated through this procedure.

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

Children with certain unique diseases representing about 100 cases annually in Florida (and growing).

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

Children that are not treated through are often completely dependent on society for lifetime care this relatively low cost treat at a critical time in their lives can ameliorate this situation and allow them to grow into produce and self sufficient adults.

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?

The current standard penalties for noncompliance are adequate.

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

13. Requestor Contact Information:

- a. **Name:** Dana Ferrell-Birchfield
- b. **Organization:** Florida Association of Children's Hospitals
- c. **Email:** Dferrell@flchildrenshospitals.org
- d. **Phone Number:** (904)910-8050

14. Recipient Contact Information:

- a. **Organization:** Individual hospitals depending on the cases
- b. **County:** Statewide



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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: Dana Ferrell-Birchfield

e. E-mail Address:

f. Phone Number: (904)910-8050

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

a. Name: Michael Cusick

b. Firm: Michael Cusick & Associates, Inc.

c. Email: Mike@MichaelCusick.com

d. Phone Number: (850)222-5620