



# The Florida Senate

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

1. **Title of Project:** HIV/AIDs Research at Centers for AIDS Research (CFAR)

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/19/2017

4. **Project/Program Description:**

Funds are used to support and enhance high quality HIV/AIDS research projects conducted leading to a cure for HIV/AIDS and AIDS vaccine-developments in response to the health needs of Florida's citizens

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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
1,000,000		1,000,000

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

Type	Amount	Percent
Federal	1,500,000	54.5%
State (excluding the amount of this request)	0	0.0%
Local	250,000	9.1%
Other	0	0.0%
TOTAL	1,750,000	63.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,750,000

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) 4

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.



# The Florida Senate

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

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:		1,000,000	1,000,000

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

Yes

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

1,000,000

### 11. Program Performance:

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

The objective of the state funding initiative is to support and enhance high quality HIV/AIDS research through pilot grant funds leading to a cure for HIV/AIDS and AIDS vaccine-developments in response to the health needs of Florida's citizens. To date, one pilot grant funded study- nicknamed the 'Miami Monkey'- has yielded promising results that provides hope for a HIV cure.

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

Support innovative research leading to a cure for HIV/AIDS and AIDS vaccine-developments. State funds will be spent on pilot grant projects to allow researchers to develop innovative lines of research and be more competitive for Federal grants and support of the Research Unit at Jackson Memorial.

#### 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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



# The Florida Senate

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

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Research unit operational staff including lab manager, study coordinators and support staff.	300,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	HIV Cure laboratory supplies, chemicals, and equipment. Operating costs for clinical research unit at Jackson Memorial.	140,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funds awarded as pilot grants and HIV Cure Research Symposium	560,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Funding supports a Research Unit at Jackson Memorial Hospital which facilitates inclusion of underrepresented individuals in clinical research studies that provide access to cutting-edge therapies.

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

HIV/AIDS researchers and the HIV/AIDS infected population in Florida. >800

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

Funds drive innovative and high quality HIV/AIDS research aimed at developing a cure for HIV/AIDS which would be transformational to Florida's HIV/AIDS epidemic. Research also contributes to improved health care outcomes, access to novel medications and increased support for patients enrolled in clinical studies through the Research Unit at Jackson Memorial. An increase in federal grant funding as pilot grants allow researchers to develop innovative lines of research and be more competitive for Federal grants. Currently, for every dollar in State Pilot funding allocated, we are receiving 12 dollars in Federal funding. This is a significant return on investment.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard**



# The Florida Senate

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

**penalties for failing to meet deliverables or performance measures provided for in the contract?**

Subject to the penalties put forth by the Florida Department of Health

**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.**

None

**13. Requestor Contact Information:**

- a. **Name:** Mario Stevenson
- b. **Organization:** University of Miami Miller School of Medicine
- c. **Email:** mstevenson@med.miami.edu
- d. **Phone Number:** (305)243-2689

**14. Recipient Contact Information:**

- a. **Organization:** University of Miami Miller School of Medicine
- b. **County:** Miami-Dade
- 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:** Mario Stevenson
- e. **E-mail Address:** mstevenson@med.miami.edu
- f. **Phone Number:** (305)243-2689

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

- a. **Name:** Raena Wright
- b. **Firm:** University of Miami
- c. **Email:** raenawright@miami.edu
- d. **Phone Number:** (305)284-2618