



# The Florida Senate

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

1. **Title of Project:** Florida Health Equity Research Institute

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

This budget request is to provide support for the Florida Health Equity Research Institute (FL HERI). FL HERI was established in 2013 by the Florida Board of Governors to implement the Health Disparities Agenda for Florida to improve health of the medically underserved and to increase external funding that will improve economic development in the state. Since its inception, FL HERI has developed 13 higher education partnerships, reached over 990 diverse students, and garnered \$12.2M in competitive research awards. Will be administered by Florida State University.

5. **State Agency Contacted?** Yes

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

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	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):** 1,000,000

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) 3

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes  
 e. Complete the following Worksheet.

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:		750,000	750,000

**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?**

The specific purpose of this request is to provide funding for programs and infrastructure for the Florida Health Equity Research Institute.

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

Development of health innovations through pilot research grants and regional cluster projects to leverage federal funding, statewide student symposia in 4 regions of the state; statewide student research internships.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Development of health innovations through pilot research grants and regional cluster projects to leverage federal funding, statewide student symposia in 4 regions of the state; statewide student research internships. Program	39,000



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	Coordinator (.5 FTE)	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Directors for FL HERI cores (0.05 FTE)	97,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel (\$5,000) and space rental (\$10,000)	15,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Pilot research grants (8@\$50,000); pilot regional cluster projects (2=\$148,500), statewide student symposia (4 regional=\$100,000); statewide student summer research internships (\$150,000); annual statewide health equity summit (\$50,000).	848,500
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?**

Student symposia on health professions; summer research internships; summits for clinicians, community representatives, faculty and students; pilot research projects; regional cluster projects.

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

100 high school students; 300 university/college students; 100 clinicians, community representatives; 125 faculty; 600 Other (underserved populations for regional cluster projects, specific groups to be determined). Total=1,225

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



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1. Improved physical health: -number of new innovations that document the reduction of chronic disease risk factors in medically underserved populations, -number of regional cluster projects that document reduction of chronic disease risk factors in medically underserved populations; 2. Improved quality of education: -increase in awareness/ knowledge of high school and college students regarding their preparation for health-related work including STEM professions; 3. Improved economic activity: -increase in multi-university, multidisciplinary & community-based funding in collaborating institutions.

**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?**

Per FSU policy, all claims for payment must be in accordance with the approved payment schedule, appropriate invoicing and backup detail. Failure to follow these procedures will result in possible cancellation of the contract.

**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:** Penny A. Ralston Professor & Dean Emeritus
- b. **Organization:** Florida State University
- c. **Email:** pralston@fsu.edu
- d. **Phone Number:** (850)841-0407

**14. Recipient Contact Information:**

- a. **Organization:** Florida State University
- b. **County:** Leon
- 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:** Penny A. Ralston, Ph.D., Professor & Dean Emeritus
- e. **E-mail Address:** pralston@fsu.edu
- f. **Phone Number:** (850)841-0407

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

- a. **Name:** Rick Lindstrom
- b. **Firm:** Linstrom Consulting, Inc.
- c. **Email:** rick@lindstromconsultinginc.com
- d. **Phone Number:** (850)251-6112