



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Andrews Regenerative Medicine Center

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

To become the premier research, development and treatment destination for regenerative therapies for orthopedics.

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?
Department of Health

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
2,163,505		2,163,505

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	500,000	18.8%
TOTAL	500,000	18.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,663,505

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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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:		100,000	100,000

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

Yes

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

\$1-3 million over next 5 years

11. Program Performance:

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

The goal of the project is to lead the state and nation in becoming the premier research and development and treatment destination for regenerative therapies for orthopedics. We would like to create and leave a global footprint on Florida for orthopedic regenerative medicine research.

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

Andrews Regenerative Medicine Center will engage in continued research that will result in advanced regenerative medical development in orthopedics.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Medical Director	150,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Chief Scientific Officer	150,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Orthopedic Regenerative Medicine Research Funding	943,005



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Operations personnel	290,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Research related equipment	630,500
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,163,505

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

Successful research and development will result in cutting edge therapies and joint regeneration as well as improved quality of life for orthopedic patients of all ages.

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

Elderly persons, persons with poor physical health, physically disabled, high school students, University/college students, Individuals who suffer from certain musculoskeletal injuries.

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

Improved physical health - resulting in improved mobility and decreased pain - measured by treatment outcomes. Improved quality of education - resulting in physicians becoming education about regenerative medicine - measured by number of fellows/physicians trained at the Regenerative Medicine Clinic. Increase in economic activity - resulting in a positive economic impact on the community - measured by payroll, local economy impacted by patient visits to the area. Improved job opportunities - resulting in additional employees being hired for reg. med. -measured by number of employees hired.

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.

None

13. Requestor Contact Information:

a. Name: James Andrews

b. Organization: Andrews Research and Education Foundation



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- c. **Email:** James.andrews@andrewsref.org
- d. **Phone Number:** (850)916-8704

14. Recipient Contact Information:

- a. **Organization:** Andrews Research and Education Foundation
- b. **County:** Santa Rosa
- 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:** Adam Anz
- e. **E-mail Address:** Adam.anz@andrewsref.org
- f. **Phone Number:** (334)728-1998

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

- a. **Name:** Andrea Reilly
- b. **Firm:** Smith, Bryan & Myers
- c. **Email:** areilly@smithbryanandmyers.com
- d. **Phone Number:** (352)213-7095