



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1497

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

1) Address concerns of Brevard County citizens regarding major sources and pathways of PFAS exposure in their households, and their correlation to PFAS concentration in the body; (2) Continue collaborating with Fight For Zero (FFZ) to establish strategies that will mitigate human exposures, and improve their resilience; (3) establish a PFAS baseline for the community to monitor overtime if strategies are reducing PFAS burden in the community.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	350,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

If yes, indicate the amount of funds received and what the funds were used for.



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Revenue: UF received \$76M - Direct Student Aid & \$93M - Institutional Support Expenses: 1) \$76M - Direct Student Aid; 2) \$73M - a number of campus operations like: \$5M IT infrastructure & equipment for remote/distance learning; \$9M reimbursements for housing & study abroad; \$11M campus health & safety; \$48M for lost revenues in the student union, educational business activities, parking, research service centers, museums & performing arts centers; 3) \$20M - other COVID-related developing costs

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salary funds for Dr. Deliz, Dr. Bowden and Dr. Coker are requested to cover project management, training and supervision, and for a 1 year graduate student. Fringe benefits are calculated according to the University of Florida's negotiated rates.	52,373
Expense/Equipment/Travel/Supplies/Other	We are requesting funding for, (1) Materials and supplies - \$211,554, (2) Community Engagement activities - \$25,000, (3) graduate student tuition - \$17,800, (4) Travel - \$1453, and others including (5) IDC of 10% and a Subaward of \$10,002.	297,627
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

12. Program Performance

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

The goals of the project are to, (1) Address concerns of Brevard County citizens regarding major sources and pathways of PFAS exposure in their households, and their correlation to PFAS concentration in the body; (2) Continue collaborating with Fight For Zero (FFZ) to establish strategies that will mitigate human exposures, and improve their resilience; (3) establish a PFAS baseline for the community to monitor overtime if strategies are reducing PFAS burden in the community.

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

Establish strategies that will mitigate human exposures and improve resilience.

c. What direct services will be provided to citizens by the appropriation project?

Identification of predominant sources of exposure, that will facilitate public health interventions; reduced PFAS levels.

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

General public in Brevard County. Indeterminate.



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

Protect general public from harm. 1. Study on baseline levels of PFAS on individuals from an affected community and its relation to concentration of PFAS in the environment and household 2. Identification of predominant sources of exposure, that will facilitate public health intervention 3. Communities informed on how to reduce PFAS exposure levels 4. Model study to inform fate, transport and bioaccumulation of PFAS. MEASURE: Number of citizens that participate in study and are informed by the results (County wide survey) 2. Assessing the reach of project findings in the research community (number of citations) 3. Reduced PFAS body burden in the community (longterm monitoring) 4. Broader implementation of strategies to reduce PFAS exposure (Reference to our study). 5. Data from our study is used in policy development.

f. 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 the contract?

Restrict funding for additional year's request

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)

Local Entity

University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number