

LFIR # 2510

1. Project Title	Sunrise Research	n Institute - Browar	d Urban Covid Outrea	ach Program	
2. Senate Sponsor	Ana Maria Rodrig	uez			
3. Date of Request	01/24/2022				
4. Project/Program D	escription				
A four-tiered joint e ongoing novel Covic research.	ffort approach to read d-19 Virus Pandemic	ching those in nee . The outreach will	d in Urban communiti be in the form ot testi	es suffering with suing, education, heal	sceptibility to the Ithcare, treatment and
5. State Agency to re	ceive requested fun	nds Departm	ent of Health		
State Agency conta	acted? No				
6. Amount of the Non	recurring Request f	or Fiscal Year 20	22-2023		
Type of Funding			Amo	unt	
Operations			Aillo	1,248,900	
Fixed Capital Outla	V			1,240,900	
Total State Funds				1,248,900	
			•	1,= 12,000	
7. Total Project Cost	for Fiscal Year 2022	-2023 (including	matching funds avai	lable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds Requested (from question #6)			1,248,900	100%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			0	0%	
Other			0	0%	
Total Project Cost	s for Fiscal Year 202	22-2023	1,248,900	100%	
8. Has this project pr	eviously received s	tate funding?	No		
Fiscal Year (уууу-уу)	Amount		Specific	Vetoed	
	Recurring	Nonrecurring	Appropriation #		
9. Is future funding li	kely to be requested	d?	Yes		
a. If yes, indicate r	nonrecurring amoun	nt per year.	881,033		
b. Describe the so	urce of funding that	can be used in I	ieu of state funding.		
Business and pers	onal funding				
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10. Has the entity red	questing this project	received any fed	ierai assistance rela	ted to the COVID-	19 pandemic?
No					
If yes, indicate the	amount of funds re	eceived and what	the funds were used	d for.	



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Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	executive Director	250,000		
Other Salary and Benefits	N/A	0		
Expense/Equipment/Travel/Supplies/ Other	Trucks, Trailer, ECG Machine Refrig centrifuge, neg 70 freezer, refrigerator, computers, server, IV Recliner Chairs, exam tables	73,600		
Consultants/Contracted Services/Study	N/A	0		
Operational Costs: Other				
Salary and Benefits	Medical Director Nurse Practioner Medical Assistant Phlebotomists Site Coordinator Assistant Coordinator	881,000		
Expense/Equipment/Travel/Supplies/ Other	Office Space Lease Insurance MISC Medical Equipment	44,300		
Consultants/Contracted Services/Study	N/A	0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	N/A	0		
Total State Funds Requested (m	ust equal total from question #6)	1,248,900		

12. Program Performance

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

Increased health and community awareness regarding communicable diseases, Covid prevention, increased accessibility to healthcare related services including pharmacy and lab.

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

Mobile Covid test sites, pharmacy dispensing laboratory testing and educational outreach providing educational services for STD prevention and healthy living strategies.

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

Lab, pharmacy, clinic, telemedicine, educational and promising new therapeutic treatments through our clinical research division.

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

Lower socio-economic and under-privileged areas.

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

A better educated community with lowered social anxiety, depression and increased overall well-being documented through lab findings and reporting, pharmacy dispensing logs and community outreach surveys through our clinics and mobile testing units in the same communities.

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



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	for failing to mee	t deliverables or	performance m	neasures provided f	or the contract?
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Reimbursement of all unutilized and unallocated funds.

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.

Sunrise Research Institute, Testing Matters Laboratory, Physicians Preferred Pharmacy, Allied health No-Profit organization.



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14.	14. Requestor Contact Information						
	a. First Name	Michael		Last Name	Michael		
	b. Organization	Sunrise Research Institute Inc					
	c. E-mail Address	mb@sun	risecro.com				
	d. Phone Number	(954)629	(954)629-7877 Ext.				
15.	15. Recipient Contact Information						
	a. Organization	Sunrise F	Research Institute	e Inc			
	b. Municipality and County Broward						
	c. Organization Type						
	☑For Profit Entity	1					
	□Non Profit 501(c	on Profit 501(c)(3)					
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Brad		Last Name	Schultz		
	e. E-mail Address	bschultz@sunrisecro.com					
	f. Phone Number	(303)859-5997					
16. Lobbyist Contact Information							
	a. Name						
	b. Firm Name	None					
	c. E-mail Address	s					
	d. Phone Number						