



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1622

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request strengthens SunCoast Communities Blood Bank's capacity for gene therapy research and treatment of Sickle Cell Disease. Florida has the highest SCD prevalence, and the FDA's approval of gene therapies, including functional cures that requires specialized blood collection, processing, storage, and transport systems. In many transfusion cases in Florida, the SCD recipient may not receive blood products that are best matched for the patient. By increasing awareness within Florida's African American population and providing Free Sickle Cell Trait testing for African American blood donors will be more beneficial to the patient. Last year's state investment provided foundational equipment. Continued funding supports the advanced systems, supplies, and QC needed to produce the critical blood products, while expanding outreach to ethnic donors whose matched blood is essential for treating SCD and building a better rare donor repository accessible to hospitals statewide

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2026-2027	500,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	450,000	453	No

9. Is future-year 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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Specialized medical equipment, instruments, molecular testing platforms, QC tools, automated interfaces, inventory software, reagents, screening supplies, temperature devices, validated transport systems, community awareness, and technology for a rare donor repository with storage and genetic typing.	500,000
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)		500,000

13. Program Performance

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



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Strengthening Florida's research and treatment capacity for Sickle Cell Disease (SCD) will reduce long term healthcare costs, lower reliance on state supported programs, and improve quality of life for 13,886 Floridians suffering from SCD. Enhanced lab systems, donor screening, molecular testing, cellular processing, analysis technology, and community outreach support development of curative gene therapies and build a rare donor repository accessible to hospitals across Florida. This work aligns with priorities set by NIH, HRSA, CMS, and leading SCD treatment and even cure initiatives.

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

Activities include collecting, processing, and preparing blood products, along with community awareness efforts that support gene therapy research and treatment for Sickle Cell Disease, hemophilia, and select blood cancers. Funds will provide free Sickle Cell Trait testing for African American donors. Furthermore, these expanded services will strengthen donor screening, molecular testing, and laboratory analysis to identify rare blood types and build a Florida rare donor repository. Rare units can be stored for up to ten years and once a patient with a rare blood type is identified by a health provider, the frozen matched rare unit can be shipped across the state to meet the specific patient's need.

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

Free Sickle Cell Trait testing for African Americans when they donate blood which will be done in tandem of increased education and awareness of ethnically matched blood to improve patient outcomes. Enhanced laboratory capacity for specific genetic and molecular testing. Build and maintain a rare donor repository for Sickle Cell Disease, hemophilia, and blood-related cancers for patients receiving treatment at hospitals throughout Florida.

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

Sickle Cell Disease disproportionately impacts the African American community, so much of the project will impact this community. However, the genetic testing and rare donor repository will also help those suffering from hemophilia, and blood-related cancers. The program supports minority blood donors, researchers, clinicians, and patients statewide.

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

The project advances development of accessible, curative gene-therapy treatments and expands the availability of rare blood types for SCD, hemophilia, and blood cancers. Success will be measured by tracking the quantity and quality of blood products processed for research and a rare donor repository, the number of studies supported, and progress indicators such as reduced hospitalizations, fewer complications, and improved Health-Related Quality of Life (HRQoL) for patients.

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 in the contract?

Notification with opportunity to cure.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied



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- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

18. 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



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☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.