Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Postdoctoral Research Program at Scripps Florida

2. Date of Submission: 01/17/2017

3. House Member Sponsor: MaryLynn Magar

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

 If answer to 4a is "NO" skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)		Nonrecurring fun	Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		1,000,000			1,400,000	1,400,000

^{5.} Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No 5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

- 6. Requester:
 - a. Name: Richard King, PhD.
 - b. Organization: Scripps Research Institute
 - c. Email: rking@scripps.edu
 d. Phone #: (000)000-0000
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Richard King, PhD.
 - b. Organization: Scripps Research Institute
 - c. Email: rking@scripps.edu
 d. Phone #: (000)000-0000
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Jerry McDaniel
 - b. Firm: Southern Strategy Group
 - c. Email: mcdaniel@sostrategy.com
 - d. Phone #: (850)566-6068
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: The Scripps Research Institute Florida
 - b. County (County where funds are to be expended): Palm Beach
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government

0	University or College
0	Other (Please describe)

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

The State of Florida educates and graduates about 2000 STEM doctoral students a year. In Florida, it is challenging for these doctoral graduates who wish to remain in Florida to find suitable postdoctoral training positions, as the number of qualified institutions are limited. Scripps Florida proposes to use these funds to recruit and pay top quality Florida graduate students to be postdocs in the Scripps Florida Labs. The request would fund 20 postdocs in fiscal 2017/18 for a min of 3 years.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter "0" if request is zero for the
		category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	salaries	1,400,000
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,400,000

	For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if "h. ed Capital Outlay" was not selected, question 13 is not applicable) N/A
14.	Is the project request an information technology project? No
	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major ganizational backing, or other expressions of support? Yes
	15a. Please Describe: Information being compiled
16.	Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
17.	Will the requested funds be used directly for services to citizens? Yes
	17a. Describe the target population to be served. Select all that apply to the target population: □ Elderly persons □ Persons with poor mental health □ Persons with poor physical health □ Jobless persons □ Economically disadvantaged persons □ At-risk youth □ Homeless □ Developmentally disabled □ Physically disabled □ Drug users (in health services) □ Preschool students
	□Grade school students □High school students ☑University/college students

☐Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
□Other (Please describe)
17b. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
②>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	increased # of post doctorate research students that stay in Florida versus leave the state	progress toward the national average for proportion of workforce that has a post graduate STEM background (.15%=FL.; .24% = national average.)
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		

□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
☑Create specific immediate job opportunities	increased # of post doctorate research students that stay in Florida versus leave the state	progress toward the national average for proportion of workforce that has a post graduate STEM background (.15%=FL.; .24% = national average.)
□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter "0" if amount is zero):

Trovide the total cost of the project for 11 2017 10 from an sources of fariants (211c).			
Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	1,400,000	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,400,000	100%	

20.	Is this a multi-year project requiring funding from the state for more than one year?
	<u>Yes</u>

20a. How much state funding would be requested after 2017-18 over the next 5 years?

O<1M

⊙1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

⊙2 years

O3 years

O4 years

O>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

Oongoing activity – no total cost

O<1M

O1-2M

O>2-3M

⊙>3-10M