

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Health Equity Research Institute at FSU

2. Date of Submission: 02/01/2017

3. House Member Sponsor: Janet Cruz

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? 2014-15

c. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					1,000,000	1,000,000

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. Board of Governors

6. Requester:

- a. Name: Penny Ralston
- b. Organization: Florida State University
- c. Email: pralston@fsu.edu
- d. Phone #: (850)841-0407

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Penny Ralston
- b. Organization: Florida State University
- c. Email: pralston@fsu.edu
- d. Phone #: (850)841-0407

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

- a. Name: Richard Lindstrom
- b. Firm: Lindstrom Consulting
- c. Email: ralindstrom@gmail.com
- d. Phone #: (850)251-6112

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Florida State University
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

This budget request is to provide support for the Florida Health Equity Research Institute (FL HERI). FL HERI was established in 2013 by the Florida Board of Governors to achieve the following specific goals: a) increase the development of health solutions that improve health of medically underserved populations; b) grow the pool of individuals from unrepresented groups for the health workforce; and c) increase external funding that will improve economic development in the state.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Coordinator (0.5 FTE)	39,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Directors (equivalent to 0.5 FTE)	97,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel (\$5,000) and space rental (\$10,000)	15,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Competitive grants program for faculty in Florida for new innovations to reduce health disparities (6 awards at \$50,000 each) Four State wide	848,500

	student symposia Statewide student summer research internship program Annual statewide health equity Pilot regional cluster projects to reduce health disparities	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. 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. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The 13 collaborating institutions have provided letters of support and have their logos on the FL HERI website (flheri.org)

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

FL HERI was established to implement the Florida Health Disparities Research Agenda (http://cancer.ufl.edu/files/2012/08/FL_CURED.pdf) which was prepared by the Health Disparities Advisory Committee established jointly by entities in the Florida Department of Health, including the Biomedical Research Advisory Council and the Office of Minority Health.

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): Underserved populations for regional cluster projects

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	-number of new innovations that document the reduction of chronic	-competitive selection of pilot research program recipients and the

	disease risk factors in medically under-served populations -number of regional cluster projects that document reduction of chronic disease risk factors in medically underserved populations	outcomes of those research projects that document improved health for medically underserved populations through examination of documents by external evaluator -competitive selection of regional cluster projects and the outcomes of those projects that document improved health of medically underserved populations through examination of documents by external evaluator
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	-increase in awareness/ knowledge of high school and college students regarding their preparation for health work force	-evaluation data collected at student symposia and during summer research internships by external evaluator
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	-increase in multi-university, multidisciplinary & community-based funding in collaborating institutions	-evaluation data collected at student symposia and during summer research internships by external evaluator
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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):

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 Project Request:	1,000,000	100.0%	N/A
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	1,000,000	100%	
-------	-----------	------	--

20. Is this a multi-year project requiring funding from the state for more than one year?

No