Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>University of Miami Health System - Zika Virus Clinical Support</u>
2. Date of Submission: <u>02/07/2017</u>
3. House Member Sponsor: <u>Bryan Avila</u>
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:
   a. Has funding been provided in a previous state budget for this activity?   <u>No</u>
       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?
   c. Were the funds provided in the most recent fiscal year subsequently vetoed?
   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.)			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:	A	B	C	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:					2,000,000	2,000,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? <u>No</u>
   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: University of Miami
    b. Organization: University of Miami
    c. Email: raenawright@miami.edu
    d. Phone #: (305)284-4085

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Dr. Christine Curry, M.D, Ph.D
    b. Organization: University of Miami
    c. Email: clc@miami.edu
    d. Phone #: (305)243-6962

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Raena Wright
    b. Firm: University of Miami
    c. Email: raenawright@miami.edu
    d. Phone #: (305)284-4085

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: University of Miami Health System
    b. County (County where funds are to be expended): Miami-Dade
    c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

To expand the outreach of the comprehensive multidisciplinary team of specialists at the University of Miami assembled to provide the most expert care possible to

expectant mothers, fathers, newborns, infants and family members affected by the Zika Virus.

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 will be used for clinicians and laboratory staff	300,000
☑f. Expenses/Equipment/Travel/Supplies/Other	expenses, equipment and supplies for clinical and laboratory operations	1,700,000
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		

TOTAL		2,000,000

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)
   <u>N/A</u>

14. Is the project request an information technology project?
   <u>No</u>

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?
   <u>Yes</u>

   15a. Please Describe:
      Federal, State and local governments have held numerous public hearings and informational meetings about the importance of funding to care for pregnant

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

   16a. Please Describe:
      In 2016 the Florida Department of Health and the Centers for Disease Control and Prevention dentified local transmission of Zika Virus in Miami-Dade County

17. Will the requested funds be used directly for services to citizens?
   <u>Yes</u>

   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): Pregnant women and children affected by Zika virus

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
☑Improve physical health	Help prevent Zika virus infection in Florida and mitigate its consequences especially for pregnant women and children.	Data collected will be compared to other populations affected by Zika Virus
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		

APR #: 0875

☑Improve quality of education	Provide recommendations for clinical care, to plan for services and support for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy.	Data collected will be used to update recommendations to mitigate the impact of the Zika Virus on pregnant women and children.
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Provide education and services for pregnant women and families affected by Zika Virus to help prevent the infection of others.	Data collected will be compared to other similar populations affected by the Zika Virus
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐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):

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:	2,000,000	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	2,000,000	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?
○<1M
⊙1-3M
○>3-10M
○>10M

20b. How many additional years of state support do you expect to need for this project?
⊙1 year
○2 years
○3 years
○4 years

○>= 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?.
○ongoing activity ? no total cost
○<1M
○1-2M
◉>2-3M
○>3-10M
○>10M