

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Moffitt Cancer Center - Coalition for Medical Cannabis Research and Education

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Mike La Rosa

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, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		750,000	750,000		1,749,973	1,749,973

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Financial penalties / consequence: Failure to perform the deliverables set forth in this Agreement will result in a financial consequence to Provider of no more than \$5,000.00 in the aggregate. In such case, Provider may submit documentation to the Department regarding the circumstances and reasons the deliverable was not met for the Department's consideration prior to the Department's imposition of the financial consequence.

6. Requester:

- a. Name: Nagi Kumar
- b. Organization: Moffitt Cancer Center
- c. Email: Nagi.kumar@moffitt.org
- d. Phone #: (813)745-6685

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Nagi Kumar
- b. Organization: Moffitt Cancer Center
- c. Email: Nagi.kumar@moffitt.org
- d. Phone #: (813)745-6685

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Thomas Joos
- b. Firm: Moffitt Cancer Center
- c. Email: Thomas.joos@moffitt.org
- d. Phone #: (321)439-0766

9. Organization or Name of entity receiving funds:

- a. Name: Coalition for Medical Cannabis Research and Education
- b. County (County where funds are to be expended): Statewide
- 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?

Supplemental funding for the Coalition for the Medical Cannabis Research and Education within the H. lee Moffitt Cancer Center and Research Institute, Inc; Funding to support the Medical Cannabis Research and Education Board to continue its statutory responsibility and operations provided under F.S. 381.986 and 1004.4351 for fiscal year 2018-19.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	PERSONNEL YEAR 1 NAME ROLE ON PROJECT Percent Effort Devoted Salary and Fringe Benefits KEY PERSONNEL (MCC A) Nagi Kumar Executive Director 50% Bobbie McKee Administrator 100% Nick Lawrence Steering Committee Member 5% David Drobes Steering Committee Member 10% Diane Portman Steering Committee Member 5% Solmaz Sahebjam Steering Committee Member 5% Kathey Egan Steering Committee Member 10% TBD Management Assistant 50% SUBTOTALS 377,016	377,016
<input type="checkbox"/> b. Other Salary and Benefits		

<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	FACILITIES AND ADMINISTRATIVE COSTS @ 15.0% 228,257	228,257
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Coalition Board Meetings (event costs) 10,000 Website Development & Maintenance 5,000 Travel (3 Coalition meetings) 15,000 Travel (3 Director visits to Capital) 1,500	31,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Research & Education Projects 1,000,000 Biostatistics Core 13,200 Epidemiology/Data Analysis 100,000	1,113,200
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,749,973

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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?

No

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. What are the activities and services that will be provided to meet the purpose of the funds?

To continue rigorous scientific research, provide education, disseminate research, and guide policy for the adoption of a statewide policy on ordering and dosing practices for the medical use of marijuana.

17b. Describe the direct services to be provided to the citizens by the funding requested.

An effective medical marijuana research and education program would mobilize the scientific, educational, and medical resources that presently exist in this state to determine the appropriate and best use of marijuana to treat illness.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- ☐ General (The majority of the funds will benefit no specific group)

☐ Other (Please describe)

17d. 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 each Benefit/Outcome 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	(a) Lead rigorous and systematic research to evaluate safety and efficacy of cannabis-derived pharmaceuticals/agents and phytocannabis compounds for treating medical conditions	Meeting the statutory requirements of F.S. 381,986 & 1004.5341
<input checked="" type="checkbox"/> Improve mental health	(a) Lead rigorous and systematic research to evaluate safety and efficacy of cannabis-derived pharmaceuticals/agents and phytocannabis compounds for treating medical conditions	Meeting the statutory requirements of F.S. 381,986 & 1004.5341
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	(b) Lead the establishment and dissemination of comprehensive education programs for patients, families and medical professionals	Meeting the statutory requirements of F.S. 381,986 & 1004.5341

	(c) Assist the State of Florida in providing education/guidance and/or evaluating adverse effects.	
<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 type="checkbox"/> Increase or improve economic activity		
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,749,973	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	1,749,973	100%	

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

No