



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1278

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Provide enhanced expansion of research to help advance treatment and therapy options for various autoimmune and blood disorders including various cancers. SCBC is participating in various research programs to advance precision medicine and an individualized treatment approach to diseases. Florida citizens will have greater access to needed therapeutic services which will improve patient outcomes. Hospitals serviced by SunCoast Blood Centers will also benefit by having greater access to need blood and cellular blood products and extended services aimed at helping to improve patient outcomes.
 SCBC is the only blood center in Florida that is part of this national research program and the only blood center in the state of Florida that provides covid fighting plasma therapies, which is truly the only covid therapy that keeps up with the covid-19 variants.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	68%
Matching Funds		
Federal	300,000	27%
State (excluding the amount of this request)	0	0%
Local	50,000	4%
Other	10,000	1%
Total Project Costs for Fiscal Year 2024-2025	1,110,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	0		No

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1278

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

PPP funds - \$1,329,147 used for salaries and benefits ERC - \$1,108,740 - used for salaries and benefits
--

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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	Consultantative services to help SCBC best align the projects to the various technologies	40,000
Operational Costs: Other		
Salary and Benefits	Clinical staff position	90,000
Expense/Equipment/Travel/Supplies/Other	2 Optia Apheresis machines for Cellular therapies 3 Trima Apheresis machines for Platelet collections and advancing research for platelet efficacy 2 Alyx Red Cell/Plasma devices 1 Bio-collections vehicle with cell therapy capabilities 2 Cases Optia cell therapy kits 3 Cases Trima Platelet/Plasma harness/kits macrofuge 2 phlebotomy chairs for research room 1 Welsh Allen device to measure	620,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1278

Total State Funds Requested (must equal total from question #6)	750,000
--	----------------

14. Program Performance

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

Provide enhanced reference testing and expansion of research to help advance treatment and research options for various autoimmune and blood disorders including various cancers. SCBC is participating in research programs to advance precision medicine and an individualized treatment approach to diseases. Suncoast is the only blood center in Florida that is part of this national research program including covid fighting plasma therapies.

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

These funds will improve patient outcomes by providing more access to therapeutic and state-of-the-art blood services in Florida. Quicker turnaround time for bio-collection and services while advancing clinical trials and research for new cellular therapies.

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

New blood services and cellular therapies aimed at improving patient outcomes and/or advancing clinical research for various diseases including cancer.

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

All citizens will be served by this project regardless of age, race or gender.

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

Ethnic and gender inclusivity to advance precision medicine.
 Faster turn around time for diagnosis and treatment.
 Speed up and advance therapies in clinical trials.
 Expanding blood products and services to meet the needs of a rapidly growing and diverse population.
 SCBC will monitor YOY growth with cellular therapies as well as YOY growth for cellular blood components and services.

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 the contract?

Notification, with opportunity to cure.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1278

- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number