USF HEALTH

- MORSANI COLLEGE OF MEDICINE
- HEART INSTITUTE

USF
UNIVERSITY OF
SOUTH FLORIDA

A Plan for a Downtown Tampa Facility

University of South Florida
Board of Trustees

To the Honorable Members of the Florida Board of Governors:

On behalf of the University of South Florida and its Board of Trustees, thank you for your consideration of our proposal to co-locate the USF Morsani College of Medicine and USF Health Heart Institute on a donated downtown Tampa site. We believe the proposed project represents a unique opportunity to advance USF's core academic and research mission, while at the same time driving economic development and job creation in the Tampa Bay region.

A series of events in recent years have combined to present our university with this opportunity. In 2011, the College of Medicine, which for more than four decades has fueled USF's rise as a leading national research university, was honored to receive an $18 million gift from Carol and Frank Morsani to assist in the construction of a new College of Medicine facility to replace the current worn and outdated facilities that are no longer capable of supporting the demands of modern medical education. A year later, the USF Health Heart Institute, a world-class research institute dedicated to finding new cures and improving cardiology treatment through personalized medicine, began to move forward with funding support from Hillsborough County and the State of Florida. In 2014, discussions between the university and Tampa Bay Lightning owner and important USF partner, Jeff Vinik, resulted in the proposal to combine the medical school and the Heart Institute in a single facility to be located on a parcel in downtown Tampa to be donated by Mr. Vinik and his partners. The parcel, valued at $10 million, would place the College of Medicine and the Heart Institute in close proximity to Tampa General Hospital, USF's major teaching hospital and most important partner, USF's clinical facility on the Tampa General campus and USF's downtown Center for Advanced Medical Learning and Simulation.

The proposed co- location in a new downtown innovation district creates for the university an important competitive advantage in its efforts to attract the best and brightest students, the most talented faculty, and the country's leading research scientists. We are mindful that this improvement in core mission performance cannot come at the expense of increases in the cost of education. If approved, we intend to accomplish this project without increasing tuition, fees or other student costs in order to assure that we continue to provide not only an excellent medical education for Florida's future physicians, but an accessible one as well.

As you read through our proposal, we hope it is apparent that we have given careful consideration to the merits of this request, and that you will conclude, as we have, that it maximizes state investment in USF's core mission of academic medicine and scientific research and at the same time creates opportunities for regional economic development and job growth. We live in a dynamic, competitive era in which a university must capitalize upon the advantages and resources available to it. The University of South Florida is a metropolitan research university. That fact presents us with a competitive edge and unique opportunities. We believe our proposal captures and leverages those important assets. We hope you agree.

Thank you for your consideration and your continued support of the University of South Florida.

Sincerely,

Harold Mullis
Chair, University of South Florida Board of Trustees

4202 East Fowler Avenue, CGS401 • Tampa, Fl 33620-4401 • (813) 974-1678 • board@trustees.usf.edu

WHY HERE
Why Now

Executive Summary

Executive Summary

The USF Health Morsani College of Medicine (MCOM) critically needs a new facility to adapt to contemporary medical training requirements, compete for outstanding students, and ensure their success. Our students deserve an educational setting that both meets today's standards and can rapidly adapt to the changing educational and technological requirements of modern 21st Century medical education. We base this recommendation on the following rationale:

1. Today's MCOM is housed in a 40-year-old facility designed for a large lecture hall-based curriculum. It has limited functionality for information technology, simulation and multimedia needs and is strained to meet the requirements of the modern medical classroom, which emphasizes newer modes of smaller, team-based, technologically intensive, simulation-dependent learning.

2. The Building Facility Condition Index is rated "Poor," as determined by the National Association of College and University Business Officers.

3. While a new facility on the main USF campus in North Tampa was originally contemplated, the opportunity provided by a generous donation of land in a soon to be developed amenity-rich, highly accessible and pedestrian-friendly site in downtown Tampa dramatically changes the landscape and offers a much better fit in developing an ideal solution for USF.

4. The new downtown Tampa MCOM facility can be built at no total additional PECO cost to the State of Florida than was proposed at the main USF campus. The move will also not cause any increase in student tuition or fees.

5. The proposed downtown location brings the MCOM in close proximity to USF's primary teaching hospital, Tampa General Hospital (TGH), a relationship consistent with 72 of the top 75 *U.S. News & World Report's* ranked medical schools. It also accommodates the strong preference of our medical students.

6. This location is a short walking distance from the USF Health Center for Advanced Medical Learning and Simulation (CAMLS), which is the nation's largest such facility that houses some of the world's most sophisticated medical simulation equipment.

7. The proposed downtown location is strongly supported by our USF medical students. It will enhance their training, improve their quality of life, and not impact the cost of their education.

8. The current USF Health site on the main North Tampa campus is constrained by traffic congestion and parking shortages that impede growth of other USF Health programs critical to meeting Florida's workforce needs, such as nursing. A new facility downtown would free up existing on-campus space to allow USF Health to contemplate future expanded enrollment in high-demand healthcare fields. (see Appendix C-1)

9. The downtown site will not just be transformational for USF and the healthcare community; its impact will be a boon to downtown community and felt throughout the entire region. (see Appendix E)

USF is grateful for the support and funding already provided to the project by the Florida Legislature and Gov. Rick Scott for the planning phase of the MCOM project, in addition to funding for the new USF Health Heart Institute. This Institute will put Tampa Bay at the forefront of addressing heart disease. Despite heart disease being the leading cause of death on a national,

state, and local level that creates massive public expenses, there is a dire need for biomedical research to produce more effective, more efficient and less costly treatments. While this facility had been originally slated for the main USF campus, given the incredible opportunities for synergies with community partners, USF now proposes to co-locate the USF Health Heart Institute with the new MCOM building in the downtown district. This location will enhance recruitment of top cardiovascular researchers, support clinical and translational research opportunities to advance public health, increase MCOM NIH funding levels, and improve the rankings of MCOM and our partner, TGH, on the *U.S. News & World Report* survey and comparable national surveys.

The proposed downtown Tampa location for the USF Health Heart Institute, coupled with MCOM, provides a host of advantages, including:

1. Close proximity to TGH, USF's primary cardiology faculty practice site responsible for most of the university's inpatient and outpatient services and all inpatient clinical trials.

2. Proximity to CAMLS, which has among the world's most sophisticated cardiovascular simulation equipment to enhance fellowship training and serve as a platform for continuing medical education programs to improve the quality and value of cardiac care in Florida.

3. Proximity to the USF Health Tampa Bay Research and Innovation Center (TBRIC) at CAMLS, which utilizes multidisciplinary teams of healthcare providers and engineers to assist medical device companies in the entire medical device lifecycle.

4. Enhanced opportunities to develop and support affiliated downtown biotechnical companies — given the confluence of our researchers, TGH's vast cardiac clinical volume, TBRIC and the abundance of planned corporate space in the district.

5. Greatly enhanced opportunities for USF MCOM-TGH-based resident and fellow trainees to participate in basic and translational research, which should greatly improve the national competitiveness of our Graduate Medical Education (GME) programs.

6. Greatly enhanced opportunities to recruit top NIH-funded Heart Institute faculty because of all the factors listed above, as well as location of labs in a vibrant, amenity-rich, waterfront urban environment.

Combined, these two projects — the new MCOM and USF Health Heart Institute — sited in downtown Tampa will bring together superior medical education, clinical care, and translational research to improve patient care and health outcomes. Moreover, as an anchor for one of the nation's largest urban development projects, the downtown location will also be a major driver of Tampa Bay's economic growth. The incremental regional biomedical sector economic benefits created by locating the Heart Institute downtown should be recognized and are projected to be in excess of $72 million.

USF Morsani College of Medicine and Heart Institute Downtown Timeline

Oct. 9, 2013: USF seeks approval from the Florida Board of Governors Facilities Committee for a new MCOM facility.

2013

May 2, 2014: Florida Legislature passes the State Budget for FY 2014-15 appropriating $15 million for the construction of the USF Heart Institute (bringing total state allocations for that project to $34.4 million since March 2012) as well as the first $5 million in state funds towards the construction of a new MCOM facility. Both of these appropriations were approved by Gov. Rick Scott on June 2, 2014.

Oct. 8, 2014: USF presents the case for a new medical school to the Florida Board of Governors Facilities Committee.

Oct. 15, 2014: USF Board of Trustees Health Workgroup

2014

Student Success

HOW STUDENTS WILL BE POSITIVELY IMPACTED BY A DOWNTOWN LOCATION

Students overwhelmingly support the move to a downtown campus (see Appendix C-2.2). Key considerations in the move are:

- Student tuition and fees will not increase as a result of a move downtown; the in-state tuition rate for the USF MD program has not increased since 2012-13;
- A downtown location will enhance USF's ability to recruit high-quality students and faculty;
- Proximity to the clinical training at our primary teaching hospital, TGH, is strongly desired by our medical students;
- In a recent survey, 84% of student survey respondents believe that establishing the MCOM downtown will have a large to very large positive impact on students' educational experiences;
- A survey of highly competitive students who were accepted but did not choose to attend USF's MCOM revealed that a downtown location proximate to TGH would have changed their minds;
- More USF medical students currently live within two miles of the downtown site than near the main USF campus.

Students are the heart of a medical college. Meeting their academic, professional, social and health needs is not just paramount to the success of USF but to the development of the next generation of healthcare providers and leaders. At the center of USF's downtown plan is the positive impact that it will have on MCOM students. Among the many benefits, this proposal:

- Provides students access to services and programs on par with the leading schools in the country;
- Assures that the project will not increase costs to the students. The cost of tuition and fees will not go up as a result of the downtown plan – as they have not since 2012-13;
- Galvanizes the students and recognizes their voice in the process. Students realize the positive impact that the downtown plan will have on their medical education and they overwhelmingly support the downtown MCOM plan; and
- Provides benefit for all USF Health students. The additional capacity created on-campus by the MCOM relocation will provide USF the option and ability to grow other high-demand, critical workforce-need programs on the main campus. It will also reduce traffic congestion and chronic parking shortages.

AN EXCELLENT LEARNING ENVIRONMENT TO ATTRACT THE BEST AND THE BRIGHTEST

The proximity of any college of medicine to its major teaching hospital is crucial. Successful medical schools put a premium on co-locating their educational and clinical delivery components in an efficient and attractive environment. This relationship better facilitates student-faculty interactions, as well as fosters better scientific collaboration. A comprehensive review of the national facility landscape reveals that:

discusses the potential to move MCOM and the Heart Institute downtown in light of a land donation from Mr. Jeff Vinik.

Oct. 30, 2014: USF BOT Health Workgroup unanimously approves the proposal to relocate MCOM and the USF Health Heart Institute to downtown Tampa.

Dec. 4, 2014: Full USF BOT votes unanimously to relocate MCOM and the Heart Institute downtown.

Jan. 22, 2015: Florida Board of Governors votes to approve the addition of the Heart Institute to its list of facilities funding requests for 2015.

Feb. 19, 2015: Florida Board of Governors considers the addition of the MCOM project downtown to its facility list.

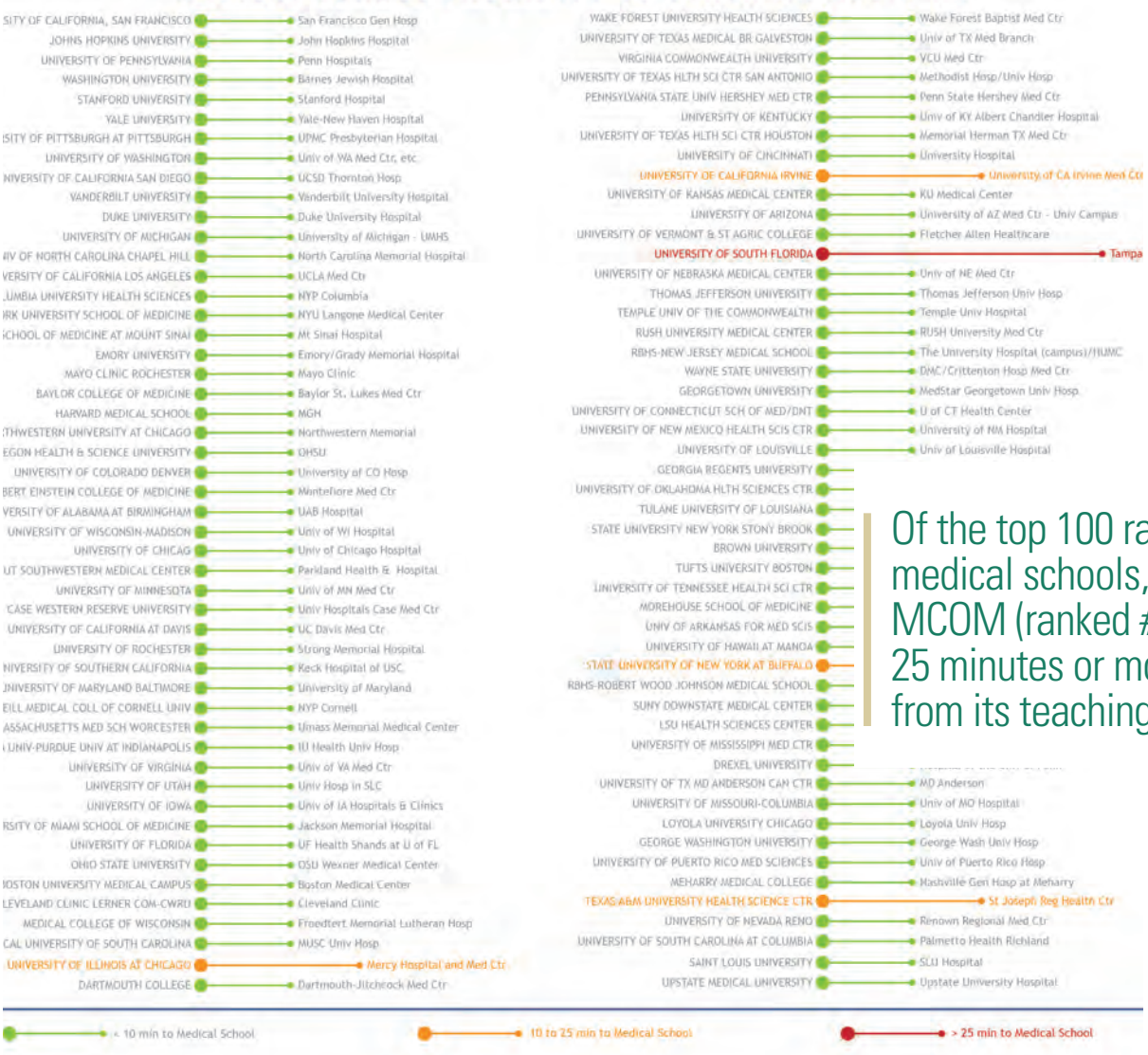
2015

Tampa General Hospital

- Of the top 75 medical schools ranked on the *U.S. News & World Report* survey, 72 (or 96%) are within a 10-minute drive of the affiliated hospital. (USF's MCOM is currently about a half-hour drive away from TGH, depending on traffic.)
- Aside from USF, three other highly regarded schools are also currently addressing this problem and relocating to be closer to their academic teaching hospitals:
  - SUNY at Buffalo (ranked #84) is now 15 minutes from its major teaching hospitals. The school has broken ground on a new facility with a new downtown location to open in 2017. The move to the downtown area will place the medical school in direct contact or close proximity with Buffalo General Medical Center and Women and Children's Hospital of Buffalo. This project will create the Buffalo Niagara Medical Campus and has been heavily supported by the State of New York to create an economic engine to revitalize downtown Buffalo. Of note, the year after SUNY announced the move and submitted plans and drawings, medical school applications increased, bucking a trend of declining applications in upstate NY.
  - Michigan State (ranked #103) recently relocated two of its campuses (Grand Rapids and Flint) to more downtown and proximate locations.
  - The University of California at Davis moved its medical school to downtown Sacramento in 2005 after being cited by the Liaison Committee on Medical Education (LCME), the national medical education accrediting agency, for substandard teaching facilities. Fortunately, their move has been a great success with a recent LCME commendation that the new facilities enhanced teaching. In addition to being lauded by the LCME at its next accreditation site visit, the move has been well received by clinical faculty and students. And the proximity of the education component of the campus to the teaching hospital has greatly improved student access to in-patient clinical experiences, enhanced early clinical shadowing opportunities, and provided added exposure to preceptors and mentors.
- The existing USF MCOM facility is graded inferior to 80% of medical schools in the U.S. in terms of facility quality, according to the National Association of College and University Business Officers.
- While MCOM students and faculty fare well in comparison to their peers at the nation's preeminent medical schools, MCOM's existing campus and facilities are not in line with the teaching environments offered by the nation's highest ranked schools.
- As a result, **the current site on the main campus puts MCOM at a competitive disadvantage**.

The existing MCOM facilities on campus were designed for a different era of medical teaching, when classroom instruction was the primary focus rather than hands-on clinical exposure. Medical education has undergone a transformation, with

TOP 100 MEDICAL SCHOOL PROXIMITY TO TEACHING HOSPITAL



Of the top 100 ranked medical schools, only MCOM (ranked #63) is 25 minutes or more away from its teaching hospital.

successful students spending much more of their time in early clinical exposure and simulation environments. Current MCOM students spend more than 50% of their time outside of the classroom in simulation labs and at teaching hospitals. The downtown location creates a central hub for students to provide them additional opportunities to reinforce and expand on their clinical learning.

Due to its age and structural features, MCOM's current facility has not kept pace with these curricular changes and, as a result, MCOM's current teaching platform is operationally inefficient and not conducive to modern medical education.

- The drive time between the main campus and downtown clinical settings is an operationally inefficient arrangement that forces students and faculty to spend more time in their cars than learning and teaching.
- The downtown facility will provide MCOM students with a state-of-the-art, world class platform for training in medicine with a focus on small-group learning, information technology, simulation and early clinical experiences that are equal or superior to the majority of medical schools in the U.S.
- In the past, separating MCOM from the main campus might have detracted from the interprofessional aspects of health and interaction of students. However, in today's medical learning environment the majority of interprofessional student interactions occur primarily in clinical settings, which are located downtown at TGH/CAMLS. Thus, there will be even more interactive engagements and chance encounters at these locations.

NO INCREASED COST TO STUDENTS

Student tuition and fees will not increase as a result of the downtown facility. USF is committed to keeping the cost of a medical education as affordable as possible. This is evidenced by the fact that the USF Board of Trustees has not raised the resident tuition rate for the MD program since 2012-13. USF is further committed to keeping other cost-of-living expenses for MD students as low as possible through relationships with partners in the community.

The developer and USF have agreed to work together to collectively control the cost of parking to ensure that it is comparable to parking costs on campus. USF is further committed to absorbing any incremental costs to students, should there be any. Conversely, parking is currently the leading source of MCOM medical student complaints and frustration on the main campus based on their recent LCME ISA survey. Given the downtown district-wide parking strategy, the downtown facility will actually afford medical students transit alternatives and better parking solutions at no additional cost.

USF has identified and will communicate availability of myriad housing choices in or near downtown that are equivalent to what students currently spend on housing near the main campus. Currently, there are more MCOM students living within a two-mile radius of the proposed downtown site than there are medical students living within the same proximity to the main campus.

While maintaining the same tuition levels and fees, USF will be able to provide MCOM students with equal or enhanced amenities and support at the downtown facility compared to what they currently receive on campus, all in a more satisfying and user-friendly exciting urban environment. These include:

- Access to outstanding nearby health and fitness clubs;
- Library, cafeteria, and IT support on site;
- Access to the WELL (the Wellness, Engagement, Leadership, and Learning center). The WELL downtown, like the WELL on the USF Tampa campus, will include student affairs, financial aid, registrar services, and USF Health Service Corps;
- Multiple spaces for students to meet and study, from open lounges and a computer bar to enclosed conference rooms and quiet study spaces; and
- Greater access to the rich amenities, arts, restaurants, entertainment, and learning centers planned for the downtown district and concentrated within one to three blocks of the college.

STUDENTS SUPPORT DOWNTOWN

In a recent USF Health survey (Jan. 15-18, 2015) of 246 current USF millennial medical students in all four classes regarding their opinions on a downtown location, the results were overwhelmingly positive (see Appendix C-2.2):

- 84% of all respondents believe that establishing the MCOM downtown will have a large to very large positive impact on students' educational experiences.
- 84% believe establishing a medical facility downtown will have a large or very large positive impact on the college's reputation.
- 92% believe a new medical facility downtown will be attractive to prospective students.
- 80% believe a new medical facility downtown will receive greater philanthropy.
- 84% are in favor, overall, of the new medical facility downtown.

The Morsani College of Medicine

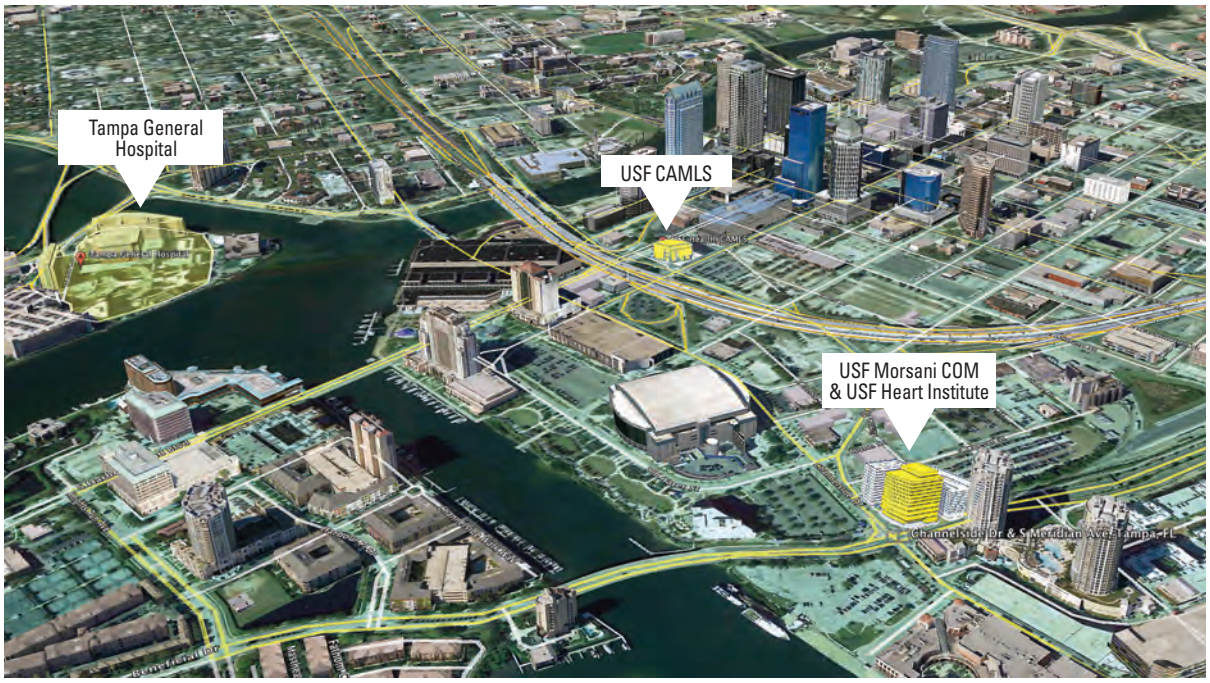
The MCOM's current facility has not kept pace with the changing way medicine is taught and is not on par with MCOM's peer group medical schools. The process of teaching medicine has changed significantly since the USF College of Medicine

facilities were constructed in the late 1960s and early 1970s. Whereas previous generations of medical students spent the majority of their time in didactic learning in classrooms, today's medical students have "flipped" the classroom, spending a greater percentage of their time in interactive engagement in clinical simulation labs or at the teaching hospital.

Over the past several years, the USF Health MCOM has gone through unprecedented growth of faculty and clinical programs but our educational and research programs have been restrained by inadequate facilities. USF Health and MCOM continue to press forward toward goals of national prominence, enhanced research infrastructure, creative educational models, entrepreneurial academic approaches and interdisciplinary mindsets but require these new downtown facilities to fully realize these goals. To achieve this USF must reengineer processes to take the best that the USF Health MCOM has been and catapult that to the next phase of excellence. The new medical campus in downtown Tampa has many goals but a primary purpose is to bring together education, translational research, and high quality patient care under one roof.

Through the generosity of Mr. Jeff Vinik, the USF Board of Trustees will be granted a fee simple ownership of the unimproved, new location via a special warranty deed from Crestline Acquisition Group, LLC. Additionally the City of Tampa and Hillsborough County are slated to reimburse Mr. Vinik's Strategic Property Partners up to $30 million in street and infrastructure improvements to create a site that is ready for construction. In addition, the Strategic Property Partners are constructing a medical office building and parking garage on the site with an estimated value of $90 million. The land donation creates an extraordinary opportunity for the university that would otherwise not exist or be cost prohibitive.

A DOWNTOWN CAMPUS PROMOTES SYNERGY WITH TGH AND CAMLS



A downtown Tampa location will resolve MCOM's primary facility deficiencies while placing students within five minutes of both a world-class simulation learning space (CAMLS) and USF's primary teaching hospital, TGH, where they conduct the majority of their clinical rotations. No other location in the greater Tampa Bay region offers this combination of synergy, accessibility and dynamic learning environment.

- Currently, third and fourth-year medical students spend nearly 40% of their time at TGH and surrounding clinical facilities, including the USF Health South Tampa Center for Advanced Healthcare adjacent to TGH. Through the Doctoring Clinical

Experience, a substantial group of first- and second-year medical students gain early supervised clinical experiences while shadowing community physicians at TGH and surrounding facilities. The close proximity to TGH and other facilities downtown will greatly improve physician access to senior medical students, shadowing opportunities, preceptors, mentors and a diverse population of patients. The downtown campus is also far closer to student rotation sites in St. Petersburg, Pinellas County, including All Children's Hospital, their primary pediatric training site.

- Due to the distance from main campus, training activities at CAMLS are limited, particularly for first- and second-year medical students. Both medical students and faculty have frequently voiced a desire to spend more time at CAMLS given its world-class, state-of-the-art, high-fidelity simulation and educational space.

- USF is a global research university ranked 27th in federal research expenditures for public universities and is one of the fastest growing public research universities in federal funding. In fact, the MCOM leads the university's aggressive drive to achieve the fastest growth of federally sponsored research in the nation. However, current funding has been focused in oncology research at the H. Lee Moffitt Cancer Center and diabetes clinical trials. The proposed downtown Heart Institute will expand our research repertoire and funding levels. Combined with the expansion of neuroscience research at the Byrd Alzheimer's Institute on the main campus, we believe that MCOM is poised to move to the top quartile of NIH funded schools within a decade. Moreover, co-locating the MCOM and USF Health Heart Institute will bring together researchers, clinicians, educators and students in ways not previously possible. Students will have more access to basic and physician scientists, as well as clinical researchers.

- The new downtown corridor of health intellectual capital (Heart Institute-CAMLS/TBRIC/TGH) will create a critical mass, which should foster a stimulating environment that engenders better science, teaching, innovations and care, as well as collaboration with biotech firms. True excellence requires creating a virtuous cycle where all three mission areas – teaching, research and service – complement and enhance each other.

While the current MCOM facilities began in an era when professors lectured in front of large classes, future USF Health MCOM facilities will need be flexible to meet the needs of the curriculum, which requires students to work more in groups and fully incorporate technology into their classwork. As medical education transitions into digital learning methodologies, a new building will become more of an "idea lab" – a core laboratory for technology-based learning. Even anatomy is now taught virtually with limited cadaver dissection. Thus, technologically sophisticated infrastructure is needed to replace the lecture halls of the past.

The Heart Institute

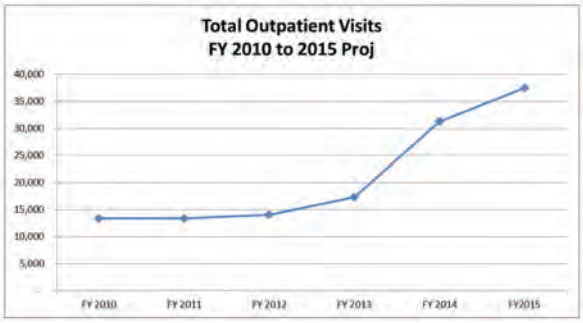
USF HEART INSTITUTE IN DOWNTOWN TAMPA

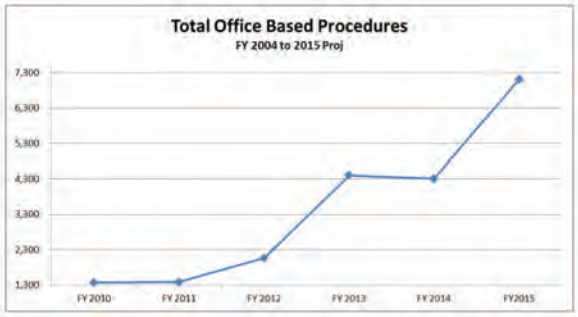
The USF Health Heart Institute will conduct basic, translational and clinical research, and provide cardiovascular disease related care. At its core, the Institute's research activities will address the root causes of cardiovascular diseases, and will translate knowledge into novel therapeutics and diagnostics to improve treatment and quality of life. As described and approved by the Board of Governors, authorized by the Legislature, and signed by Governor Scott, the Institute will focus and leverage these strengths and elevate the region to national prominence.

Tampa General Hospital has one of the busiest cardiac transplant, cardiac surgery and invasive cardiology programs in the nation but in order to achieve "Top 10 *U.S. News & World Report*" ranking, it requires enhanced academic productivity, which is impeded by a lack of ready collaboration with USF Health.

The placement of the Heart Institute at the downtown location will enhance a primary goal of the USF mission, which is to achieve national prominence in research. The downtown location provides a host of synergistic benefits:

- Close proximity to the clinical activity (inpatient and outpatient) and clinical trials of the MCOM Department of Cardiovascular Sciences;



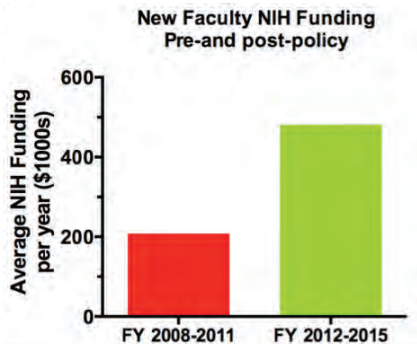


- Close proximity to CAMLS and TGH and its active cardiovascular surgical programs;
- Promotion of the public-private model of technology developoment by biotech and health-related companies in close proximity to the facility;
- Educational opportunities for students, residents and clinical fellows — the close proximity of the patients to the laboratories is the ideal setting for 3rd and 4th year medical students, residents and clinical fellows who are stationed at TGH; and
- Enhanced opportunities to recruit Institute faculty.

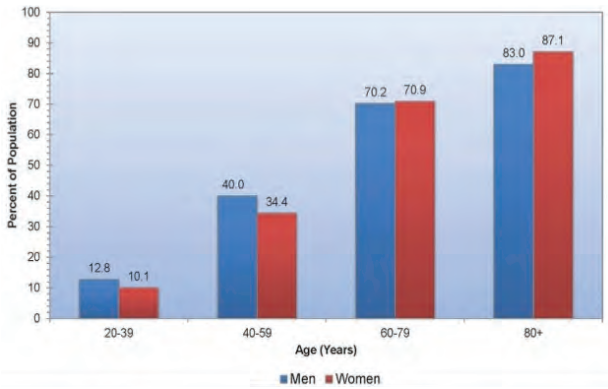
THE NEW HEART INSTITUTE WILL INCREASE GRANT FUNDING

(see Appendix D)

- At least $28 million per year in additional NIH research expenditures is anticipated when the new facility is at full capacity.
- The more favorable downtown location is expected to decrease the time of program ramp-up by as much as 60%, from 12-15 years to reach $28 million in NIH funding to only five years. The downtown campus accelerates this curve because investigator access to funds is largely dependent on co-location with TGH, so funding opportunities for grants will be larger. Without co-location it will simply take longer to recruit investigators to USF as opportunities will not be viewed as competitively or attractively.
- The pro forma is grounded in the demonstrated success of the past three years. Any new hire must be of national prominence in his or her field as determined by objective criteria, and must have a National Institutes of Health (NIH) grant generating at least $300,000 per year in research.



Average grant funding per new faculty for the three years before and after institution of the policy.



THE PUBLIC HEALTH IMPACT AND IMPERATIVE FOR NOVEL RESEARCH

Cardiovascular disease is highly prevalent in the population. The prevalence of cardiovascular disease ranges from approximately 34% to 87% of the U.S. population from ages 40 to 80 years.

In the greater Tampa Bay area, there were 28,139 deaths due to cardiovascular disease between 2011-2013, with a death rate per 100,000 similar to that of the national average. The cardiac service line continues to shift patient care from inpatient settings to outpatient settings, increasing the need for combined patient care and research facilities like the Heart Institute. In Hillsborough County, outpatient cardiology procedures are expected to increase 16% from 2014-2019.

"As competition increases and traditional growth opportunities decline, cardiovascular programs must redefine their growth strategy. Given heightened demand for multidisciplinary, cross-continuum care, progressive hospitals are investing in 'disease centers' that streamline treatment and offer new avenues for growth, particularly for heart failure patients." (The Advisory Board Company, April 2013)

The pipeline from pharmaceutical firms and device manufacturers for novel cardiovascular treatments is nearly empty. Of growing concern is the population of patients who suffer from depressed cardiac function and have few novel treatment options available.

To fill this gap it is now recognized that investigators who have bench research, clinical trial and clinical care skills must work together. This effort is termed "translational research" and can propel the fight against heart disease forward through a multidisciplinary, team-oriented, research and clinical environment, which is the founding principle of the USF Health Heart Institute.

Downtown Program and Budget for a Co-Located Facility

The total cost of the co-located MCOM and the USF Health Heart Institute is estimated to be $152.6 million, but USF is not solely relying on state funding to complete this project and has crafted a plan that ensures Florida taxpayers will not bear additional costs related to downtown construction. (see Appendix B)

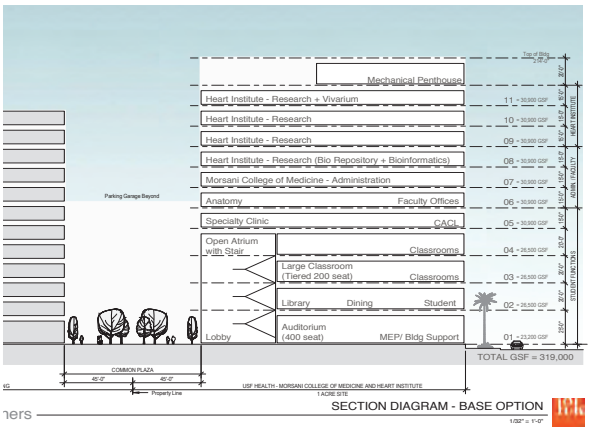
State funding for the construction of this co-located site will come in the form of two PECO requests for 2015:

- The final $15.78 million installment of the $50 million budgeted for construction of the Heart Institute, which has already been approved and recommended for funding by the Board of Governors.
- $17 million to fund the first stage of construction for the Morsani College of Medicine. With the $5 million that has already been appropriated by the 2014 Legislature and approved by Governor Scott to be allocated for MCOM project planning, the total construction cost of MCOM to the state is $62 million whether it is constructed on the proposed downtown site or on the main campus.

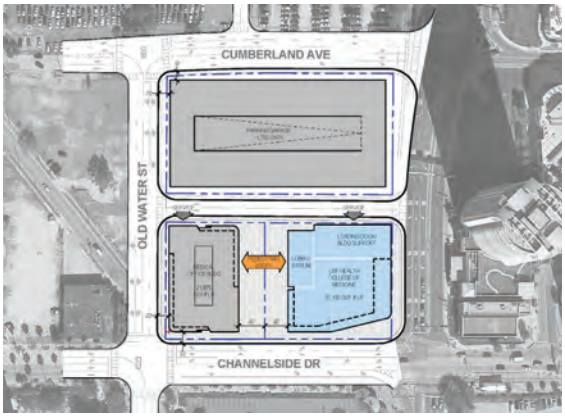
State funding is coupled with the $18 million pledged from Frank and Carol Morsani for the construction of a new medical college. A robust capital campaign will bridge the remaining need. In summary, the downtown Morsani College of Medicine and USF Health Heart Institute will be completed for the same cost to taxpayers as has been consistently pledged.

Even without the anticipated private support, USF has a number of options to reprogram the space to moderate cost without impacting student success.

Program Summary	Net Usable Area in square feet
College of Medicine	97,585
Heart Institute Labs	100,389
Auditorium/Dining/support	41,581
Faculty Offices	29,610
Clinical Trials/Care unit	8,379
Total Net Useable Area	**277,544**
Grossing Factor	**41,632**
TOTAL GROSS SQUARE FOOTAGE	**319,176**



Building Elevation



Building Site

SITE OVERVIEW

The site proposed for the USF Morsani College of Medicine is a one-acre site located at the premier hard corner of Channelside Drive and Meridian Avenue in downtown Tampa.

MCOM and the Heart Institute will benefit materially from the developer's contributions to the site with:

- Approximately one-acre site donated by the developer with an estimated value of $10 million;
- District-wide parking alternatives with no need to construct new parking; and
- Road improvements, drainage and public infrastructure needs provided via $30 million slated for reimbursement to the developer by the City of Tampa and Hillsborough County.

ANTICIPATED PROJECT COSTS

The team has calculated the anticipated cost to build, furnish and design the downtown MCOC and Heart Institute project. The following represents the USF estimate of project costs as well as the anticipated private support:

Methodology to Calculate Project Costs

In order to provide the team with the most complete estimate of project costs prior to completed building design (as funds for this purpose were just recently released), the following methodology was used (see Appendix A-1 and A-2):

- Benchmarked USF project costs from completed science and lab projects.
  - Furniture, Fixtures and Equipment (FF&E) Costs
  - Design & Engineering Costs
- Benchmarked similar College of Medicine projects either recently completed or currently under construction throughout the country. The project and construction costs were normalized to the economics anticipated when the USF MCOM facility will be built.
- A calculated range of anticipated project costs from low to high in order to understand the potential swing in project costs to market conditions.
  - Design Contingency
  - Construction Contingency

Program Assumptions:	Design Target Average	
College of Medicine	97,585 net usable	
Heart Institute Labs	100,389 net usable	
Auditorium / Dining / Support	41,581 net usable	
Faculty Offices	29,610 net usable	
Clinical Trials/Care Unit	8,379 net usable	
Subtotal Net Useable	**277,544**	
Grossing Factor	41,632	
TOTAL GROSS BUILDING AREA	**319,176 GSF**	
TOTAL CONSTRUCTION	$ 126,254,076	$ 395.56 /GSF
TOTAL DESIGN, ENGINEERING, CIVIL	$ 10,439,593	$ 32.71 /GSF
TOTAL FF&E	$ 15,958,800	$ 50.00 /GSF
TOTAL PROJECT COST	**$ 152,652,469**	
Estimated Funding	$130,000,000	
Projected Philanthropy Need	($22,652,469)	

Benchmarked USF Project Costs

In order to inform the anticipated project costs, USF studied costs for furniture, fixtures and equipment (FF&E) and design and engineering fees from other completed USF projects. These costs have been added to the cost model:

Item	Anticipated Costs
Furniture, Fixtures and Equipment (FF&E)	$50.00 per Gross Square Foot
Design, Engineering and Civil Fees	10% of Construction Costs

The FF&E numbers above represent the cost to supply furniture, lab equipment and benches, as well as IT infrastructure to support the highly technical nature of current learning environments.

The Design Engineering and Civil Fees represent all fees inclusive of Architecture, Mechanical, Electrical and Plumbing Engineering, Civil Engineering and Geotechnical Engineering. There is contingency in this number to allow for engineering related to unanticipated underground conditions.

BENCHMARKED SIMILAR COLLEGE OF MEDICINE COSTS

This analysis indicates the anticipated construction cost of the USF MCOM is in line with other similar projects when costs are normalized for the Tampa market and between program elements.

Economic Impact Analysis

The downtown site will not just be transformational for USF and the healthcare community, but its impact will be felt throughout the entire Tampa Bay Region. The direct economic impact of the research component is alone substantial.

USF: Grant revenues from the new faculty hired are estimated to be approximately $28 million per year when the Institute is fully occupied. This includes an estimated $9 million in indirect (F&A) costs that are provided by the NIH to the University to support grant-related infrastructure, grant administration and research facilities.

Comparison Medical Schools	Size (GBSF)	Efficiency	Location	Yr. Complete	Original Cost	2016 Tampa Const Cost	2015 Const Cost/GSF	Major Program Elements
UCF College of Medicine	175,000	60%	Orlando	2010	$ 53,000,000	$ 67,473,240	$ 386	0 % Research Lab 75 % Teaching 25 % Office
FSU College of Medicine	242,000	57.6%	Tallahassee	2004	$ 51,000,000	$ 102,094,997	$ 422	32 % Research Lab 38 % Teaching 27 % Office
SUNY Buffalo / College of Medicine	600,000	55%	Buffalo, NY	2016	$ 260,000,000	$ 255,059,415	$ 425	47 % Research Lab 40 % Teaching 8 % Office
ASU Health Science Education Building	286,000	n/a	Phoenix, AZ	2012	$ 99,000,000	$ 119,995,910	$ 420	% Research Lab % Teaching % Office
Proposed USF COM	319,176	60%	Tampa			$ 126,254,076	$ 396	35 % Research Lab 51 % Teaching 14 % Office

Not all % listed will add up to 100% as some projects have auxiliary uses other than what is listed
Numbers above are Construction cost only and do not include FFE or Design fees

Benchmarked Similar College of Medicne Costs

Tampa Bay Region: To estimate the economic impact of these grants to the Tampa Bay community, we utilized two reports that examined the relationship between federal research funding and local economic activity. In a report to Congress using the Regional Input-Output Modeling System (RIMS II) created by the U.S. Department of Commerce, the overall impact of NIH funding on each state's economy was estimated. This econometrics model measures the extent to which an investment in one industry affects all other industries in that region, and ultimately, the region's economy. It includes hundreds of economic multipliers to measure the impact of new spending in different industries. The key outputs measured were the increased value of goods and services produced in the state, the number of jobs created, and employee earnings. Using this model, on average, each dollar of NIH funding going into a state was doubled in local economic output.

Another study, commissioned by the AAMC, utilized the consulting company Tripp Umbach to examine economic benefits of federal and state funded research. Using a similar methodology they concluded that for every dollar of research funding received, $2.60 was generated in local economic growth. Thus, the Heart Institute alone should drive $56 million to $73 million in local economic activity.

Beyond these effects of NIH dollars on state and local economies, there are substantial related impacts. These include patent applications and licensing of technologies for local commercial development. In addition, cutting-edge research generates local biotech start-up companies.

Alignment with the Board of Governors Strategic Plan

The relocation of the MCOM downtown will support key goals as outlined in the Board of Governors' State University System Strategic Plan to enhance Excellence, Productivity and to meet Strategic Priorities for a Knowledge Economy. These include:

Improve the quality and relevance of the System's institutions with regard to state, national, and international preeminence.

The new downtown location will help USF attract high quality faculty and students, thus lifting the quality and relevance of the entire institution, as well as the reputation of the State University System.

Increase access and efficient degree completion for students.

Moving downtown provides students better access to their primary teaching hospital, Tampa General Hospital, as well as world-class medical simulation training facilities at CAMLS – just a few blocks away from the proposed MCOM site. Many of USF's medical students already live in closer proximity to the proposed new location of the medical college than the current on-campus site.

Increase student access and success in degree programs in the STEM/Health fields and other Programs of Strategic Emphasis that respond to existing, evolving, and emerging critical needs and opportunities.

Not only will the project provide access to STEM and Health fields at the new downtown site, but USF will have more flexibility to free up space on its main campus to contemplate the expansion of existing, evolving and emerging areas of critical needs — such as nursing, physical therapy and public health.

Increase research activities to help foster entrepreneurial campus cultures.

Moving in closer proximity to USF's main teaching hospital and CAMLS, in the heart of a vibrant city center characterized by dynamic new development and a hub of healthcare activity, will cultivate an environment rich in research and entrepreneurial spirit.

Attract more research funding from external (includes federal and private) sources.

Better faculty and student recruitment brings stronger research productivity and support from a variety of sources. The Heart Institute alone projects an increase of $28 million in funding.

Improve the quality and relevance of public service activities, and grow the number of institutions recognized for their commitment to community and business engagement. Increase faculty and student involvement in community and business engagement activities.

Close connection with the Tampa Bay business community, TGH, and other health entities downtown will open up myriad opportunities for students and faculty. The Hillsborough Board of County Commissioners, the City of Tampa leadership, and the Tampa Bay Partnership are strongly in support of this proposal.

Increase the percentage of graduates who continue their education or are employed full-time.

With close proximity to USF's main teaching hospital, as well as the added benefits of location in the thriving urban core community, students have repeatedly expressed great support for moving downtown. These added benefits will no doubt incentivize students to remain on track in their classes and seek employment in Tampa Bay following graduation. Physicians who attend medical school and residency in the same state have a 65% likelihood to stay in state, thereby decreasing outmigration of talent and augmenting areas of workforce need.

The Way Forward

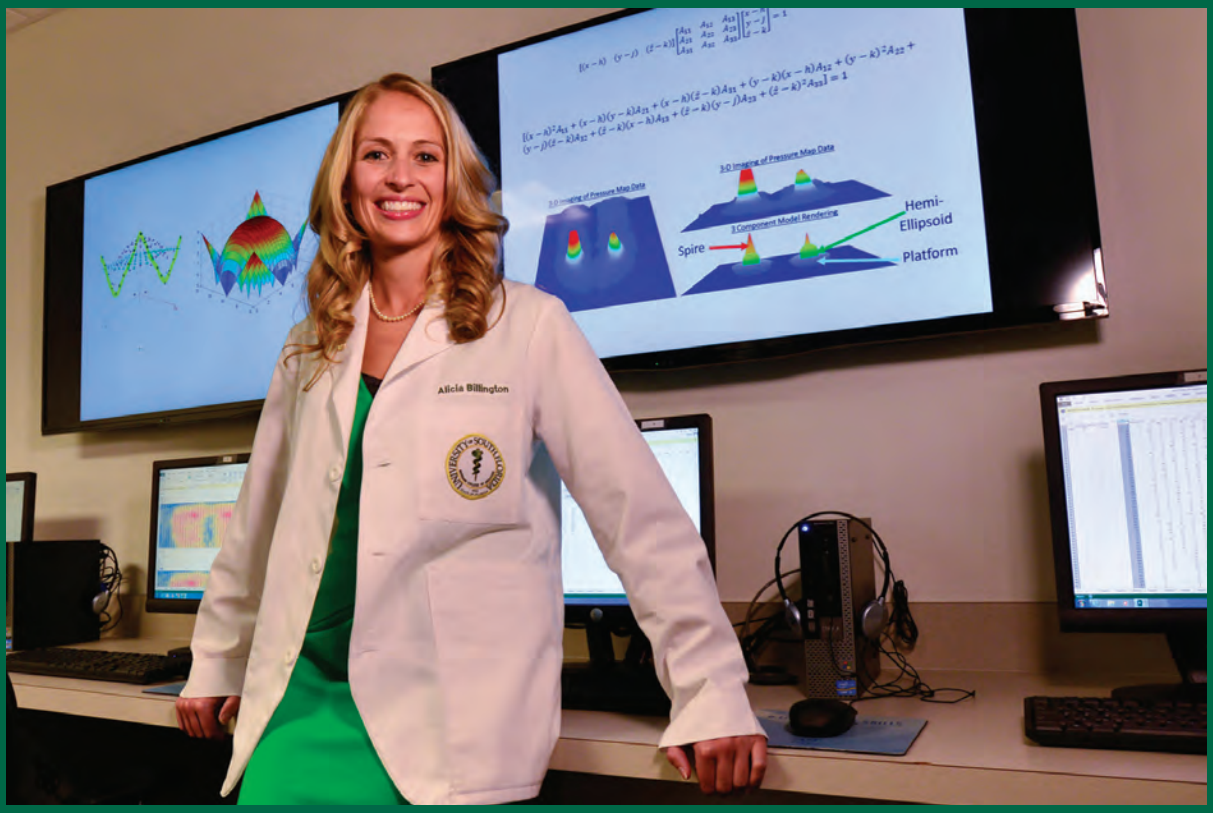
Construction of a new MCOM will be a major step in providing a platform to execute the long-term strategic vision for USF by freeing up space for needed campus growth. These options — some of which can be realized through public-private partnerships and philanthropy — support other high-demand disciplines such as nursing, pharmacy and physical therapy which would meet the healthcare and workforce needs of Florida.

In essence, the downtown decision is a driver of future on-campus possibilities. It is important to note there is a wide gamut of choices going forward. Approval of this project, however, in no way obligates the State to fund additional renovation to accommodate other USF Health programs. Rather, it will provide the setting to consider a range of possibilities in several years, with variable costs and returns on investment.

We are collectively presented with a unique opportunity. The confluence of several generous gifts, at a time when two meritorious projects, the new Morsani College of Medicine and the Heart Institute, were advancing through the process for approval, provides us the strategic moment to provide crucial proximity of these facilities to our key teaching sites. The net effect is a facility that rises to the level of our students' potential, without burdening either our students or the citizens of Florida with increased costs, while simultaneously offering great benefit to our community, economic development for the state of Florida, and great progress toward the goals of the State University System's Strategic Plan.

STUDENT SUCCESS

Improving Medical Education


Alicia Billington
3-D Imaging of Pressure Map Data
3-D Imaging of Pressure Map Data
3 Component Model Rendering
Hemi-
Ellipsoid
Spire
Platform


Culture Change in Trauma Surgery:
Implementing a Standardized Handoff Checklist
Study
Act

Student Success

Locating a new USF Health Morsani College of Medicine building in Tampa's urban core will promote the success of our medical students on their journey to becoming the doctors who will care for the citizens of our state and our nation in the coming decades.

Tomorrow's medical students, the millennials, have spoken loudly and clearly about their preference for studying, working and living in a vibrant urban center. Many of our medical students already live in South Tampa, both for its proximity to Tampa General Hospital and its amenities. Located in the hub of Tampa Bay's thriving health and biosciences sector, the new building will provide our students everything they need to succeed — a state-of-the-art training facility with easy access to clinical training facilities downtown and throughout the area.

And, of critical importance to our students and their families, **there are no increased student costs contemplated with the new downtown USF Health building**. Although individual students may make differing choices regarding personal spending, the actual costs for students, including housing and transportation, are not expected to vary between the USF Tampa campus and new downtown medical college building. Moreover, **USF Health has no plans to raise student tuition or fees in the foreseeable future**.

USF Health surveyed 246 current USF millennial medical students and the results were overwhelmingly positive showing **84% favor the move overall**. Eighty-four percent believe a downtown location would largely impact the school's reputation and 92% believe the location would be more attractive to prospective students,

Nationwide, there is increasing competition for the very best students, including the promising future physicians that Florida produces.

USF is ranked 78th among the Top 100 medical schools in the nation by *U.S. News & World Report*. However, out of those top 100, **only the USF Morsani College of Medicine is located 25 minutes or more from its teaching hospital**. In fact, of the top 75 medical schools, 96% are within a 10-minute drive of their affiliated teaching hospital.

The proximity to clinical training facilities, along with the quality of life in downtown Tampa, will support the recruitment, retention and success of the best and brightest students for USF, Tampa Bay and Florida, and encourage Florida's young doctors to remain here to practice medicine after graduation and residency.

Proximity to Clinical Training

Medical students (Years 1-4) will be closer to Tampa General Hospital, USF's major teaching hospital, and to the USF Center for Advanced Medical Learning and Simulation (CAMLS), as well as within easy commuting distance of other clinical locations. Downtown Tampa is at the "hub" of USF Health's community of medical training partners throughout the Tampa Bay area.

While the proposed transformation of downtown Tampa is compelling and exciting, moving the Morsani College of Medicine downtown makes sense only if it is academically sound and good for our students. The advantages of a downtown medical school are many and equally compelling.

TAMPA GENERAL HOSPITAL

The new downtown location will put medical students closer to TGH, where they do the majority of their clinical rotations. Currently, third- and fourth-year medical students spend nearly 40% of their time at TGH and surrounding clinical facilities, including the USF Health South Tampa Center for Advanced Healthcare.

A substantial group of first- and second-year medical students gain early, supervised clinical experience while with community physicians at TGH and surrounding facilities. The close proximity of the new building to Tampa General and other clinical facilities downtown will greatly improve the junior students' access to senior medical student peer teachers, in-hospital clinical opportunities, USF clinical preceptors, mentors and a diverse population of patients.

Central to today's learner—and because they reflect the reality of health care today—are simulated learning experiences. Within all health professions, and specifically within medical student education, the use of simulation continues to grow throughout the entire curriculum.

USF medical students and faculty have frequently voiced a desire to spend more time at CAMLS, with its state-of-the-art, high-fidelity simulation and educational space.

Proximity to TGH and CAMLS will help to attract academically stronger students looking for a vibrant urban setting and will allow Florida to retain its "best and brightest" students.

Such proximity is crucial. USF is ranked 63rd among the Top 100 medical schools in NIH grant funding. Of those top 100, only the USF Morsani College of Medicine is currently located 25 minutes or more from its teaching hospital. In fact, of the top 75 medical schools as ranked by *U.S. News & World Report*, 72 schools — **96%** — are within a 10-minute drive of their affiliated teaching hospital.

In addition to learning in a new, 21st century teaching facility, the downtown Tampa location places our medical students within a short walk or trolley or water taxi ride to our clinical training locations at Tampa General Hospital and CAMLS, as well as at the geographical hub of an ever-expanding network of medical partners throughout the Tampa Bay region.

Our medical training partners include All Children's Hospital, Bayfront Medical Center and the C.W. Bill Young Department of Veterans Affairs Medical Center in St. Petersburg, the Lakeland Regional Medical Center in Polk County, and the James A. Haley Veterans Hospital, Shriner's Children's Hospital, Florida Hospital Tampa, USF Health Byrd Alzheimer's Institute, and Moffitt Cancer Center to the north in Hillsborough County. They also include such clinical facilities as the USF Health South Tampa Center for Advanced Healthcare on Davis Islands next to TGH, the USF Health Diabetes Home for Healthy Living in West Tampa, the USF IVF & Reproductive Endocrinology Centers in Tampa, Sarasota, Wesley Chapel, St. Petersburg and Lakeland, other facilities in Ybor City and Brandon, and the Bridge Healthcare Clinic.

Interprofessional Education & Research

Interprofessional education, training and research opportunities will be maintained and enhanced with USF Health on the USF Tampa campus and strengthened at research and training sites downtown, including the USF Heart Institute.

USF is a high-impact, global research university ranked in the top 50 for total research expenditures among all U.S. universities, both public and private. The Morsani College of Medicine leads the university's aggressive drive to achieve the fastest growth of federally sponsored research in the nation.

Moving the Morsani College of Medicine downtown - closer to TGH, CAMLS, the USF Health South Tampa Center for Advanced Healthcare and other surrounding facilities - will provide an improved community-based and simulation-based environment for our students.

In addition, the proposed new downtown building will have the effect of pulling all of USF Health's colleges (Medicine, Nursing, Public Health and Pharmacy) into Tampa Bay's clinical core, which will enhance the effectiveness of team-based learning, interprofessional education through patient clinic learning environments, simulation at CAMLS, and small groups, and allow students to see real patients in their immediate training sites.

MEDICAL STUDENTS WILL BE ATTRACTED TO THE NEW AND INCREASED RESEARCH OPPORTUNITIES AVAILABLE DUE TO THE DOWNTOWN LOCATION.

Research is a central aspect of many medical schools' curricula. Many students present their projects at national meetings, funded fully or in-part by their institutions.

Approximately 90% of our current medical students pursue research and other scholarly activities across all four years of

the curriculum. We provide our medical students with dynamic opportunities for faculty-mentored scholarly concentrations, innovative electives, action learning projects, and independent research.

The proposed downtown building will bring together researchers, clinicians, educators and students in ways not previously possible. Students will have more access to both basic science and clinical researchers in cardiovascular health.

The downtown location will give our students more opportunities to participate and contribute in world-class research in cardiovascular health. Getting students involved in research earlier in their educational career inspires interest in science. USF is committed to encouraging our students who are passionate about making discoveries that will lead to making life better for our patients and the health of our community.

Proximity to TGH and CAMLS will also attract physician residents who will likely remain to practice in Florida; researchers who will teach students, conduct ground-breaking cardiovascular research, and attract higher-caliber grants and NIH funds; and biomedical and pharmaceutical companies who could provide training and internships opportunities to students and researchers.

Current standards dictate that students spend no more than 50% of their time during the first two years in traditional lecture-based settings. From first year to fourth, Morsani College of Medicine medical students receive hands-on clinical training to acquire the knowledge and skills necessary to become practice-ready physicians. The new building will be a support instrument of interprofessional education that will continue to largely take place in clinical sites rather than the classroom.

The USF Heart Institute /TGH co-localization will be highly attractive to students to participate in research. The close proximity of the patients to the laboratories is the ideal setting for 3rd and 4th year medical students. Currently approximately 50% of medical students pursue a Scholarly Concentration that involves research. The Heart Institute faculty will be performing projects that represent cutting-edge, exciting, scientific research and will be a natural draw for students' research activities, attracting more applicants with research interests, and raising the quality of USF's training programs and the Institute by their contributions to the research efforts.

An Environment that Attracts and Retains Florida's 'Best & Brightest'

Medical students will be able to live, work and play in a thriving, affordable urban environment, which appeals to millennials and contributes to their success.

MILLENNIALS WANT TO LIVE IN URBAN AREAS

Across the nation and around the globe, the millennial generation is seeking vibrant, thriving urban communities, with access to meaningful and relevant educational and career opportunities, and filled with entertainment, culture and outdoor activities.

With the comprehensive plans proposed for the downtown waterfront district, the new location for our medical school would be at the center of this exciting transformation and allow us to recruit millennial students to a unique "live, work and play" environment. Between Jeff Vinik's vision plan for downtown Tampa and the urban apartment complexes under construction, Tampa Bay is on the right path to grow its millennial base.

Downtown Tampa will provide a place where both our faculty and students can live, work, play and stay, encompassing five main components: a medical education and STEM (science, technology, engineering and math) district, residences, offices, hospitality, retail and entertainment. Improved co-location of core medical educators (basic science and clinical) and students will further enhance academic integration.

The vast majority of USF's current medical students believe establishing a medical school downtown will have a significantly positive impact on the educational experience, positively impact the school's reputation, and most importantly attract top prospective students.

USF Health's student survey* across all four years was clear—students want the move:

- 84% of all respondents believe that establishing the Morsani College of Medicine downtown will have a large to very large positive impact on students' educational experiences
- 84% believe establishing a medical facility downtown will have a large or very large positive impact on the school's reputation
- 92% believe a new medical facility downtown will be attractive to prospective students
- 84% are somewhat to definitely in favor, overall, of the new medical facility downtown

**USF Health Survey of Current Medical Students Regarding Downtown Campus, conducted Jan. 15-18, 2015. Total number of responses: 246; fairly equally divided between all four classes.*

THERE ARE NO INCREASED STUDENT COSTS CONTEMPLATED WITH THE NEW DOWNTOWN USF HEALTH BUILDING.

Tuition: Tuition will not increase as a result of a downtown move.

Student Fees: Student fees will remain the same for students downtown as for students on the USF Tampa campus. A portion of the fees paid by medical students will be used to provide access to amenities located downtown, such as gyms/health clubs, similar to amenities located on the USF Tampa campus, such as the Campus Recreation Center. In addition, other student services will be available downtown, including a downtown location of the WELL, USF's shared student

(The Tampa Center City Plan - Connecting Our Neighborhoods and Our River for Our Future, p.17)

services for USF Health students. The WELL— standing for Wellness, Engagement, Leadership and Learning—integrates support for USF Health students in one place. The WELL downtown, like the WELL on the USF Tampa campus, will include student affairs, financial aid, registrar services, computer support, USF Health Service Corps, and multiple spaces for students to meet and study, from open lounges and a computer bar to enclosed conference rooms and quiet study spaces.

Parking: Parking downtown will be available at the same cost to medical students as parking on the USF Tampa campus. USF has committed that the university will ensure that medical students pay no more for parking downtown than they would pay for parking on the USF Tampa campus.

And because the downtown plans include a parking facility, students will have easier access to parking spaces, which will address current student complaints of inadequate parking.

In addition to better parking, the new downtown location will also address the traffic congestion and long transit times experienced by students at the USF Tampa campus now. Water-based transportation is a big part of the downtown transformation plan, including water taxis, high-speed ferries and electric boats taking doctors and medical students between Tampa General Hospital and the new medical college building.

Housing: Because graduate students rarely live on their university's campus, living close to and within downtown is already the preferred location of many.

STUDENT HOUSING CONVENIENT TO DOWNTOWN TAMPA

Currently, there are more Morsani College of Medicine students living within a two-mile radius of the proposed downtown site than there are medical students living within the same proximity to the north USF Tampa campus. Individual students

may make differing choices regarding personal spending and medical students tend to be older and more independent in their housing choices than undergraduates. Increasingly, downtown Tampa expects to draw young professionals to its urban core with a range of housing options to accommodate their needs.

Tampa's city renaissance provides excellent opportunities for housing at a variety of price points. Multiple projects within a walking, biking and brief commuter range include mixed-income housing specifically created to keep rental prices affordable. The presence of USF medical students, additionally, will further advance Tampa's efforts to create safe, stable and thriving urban neighborhoods as the city accommodates a diverse population at varying price points.

Where needed, the USF Health Office of Student Affairs will help medical students find housing comparably priced to housing currently available.

In the vicinity of downtown Tampa and South Tampa, a wide range of rental options exists: from a per square foot monthly range from $0.79 to $2.42, with an average of $1.54 and median of $1.59. According to the Tampa-Hillsborough Metropolitan Planning Commission, the area's 50,000 units of housing are split almost equally, with 52% owner-occupied and 48% rental.

Some examples of newer housing options that would add to downtown's housing diversity are:

Encore District:

The newly completed redevelopment project just a few blocks to the northeast of the downtown College of Medicine site is a joint venture between the Housing Authority of the City of Tampa and the Bank of America Community Development Corporation to create a mixed-used, mixed-income housing development of 2,030 residential units, 50,000 square feet of commercial retail space, 59,000 square feet of office space, including a hotel, supermarket, St. James Church restoration, Perry Harvey restoration and Town Center. Encore includes competitive market-rate rents for working professionals, senior housing, and low-income housing.

West River:

Tampa has plans to redevelop 150 acres into a master planned community between Interstate 275, Columbus Drive, Rome Avenue and the Hillsborough River into a second mixed-income community that will be a short drive, water taxi ride or bike ride from downtown.

Metro 510:

With rents between $588 and $808 and an income limit of $23,760 for a one-bedroom apartment, this workforce housing development fills a special and important niche in downtown Tampa's redevelopment. Designed to serve the needs of professionals who work downtown and earn less than $50,000 a year, the complex is adjacent to Tampa's transit center.

NOHO:

The NoHo (or North Howard) complex will have seven three-story buildings, a linear park open to tenants and the public, and street-side landscaping in a community that will cater to young professionals and the adjacent University of Tampa campus. The first units are slated to open in fall 2015. One-bedroom apartments would start at about $900 a month, with three-bedrooms renting up to about $1,600 a month.

In 2011, the City of Tampa began creating a master plan for Tampa's Center City, spanning from downtown to Ybor City on the east, Armenia Avenue on the west and north along historic Nebraska Avenue to Hillsborough Avenue. The resulting plan calls for revitalization of urban living areas specifically to accommodate socio-economic diversity and creating the walkable, livable urban environment preferred by millennials.

Making Tampa's City Center New Again

Tampa will succeed in repositioning long-standing areas of neighborhood disinvestment and aged 'urban renewal' projects as vital, mixed-use, mixed-income places — making Tampa's Center City the most desirable and competitive downtown in the southeast United States. Today, Tampa is working positively on substantial reinvestment in several areas that have long been viewed as critical catalysts for a successful downtown. These include The Heights, Encore (former Central Park Village) and various locations in the Channel District. These sites fall within an approved Community Redevelopment Area and are being developed consistent with their respective Community Redevelopment Plan. Another redevelopment area is Ybor City, one of Tampa's oldest, historic neighborhoods, which has evolved into a mixed-use, residential, office and entertainment district. Ybor City also has an approved Community Redevelopment Plan and a Board actively engaged in implementing that plan. To support these efforts, the vision and recommendations expressed in this plan seek to improve multi-modal connectivity between redevelopment areas, support infill development and promote greater emphasis on the quality of the public realm. Across the Hillsborough River is a portion of West Tampa poised for redevelopment. Following the recommendations of a recent ULI Advisory Panel and Rose Fellowship Study, the Tampa Housing Authority is moving forward on developing a master plan for a 120-arce target area that includes North Boulevard Homes / Mary Bethune Tower Tampa Housing Authority (THA) sites adjacent to the Hillsborough River. The master plan should establish a blueprint for the future of the community, consistent with the vision articulated in this plan. It should seek to leverage the ownership of THA and other significant public agencies (City, County, School Board), with other key land owners and a strengthening surrounding West Tampa neighborhood and business district to comprehensively restore this historic neighborhood. There is a significant opportunity for a mixed-use, mixed-income community. This can, in part, be realized by connecting the community to an enhanced Riverfront, linking to the adjacent neighborhoods and leveraging key assets such as the retail Main Street, historic architectural resources and a robust existing educational presence.

– Tampa City Center Plan, Executive Summary

TOMORROW'S PHYSICIANS

The USF Health Morsani College of Medicine


USF


Blueprints
PEDIATRICS
Blueprints

The Morsani College of Medicine

Academics: Overview

After careful study and deliberation it is our position that the USF Health MCOM should be situated in the heart of a vibrant, amenity-rich redeveloped downtown Tampa waterfront district, to create a modern facility that will provide an improved educational experience for tomorrow's physicians, close proximity to the College's world class simulation center, the Center for Advanced Medical Learning and Simulation (CAMLS) and to our primary teaching and clinical affiliate, Tampa General Hospital (TGH).

Locating the new MCOM in downtown Tampa places it at the center of an ever-widening array of clinical practice and/or training sites including the All Children's Hospital, and Bay Pines Veteran's Administration Hospital in Pinellas County, the Moffitt Cancer Center, and James A. Haley Veteran's Hospital in Hillsborough County. But our most compelling rationale is that a downtown Tampa location for the MCOM would create an enhanced learning environment for students. Among the many reasons for moving downtown are:

- **Proximity to key educational partners:** Both the MCOM's primary academic affiliate, TGH, and our 90,000-square-foot state of the art CAMLS simulation facility will be within walking distance, a four-minute water shuttle or two trolley stops of the proposed downtown location on the hard corner of Meridian Avenue and Channelside Drive. This proximity will attract academically gifted students looking for a vibrant urban setting, allowing us to keep the best and the brightest in Florida for their medical school education and thus, increase the likelihood they will stay in-state for their residency and fellowship training and subsequent careers.

- **Addresses overcrowding on the main USF Health Campus:** The first three classes entering the USF medical college (about 80 students) made use of the facilities newly built in the early 1970s. Today, more than 1,000 MCOM students including 575 medical students, 100 medical sciences (PhD) students, 400 masters students, and 125 physical therapy doctoral students are using those same facilities, with limited overflow to adjacent spaces. This USF Health campus is also shared by the College of Pharmacy, the College of Nursing and the College of Public Health, adding more than 4,000 additional health professions students using the lecture halls, classrooms, study and relaxation space as well as parking lots on the USF Health campus. Furthermore traffic congestion and parking shortages are major concerns for current USF Health students and faculty and these problems would be exacerbated by new facilities on campus, creating a barrier to expanding nursing and health student ranks to address projected Florida health workforce shortages.

- **Meets contemporary teaching needs:** Today's medical student typically learns in smaller group settings and not large lecture halls and experiences a heavy emphasis on simulated training and learning in teams as part of a modern medical curriculum. In addition, the technology and computing needs of students and faculty will only continue to grow. While our IT department has done an extraordinary job retro-fitting technology into buildings that have rudimentary wiring and out of date air conditioning systems, such patches are reaching their practical limits. Computer labs have helped but technology has pushed on to mobile access, which requires cutting into existing foundations to run electricity to operate mobile devices.

- **Students overwhelmingly support moving downtown:** A large majority of current MCOM students surveyed believe a downtown move will benefit medical student education experience and attract to students to the USF Health MCOM.

BAND-AIDS ONLY GO SO FAR

While we are grateful for the increased space that past renovations to the USF Health campus provided, we are at capacity in our current facilities despite a recurrent cycle of growing, renovating, retrofitting, expanding, accommodating, and growing again. To date this "Band-Aid" approach has worked, but will no longer meet the demands of modern medical school curriculum. Moreover, the MCOM Facility Condition Index (FCI) is > 0.10, considered poor by National Association of College and University Business Officers. Indeed, the existing MCOM facility is graded lower than 80% of medical schools in the U.S. in terms of facility quality.

WE ARE AT A CROSSROADS: THE CASE FOR A DOWNTOWN CAMPUS

The decision to build a new medical school has already been reviewed in great detail and approved by the USF Board of Trustees. In 2011, a generous gift helped launch a campaign to build a new medical school. Carol and Frank Morsani provided $20 million to establish a new college of medicine bearing their name. **Of the top 100 NIH funded Medical Schools, only MCOM (ranked #63) is 25 minutes or more from its primary teaching affiliate hospital.** Indeed, successful medical schools put a premium on co-locating the educational and clinical delivery components of healthcare in an efficient attractive environment:

- Of the top 75 Medical Schools ranked by *U.S. News*, 72 (or 96%) are within a 10-minute drive of the affiliated hospital.

- Two schools just outside of the top 75 are addressing this gap and re-locating to be closer to their academic teaching hospital. The State University of New York (SUNY) at Buffalo (ranked #84) is 15 minutes from the hospital. The university recently broke ground on a new facility with a new downtown location to open in 2017. The year after they announced the move and submitted plans and drawings, applications increased by 4% in a year were they declined across all of upper state NY. Michigan State University (ranked #103) relocated two of its campuses (Grand Rapids, and Flint) to more downtown and proximate locations.

- In a recent survey of admitted students who chose not to matriculate at USF (see Appendix C-2.1), 26% would have reconsidered their decision if the MCOM had been located in a thriving urban environment and more than 88% viewed proximity to the major teaching facility as a crucial factor in their decision making. The urgency of the current situation is underscored by the fact that many of these students chose to move out of state to attend public medical schools among our aspirational peers.

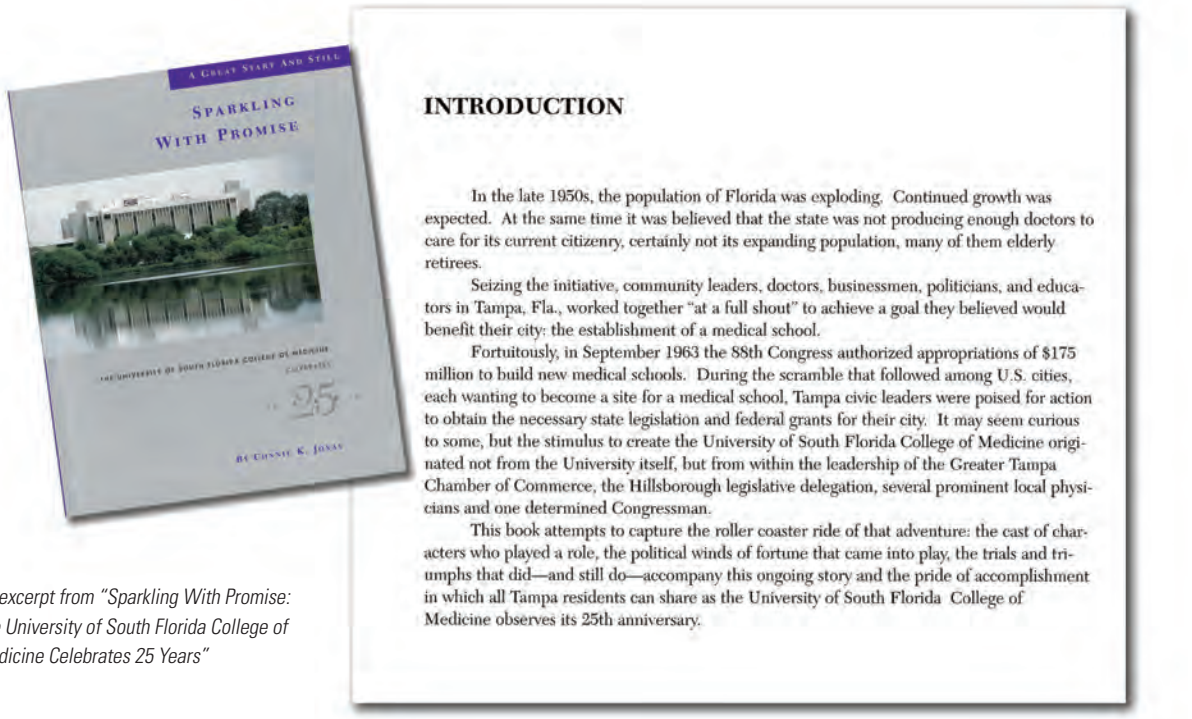
Construction of a downtown campus would also place us a short walking distance from the USF Health Center for Advanced Medical Learning and Simulation (CAMLS), which is the nation's largest such facility housing amongst the worlds' most sophisticated medical simulation equipment to enhance medical school training.

IT'S BEEN DONE BEFORE, WITH GREAT SUCCESS

Schools of medicine in Buffalo and Sacramento are transitioning to similar urban setting. As noted above, SUNY Buffalo has recently broken ground on a new medical school facility with a downtown location set to open in 2017. The move to the downtown area will place the medical school in direct contact or close proximity with Buffalo General Medical Center and Women and Children's Hospital of Buffalo. This project will create the Buffalo Niagara Medical Campus and has been heavily supported by the State of New York in order to create an economic engine to revitalize downtown Buffalo. The University of California at Davis moved its medical school to downtown Sacramento in 2005. Analogous to USF, the U.C. Davis' facilities were dated, and not amenable to contemporary teaching methods; the U.C. Davis medical school was even cited by the Liaison Committee on Medical Education (LCME) for substandard teaching facilities. Fortunately, their move has been a great success with a recent LCME commendation that the new facilities were strengths. In addition to being lauded by the LCME at their next accreditation site visit, the move has been well received by clinical faculty and students alike. And the proximity of the education component of the campus to the teaching hospital has greatly improved student access to in-patient clinical experience, enhanced early clinical shadowing opportunities, and exposure to preceptors and mentors.

History of the USF medical college

The city, county and community leaders have been consistently supportive of the USF College of Medicine since the early 1960s, when local leaders stood together to establish a college of medicine in Tampa. That same community spirit is solidly behind today's effort to relocate the USF Health Morsani College of Medicine (MCOM) to downtown Tampa.



An excerpt from "Sparkling With Promise: The University of South Florida College of Medicine Celebrates 25 Years"

The USF College of Medicine was approved by the Florida Legislature in 1965 and opened its doors to a Charter Class of 24 medical students in 1971. The entering class shared space on the main USF campus for about a year, when the first phase of the Medical Campus opened in what is now USF Health. With Phase 2 not completed until 1974, the Charter Class of 24 students, along with the students from the next two classes, quickly filled the new facility, providing a total student body of about 80 medical students.

USF COM Charter Class.

Fast forward to today and the MCOM has **575 medical students, 100 medical sciences (PhD) students, 400 Masters students, and 125 physical therapy doctoral students** who make up the Morsani College of Medicine. This USF Health campus is also shared by the College of Pharmacy, the College of Nursing and the College of Public Health, adding more than 4,000 additional health professions students using the lecture halls, classrooms, study and relaxation space as well as parking lots on the USF Health campus.

Here is a timeline of expansion or renovation of space meant for medical student education and services.

Medical Student Education Centric Facilities

- Medical Center Phase 1: opened 1972
- Medical Center Phase 2: opened 1974
- Research Building: opened 1998 (the first addition of any kind in 25 years)
- Center for Advanced Clinical Learning (CACL): opened 2005
- **Renovations** of auditorium and group learning space: completed 2011
- **Renovated** Lecture Halls: ongoing
- Center for Advanced Medical Learning and Simulation (CAMLS): opened 2012
- The WELL (shared student services): opened **in renovated clinical space** 2014

We have done well with what we have. In those four-plus decades, the medical school has graduated 3,407 physicians, trained more than 7,000 resident physicians, and awarded 308 PhD and 1,410 master's degrees. The MCOM School of Physical Therapy and Rehabilitation Sciences has awarded 123 master's degrees and 222 doctoral degrees.

But now, something is about to change. In order to better understand the changing needs of medical student education, let's start by taking a look at today's medical student.

Today's Medical Student

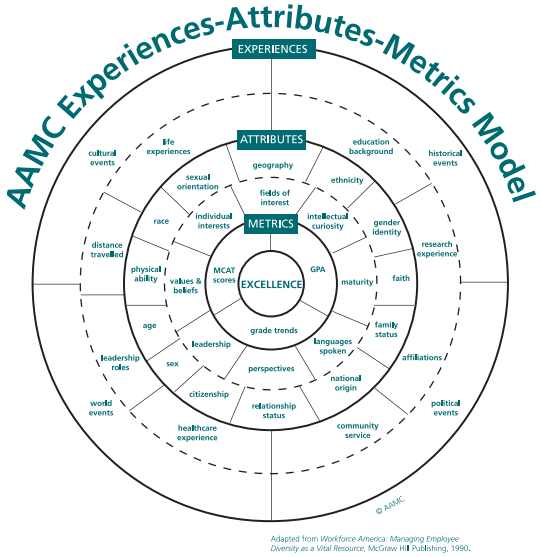
Prerequisites for entering medical school:

While specific requirements for medical school admission may vary from school to school, most schools expect applicants to have taken the Medical College Admission Test® (MCAT®), and to have completed the following types of courses:

- One year of biology
- One year of physics
- One year of English
- Two years of chemistry (through organic chemistry)

THE WHOLE STUDENT:

While MCAT scores and GPAs are important metrics for choosing someone likely able to handle the intellectual rigors of medical school, they do not provide a complete picture of those often more intangible characteristics that make for an outstanding physician. The Association of American Medical Colleges (AAMC) has promoted a model that hopes to better capture the characteristics that make up a good candidate for medical school, looking through a holistic lens at experiences, attributes, and academic metrics that, when considered in combination, reflect how the individual might contribute value as a medical student and physician. Schools start with academic metrics and then use a student's other attributes and experiences to flesh out applicants and their



Adapted from *Workforce America: Managing Employee Diversity as a Vital Resource*, McGraw Hill Publishing, 1990.

applications. In order for medical students to be competitive, they must build a portfolio that goes beyond GPA and MCAT score, beyond rigorous coursework, and looks at the entire person striving to become a physician. While gaining acceptance to medical school is challenging, one good piece of news for prospective medical students is that medical school enrollment is growing. (AAMC)

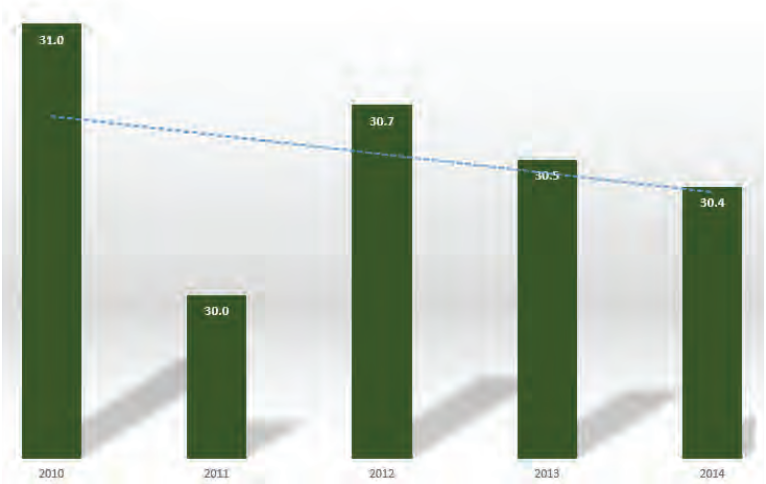
MEETING THE NEEDS OF TODAY'S MEDICAL STUDENT

The era of learning solely in lecture halls and large operating theaters is long gone. We have known for years that the new generation of students learns best in small groups and with more interactive modalities. Moreover, individual learning styles vary amongst students with some students learning best by listening, others by reading, doing or writing (Advan in Physiol Edu 30:13-16, 2006).

The fundamental pedagogy of modern medical education stands in sharp contrast to the model of medical education extant when the college's doors first opened in the mid-1970s. For decades, medical students were trained in a traditional "2 x 2 model", where they spent the vast majority of their time in lecture based classroom settings for the first two years and then transitioned to the clinical environment for the remaining two years. In contrast, modern pedagogy and current accreditation standards from the Liaison Committee on Medical Education (LCME) dictate that students spend no more than 50% of their time during the first two years in traditional lecture based settings. **Increasingly, medical students are required to work and learn in small group settings, flipped classrooms, learning communities, and through various forms of simulation.** The educational space necessary to facilitate these types of activities are in sharp contrast to the large lecture halls that were necessary to facilitate the historically lecture dense curriculum of the 1970's. It is important to note that the LCME accreditation standard that medical schools are often found in violation of is related to the requirement of educational programs providing adequate instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

INCREASING COMPETITION FOR EXCELLENCE

In 2014, nearly 50,000 applicants vied for the approximately 20,000 seats available in U.S. allopathic medical schools. In order to gain a seat in a medical school class today, students must be highly competitive. Overall, the 49,480 applicants in 2014 to medical schools averaged 28.6 on their standardized Medical College Admission Test® (MCAT) and had an average grade point average (GPA) of 3.55 (see AAMC Table 24 below). However, those 20,343 pre-med students accepted to medical school had an average MCAT score of 31.4 and a GPA of 3.69; as the table below indicates the higher the MCAT score and GPA, the higher the acceptance rate.



Of note, the MCAT scores of USF MCOM matriculants have modestly declined (or at best plateaued) over the past 5 years.

MCOM Total MCAT

This trend suggests that the USF MCOM has lost some of its competitive edge and is less able to attract and retain Florida's best and brightest undergraduates. Competition for top undergraduates seeking medical school admission is expected to increase since U.S. medical school enrollment has been growing. **According to the AAMC, first-year medical school enrollment has increased by over 20% in the past decade and is projected to increase by almost 30% by 2018–2019.** Of the 125 schools that were accredited in 2002, 41 (33%) are projected to grow from 2014 to 2018. By comparison, six of the 16 schools accredited since 2002 (38%) are projected to grow during that period.

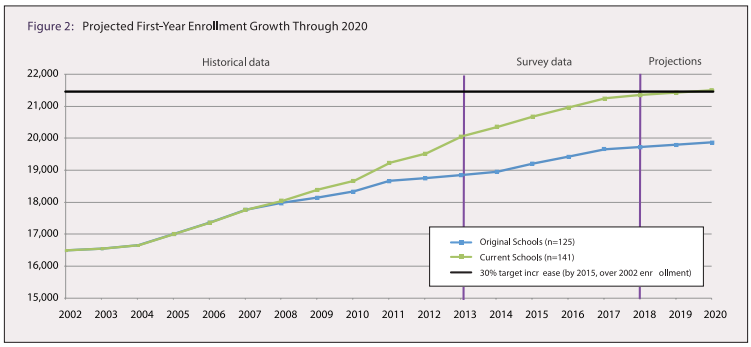
Table 24: MCAT and GPA Grid for Applicants and Acceptees to U.S. Medical Schools, 2012-2014 (aggregated)

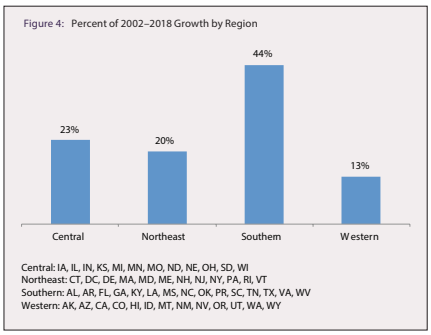
The table below displays the acceptance rates at different MCAT and GPA levels for applicants and accepted applicants from 2012 to 2014. The frequencies are combined totals of all three years.
Please email us at datarequest@aamc.org if you need further assistance or have additional inquiries.

Acceptance Rate for Applicants, 2012-2014 (aggregated)		Total MCAT Scores										All Applicants
		5-14	15-17	18-20	21-23	24-26	27-29	30-32	33-35	36-38	39-45	
Total GPA												
3.80-4.00	Acceptees	3	4	57	317	1,363	4,232	7,110	6,298	3,688	1,385	24,457
	Applicants	80	162	524	1,526	3,554	6,978	9,361	7,504	4,176	1,519	35,384
	Acceptance rate %	3.8	2.5	10.9	20.8	38.4	60.6	76.0	83.9	88.3	91.2	69.1
3.60-3.79	Acceptees	.	8	83	371	1,332	3,725	5,997	4,513	1,782	435	18,246
	Applicants	177	367	1,024	2,332	4,866	8,284	9,359	5,973	2,235	514	35,131
	Acceptance rate %	.	2.2	8.1	15.9	27.4	45.0	64.1	75.6	79.7	84.6	51.9
3.40-3.59	Acceptees	1	13	67	314	1,010	2,307	3,600	2,382	819	176	10,689
	Applicants	336	553	1,278	2,607	4,691	7,151	7,455	3,854	1,176	234	29,335
	Acceptance rate %	0.3	2.4	5.2	12.0	21.5	32.3	48.3	61.8	69.6	75.2	36.4
3.20-3.39	Acceptees	.	5	41	249	604	1,012	1,453	889	316	74	4,643
	Applicants	370	561	1,168	2,262	3,344	4,369	4,106	1,902	547	113	18,742
	Acceptance rate %	.	0.9	3.5	11.0	18.1	23.2	35.4	46.7	57.8	65.5	24.8
3.00-3.19	Acceptees	.	2	25	123	373	455	530	313	112	21	1,954
	Applicants	388	553	928	1,578	2,218	2,361	1,851	808	233	40	10,958
	Acceptance rate %	.	0.4	2.7	7.8	16.8	19.3	28.6	38.7	48.1	52.5	17.8
2.80-2.99	Acceptees	.	4	19	54	132	158	179	85	22	7	660
	Applicants	368	386	626	908	1,069	998	746	310	86	24	5,521
	Acceptance rate %	.	1.0	3.0	5.9	12.3	15.8	24.0	27.4	25.6	29.2	12.0
2.60-2.79	Acceptees	.	1	12	24	47	57	59	33	15	3	251
	Applicants	274	284	355	486	512	388	276	117	47	10	2,749
	Acceptance rate %	.	0.4	3.4	4.9	9.2	14.7	21.4	28.2	31.9	30.0	9.1
2.40-2.59	Acceptees	.	.	2	8	19	22	18	6	3	1	79
	Applicants	196	151	179	240	221	152	109	37	17	2	1,304
	Acceptance rate %	.	.	1.1	3.3	8.6	14.5	16.5	16.2	17.6	50.0	6.1
2.20-2.39	Acceptees	.	.	.	.	7	8	6	1	.	.	22
	Applicants	132	77	94	91	88	68	39	14	5	3	611
	Acceptance rate %	.	.	.	.	8.0	11.8	15.4	7.1	.	.	3.6
2.00-2.19	Acceptees	.	.	.	.	.	2	2	.	.	.	4
	Applicants	53	40	42	28	30	14	11	2	.	.	220
	Acceptance rate %	.	.	.	.	.	14.3	18.2	.	.	.	1.8
1.47-1.99	Acceptees	.	.	.	.	.	.	.	.	.	.	.
	Applicants	42	9	10	12	8	6	3	.	.	.	90
	Acceptance rate %	.	.	.	.	.	.	.	.	.	.	.
All	Acceptees	4	37	306	1,460	4,887	11,978	18,954	14,520	6,757	2,102	61,005
	Applicants	2,416	3,143	6,228	12,070	20,601	30,769	33,316	20,521	8,522	2,459	140,045
	Acceptance rate %	0.2	1.2	4.9	12.1	23.7	38.9	56.9	70.8	79.3	85.5	43.6

Source: AAMC of 11/17/2014

Interestingly, there has been a disproportionate growth of medical student enrollment in the Southern region. Thus, there will be even more competition for the very best students among Southern schools. These imperatives are driving our proposal both for a new MCOM facility and its downtown location.





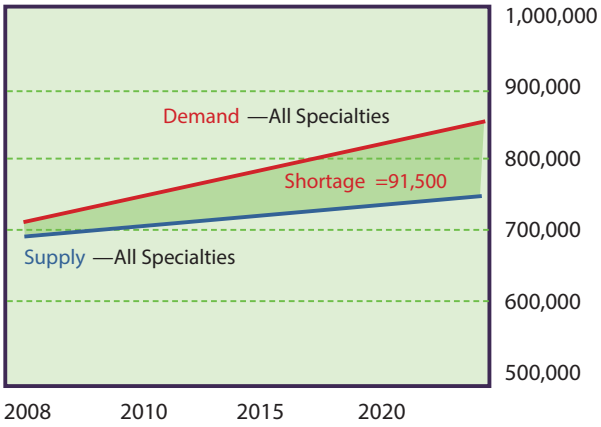
Select physician shortages continue

Despite this growth in medical school numbers, and class size, the AAMC has conducted workforce studies showing there will be 45,000 too few primary care physicians – and a shortage of 46,000 surgeons and medical specialists – in the next decade. The population is growing and as the Baby Boomers are aging, the number of physicians available to treat Americans over the age of 65 is shrinking proportionally. And the doctors are aging, as well. Nearly one-third of all physicians will retire in the next decade just as more Americans need care. Continued demand for physicians and other medical professionals is obvious, the AAMC finds. For example, in Florida, there is an anticipated shortage of 128,364 registered nurses by 2030. Florida Department of Economic Opportunity reports that the employment of physician assistants is projected to grow 26.7% between 2014 and 2022 in Hillsborough county alone.

ATTRACTING AND RETAINING MEDICAL STUDENTS AND RESIDENT PHYSICIANS

If doctors conduct their residency training in Florida, they tend to stay in Florida to practice medicine. National aggregate data show that 53% of residents stay and practice in the state where they completed their medical residency (AAMC Report on Residents, 2015); Florida-specific data show slightly better retention at 60%. Unfortunately, at USF MCOM, only about 40% of medical students who graduated in 2014 chose to stay in Florida for their residency training. Thus, the key is to attract medical students in the first place and entice them to stay for their residency training. This requires having programs of distinction in a vibrant environment for medical school and residency training. The promise of building a new medical school in such a "live, work, play" environment can only be an asset for attracting and retaining Florida's premier medical graduates to our state's workforce– keeping the best and brightest in Tampa Bay and Florida.

Projected Supply and Demand, Physicians, 2008–2020



Contemporary medical students prefer an urban environment. Across the nation and around the globe, there is a strong trend for the millennial generation to seek vibrant, thriving urban environments. With the comprehensive plans proposed for the downtown waterfront district, the new location for our medical school would be at the center of this exciting transformation and allows us to recruit millennial students to a unique "live, work and play" environment. Between Strategic Property Partners, LLC (SPP) vision plan for downtown Tampa and the urban apartment complexes under construction, Tampa Bay is on the right path to grow its millennial base.

The students provided a letter of support to the State University System Board of Governors (see Appendix E).
Perhaps even more telling were the results of a recent survey of admitted students who chose not to matriculate at the MCOM (see Appendix C-2.1), as 26% would have reconsidered their decision if the MCOM had been located in a thriving urban environment and more than 88% viewed proximity to the major teaching facility as a crucial factor in their decision making. The urgency of the current situation is underscored by the fact that many of these students chose to move out of state to attend public medical schools among our aspirational peers.

The location of the new MCOM in the soon to be developed Tampa downtown district is precisely the type of environment that will attract the best students and faculty.

Perhaps the singular advantage of the downtown location is its proximity to both our primary teaching affiliate, Tampa General Hospital (TGH). As noted both current MCOM students and those admitted who chose not to matriculate view proximity to the primary teaching hospital of paramount importance. Of the top 100 ranked Medical Schools, only MCOM (ranked #63 in NIH funding among US medical schools) is 25 minutes or more from its primary teaching affiliate hospital. Indeed, successful medical schools put a premium on co-locating the educational and clinical delivery components of healthcare in an efficient attractive environment:

The experience of the University of California at Davis provides a powerful lesson of the importance of proximity to primary teaching affiliates and the advantages of a downtown location. The University moved their medical school (ranked #40) to downtown Sacramento in 2005 in response to a citation by the national medical accrediting agency, the Liaison Committee on Medical Education (LCME), for substandard teaching facilities. The LCME found that U.C. Davis' facilities were dated, and not amenable to contemporary teaching methods. Their move has been a great success with a recent LCME commendation that the new facilities were strengths. In addition to being lauded by the LCME at their next accreditation site visit, the move has been well received by clinical faculty and students alike. And the proximity of the education component of the campus to the teaching hospital has greatly improved student access to in-patient clinical experience, enhanced early clinical shadowing opportunities, and exposure to preceptors and mentors.

TODAY'S MEDICAL SCHOOL EDUCATIONAL EXPERIENCE

After a student has been accepted to medical school, they begin an intense and immersive education. In years past, medical students would endure endless hours of lecture for the first two years, followed by clinical experiences for the last two years which amounted to an apprenticeship. Here is what students experience in today's modern medical school curriculum. The overarching goal of a medical school curriculum is to bridge the basic and clinical sciences, with courses and learning experiences meant to advance students through the clinical reasoning process from novice to expert. In general, there have been five approaches most U.S. and Canadian medical schools use for teaching students: apprenticeship model, the discipline-based model, the organ-system-based model, the problem-based learning (PBL) model, and the clinical presentation (CP)-based model. Most U.S. medical schools divide and organize the traditional basic sciences during the first two years as follows: Anatomy, Biochemistry, Cell Biology, Evidence Based Medicine, Genetics, Histology, Immunology, Introduction to Clinical Medicine, Microbiology, Neuroscience, Pathology, Pharmacology, and Physiology.

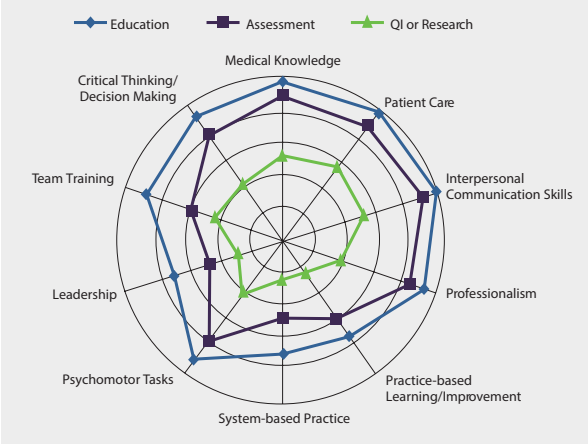
A notable trend over the past two decades has been a strong move to an integrative approach to organizing and presenting content and a move away from traditional discipline based courses. As such many schools separate their subjects within the following themes: "Food and Fuel," "Structure and Function," "Homeostasis and Regulation," and "Fundamentals of Patient Care." This approach helps eliminate unwanted redundancy in material. These themes are often found within blocks of a given year such as: Foundations, Musculoskeletal, Cardiovascular and Respiratory, Renal and Gastrointestinal, Urogenital and Reproductive, Cognition and Control, along with a final synthesis block to tie concepts together. (AAMC)

In addition to changes in the **content and organization** of the medical curriculum, so too has the **process** of teaching and learning evolved, with a greater concentration on educational outcomes. As a result, students increasingly find themselves in technology-infused learning activities, small group settings using team teaching, skills-based encounters using standardized patient or simulation and early patient contact. Current facilities do not allow us to optimize these processes of learning. In contrast a new facility located proximate to CAMLS and TGH would optimize such processes.

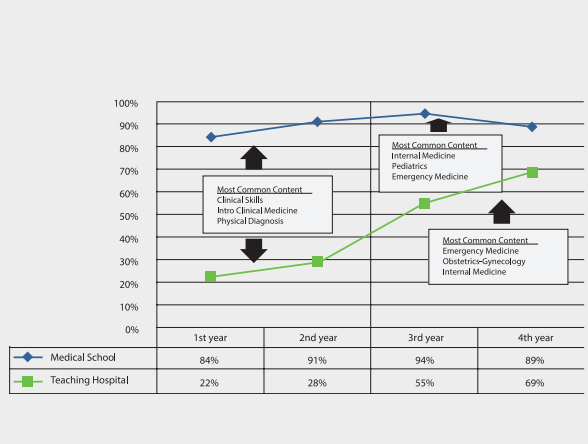
PRODUCING BETTER DOCTORS:

Standardized patients (or actors trained to present symptoms and provide a scripted medical history to students) are central to the curriculum at most schools. Students learn a specific aspect of an office or hospital visit and then practice it on a standardized (actor) patient in a clinical suite under the supervision of a physician. Reviewing these video-taped encounters offers a powerful method for the student to critique and improve. While the new MCOM facility will provide standard simulation and standardized patient infrastructure, its proximity to the world class simulation available at CAMLS would provide a unique advantage to the MCOM as it competes for top students and seeks to retain the best and brightest in Florida.

(Ref: Medical Simulation in Medical Education: Results of an AAMC Survey, September 2011)



Medical School Use of Simulation



Simulation Use with Medical Students

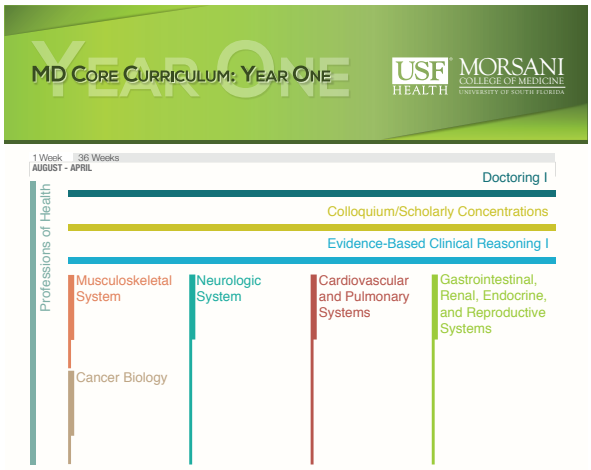
Also central to medical curricula is **research** and some schools offer a research block to conduct research during the summer after their first academic year. Research typically focuses on biomedical informatics, medical education, medical ethics, basic science, clinical research, global health, community health, and healthcare management/public health, among other areas. Many times, these research projects are presented by medical students at national and or regional meetings. Co-location of the MCOM with the heart institute labs, the rich clinical trial offering and community health programs being undertaken at TGH are major advantages of a downtown location.

Inter-professional education is also strong and growing trend in U.S. medical schools. Given the projected shortage of physicians, there is a need to develop new models of health care delivery that make better and more efficient use of all health care professionals—not just doctors. This means that medical students and physicians must expect to work within a more collaborative, "shared" environment, in which a team of health care providers—including physician's assistants and nurse practitioners, for example—work in tandem. The goal is to create a more efficient system, increase patient satisfaction, and, ultimately, improve health outcomes. (AAMC). The bulk of such training occurs using simulation in the second year of medical school and during the students' third and fourth years in clinical settings and again proximity to both CAMLS and TGH offers a unique advantage to the downtown location of our new MCOM facility.

MEDICAL CURRICULUM AT THE USF HEALTH MORSANI COLLEGE OF MEDICINE

A USF medical student receives a robust, dynamic, and quality education that is highly integrated across four years. Years 1 and 2 of the curriculum are a continuum that introduces students to an organ system-based overview of normal and disease processes, increasing the emphasis on diseases and therapy as the courses progress. Courses integrate anatomy, physiology, pathophysiology, cell biology, biochemistry, microbiology and pharmacology relevant to the organ systems under study.
From Year 1 to Year 4, Morsani College of Medicine medical students receive hands-on clinical training to acquire the knowledge and skills necessary to become practice-ready physicians. These skills are introduced during the student's first venture into the medical school curriculum and then taught and evaluated during all four years of their medical school experience. The small group Doctoring class teaches advanced communication skills and closely integrates with the ongoing basic science courses. In addition, Year 1 courses do not stick to traditional "normal human" emphasis, but actively explore disease models as they teach normal processes.

The MCOM Curriculum Maps, Years 1 and 2:



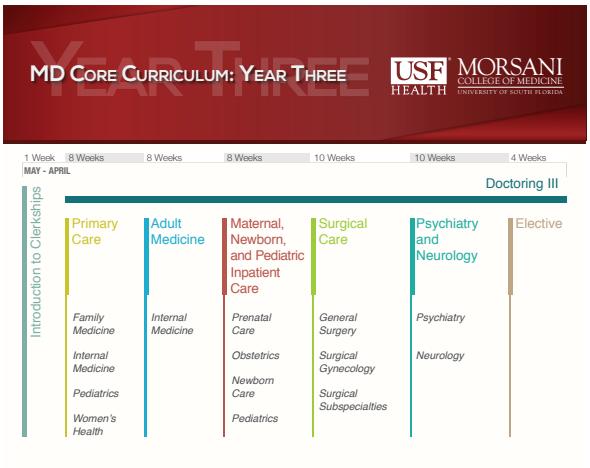
EARLY CLINICAL EXPERIENCE: REAL AND SIMULATED

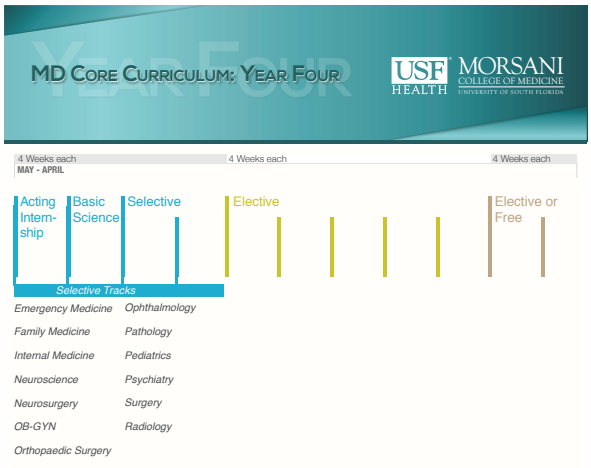
The Doctoring Clinical Experience program couples first- and second-year medical students with medical faculty and private preceptors for one half day of the week. Over the course of two years, each medical student works with different preceptors in primary and specialty practice areas. Most of these faculty and private practice preceptors are located at or near TGH or at the adjacent USF Health South Tampa Center.

To prepare for clinical rotations, preclerkship medical students primarily practice their skills in a safe, controlled environment in the Center for Advanced Clinical Learning or CACL (located on the North campus) and to a far lesser extent at CAMLS (located in downtown Tampa), venues for teaching and testing clinical skills to medical students. The Centers use innovative simulation technology as well as actors or "standardized" patients to mimic actual patient care experiences. This allows medical students to learn requisite skills and participate in objective, standardized clinical exams. The Centers improve the quality of medical education by standardizing and improving physicians' interactions with patients and by training competent, caring medical professionals. However, as the use of simulation and standardized patients has grown for all the health professions programs, the north campus CACL often finds itself at and beyond capacity.

Years 3 and 4 of the curriculum are devoted to clinical experiences through required clerkships and clinical electives. These offer an integrated clinical leaning experience that exposes students to common disorders and a wide spectrum of patient populations representative of those seen in everyday clinical practice.

The MCOM Curriculum Maps, Years 3 and 4:





The MCOM clinical clerkships in Tampa emphasize an integrative approach to patient care from a patient's perspective, as opposed to the more traditional departmental-based approach. Multiple departments interact to deliver the curriculum at core clinical sites including: Tampa General Hospital, the USF Health South Tampa Center adjacent to TGH on Davis Islands, and All Children's Hospital and the Bay Pines VA Medical Center in St. Petersburg, across Tampa Bay. Access to all these sites would be greatly facilitated by a downtown location. Additional sites include the Haley VA Medical Center, and the Morsani Center for Advanced Healthcare on the main campus. If the MCOM were moved downtown, travel from South Tampa to these locations would occur against traffic, facilitating access.

Year 4 is focused on preparation for residency, building advanced clinical skills, and exploration of areas of medicine of interest to the student. Nine months of coursework are required, including:

1. Four months of work in a track that prepares students for a specific residency discipline, including:
    a. An Acting Internship with direct patient management responsibility (1 month)
    b. A return to basic science in the discipline of the track, involving both clinical and basic science approaches to the discipline (2-4 weeks)
    c. 1-2 months of specialty, consultative, or other selectives
2. Five months of additional coursework, which may include independent study electives, externships at other approved medical centers, and additional electives of the student's choice.

Two features of the MCOM curriculum deserve special mention.

Doctoring 1, 2 and 3: The Doctoring course series is a unique three-year small group-based sequence that teaches students interviewing, physical diagnosis, and differential diagnostic skills; bioethics, medical humanities, health systems and economics; community, preventive, and public health. It also introduces care of special populations including patients with disabilities.

Evidence-based Clinical Reasoning 1 and 2: A two-year course sequence introducing students to principles of statistics and evidence-based medicine, then applying that knowledge in small group, problem based learning (PBL) cases in which students research topics relevant to the presented cases and teach their small group peers what they have learned. The course emphasizes evidence-based and lifelong learning principles.

MEETING THE NEEDS OF TODAY'S MEDICAL STUDENT

Here are some of the key features of our modern medical curriculum that are not easily or well addressed by our current facilities.

■ **Clinical experiences** are integrated and introduced early into the first two years of medical school and include experiences at hospitals and clinical sites in addition to a number of standardized patient and/or simulation activities, which are LCME (accreditation) requirements.

- Since its founding, the USF medical school's primary teaching hospital has been TGH. Today, our clinical activity and degree of interoperability has never been greater. This trend is expected to continue with USF physicians now accounting for nearly 60% of admissions and local physician groups merging with our faculty practice plan. TGH accounts for clear plurality of hospital rotations with more than 40% of students performing clinical rotations in Year 3 and 34% in Year 4 choosing TGH for their externships. The remainder are scattered amongst multiple other hospitals in Pinellas and Hillsborough counties. The number of TGH student rotations is expected to continue to grow regardless of the location of the medical school given the rapid pace of clinical integration between TGH and USF.

- Through the Doctoring Clinical Experience, a substantial group of first- and second-year medical students gain early, supervised clinical experience while with community physicians at TGH and surrounding facilities.

- The close proximity of the new building to TGH and other clinical facilities downtown will greatly improve the junior students' access to senior medical student peer teachers, in-hospital clinical opportunities, USF clinical preceptors, mentors and a diverse population of patients. The curriculum can then feature more of these interactions due to the proximity to these facilities.

■ Our MD students specific to our **SELECT program** in Allentown, PA, rely heavily on video conferencing and the available large and small group spaces that are equipped to accommodate these educational activities. These conference spaces are often inadequate in our current facilities. In addition, the reliability of the networking and video conferencing equipment often affects the quality of the educational experience for our students and faculty.

■ As noted several times, central to today's learner – and because they reflect the reality of health care today – are **simulated learning experiences**. Within all health professions, and specifically within medical student education, the use of simulation continues to grow throughout the entire curriculum. This includes the use of standardized patients for the purposes of teaching and assessing physical examination skills in addition to their ability to take an accurate history and assess specific symptoms or clinical problems. Simulation activities also include the use of high fidelity simulators and task trainers.

- Existing simulation space in the main campus CACL facility will not allow for needed expansion of such activities as the spaces are already used to capacity between MCOM students and those in our other colleges at USF Health. Improved access to simulation will accrue in a new MCOM building wherever it is located but increased access to CAMLS' world class facilities (see photo below) resulting from a downtown location would be an enormous advantage for MCOM in recruiting top students.

• Simulation is increasingly being used to teach the basic sciences because it increases integration of the basic and clinical sciences, thus better prepares learners for clinical practice (http://www.ncbi.nlm.nih.gov/pubmed/24113267). This trend underscores the need for a new medical school building.

Training rooms at CAMLS in Downtown Tampa.

■ Even the foundation of all medical learning – **anatomy** – has transformed with this new generation of learners. Historically, medical students learned anatomy primarily through dissection of human cadavers, various three-dimensional models as well as skeletons. Contemporary anatomy education makes use of prosections, plastinated models, cross-sectional imaging/models, and high fidelity simulators.

The existing anatomy lab, while recently renovated, lacks many of the newer educational modalities for teaching and learning both basic and advanced anatomy. The new facility will allow us to make this transition. Actual dissection would continue to occur one half day per week in the dissecting facilities on the main USF Campus shared with all health science students. However, we will arrange shuttle buses from the proposed downtown location and commutes would occur in the afternoon to avoid traffic.

■ The current **on-site lounge and recreation space** is inadequate and has been identified by the medical students as an area of concern in their independent student analysis (ISA) as prepared for the LCME site visit (data available). Every attempt has been made to identify and make available such space without further encroaching on available educational space. This issue would be resolved by the new facility. Moreover, access to downtown amenities including a world class fitness center on Harbour Island would be a major satisfier for students.

■ Currently, we are unable to accommodate all medical students with **a locker**. We restrict locker use to first- and second-year medical students and a subset of third-year medical students. This does not even begin to address the needs of other college of medicine students including graduate and master's students. This would be resolved by a new facility regardless of location.

■ With the growing number of learners in the college of medicine environment, the availability of **study space** has become a significant challenge. Beyond the lack of basic study space, students require venues that facilitate small group, interactive learning. Such space is significantly limited at present. There have been some modest renovations of the medical library but the demand far outpaces the supply. Again, this was an issue identified by the medical students in their independent student analysis. Again this would be resolved by a new facility regardless of location but the downtown location also allows use of such space in CAMLS.

DESIGNING THE MEDICAL SCHOOL OF TOMORROW

Over the past several years, the USF Health MCOM has gone through unprecedented growth. The basic strategies, goals and milestones that guided this growth remain our foremost priorities. As we continue to press forward on our goals of national prominence, enhanced research infrastructure, creative educational models, entrepreneurial academic approaches and interdisciplinary mindsets, we must reengineer our processes to take the best that the USF Health MCOM has been and catapult us into our next phase of excellence. A new medical campus in downtown Tampa will be a prime mover in this objective. The move has many advantages, but its primary purpose to **bring together education, translational research, and high quality patient care under one roof**.

As the USF Health MCOM grows and expands, the facilities need to be flexible and change along with the needs of the curriculum.

- Plans must consider the next generation of millennial students, who work in groups and are the first to grow up living and breathing the Internet and social media.
- Technology is an integral part of their daily lives. Some of the current curricular trends that leverage these millennial strengths are the incorporation of technology into all teaching and clinical spaces, hands-on experiences in simulation, clinical skills, and human anatomy and working in small groups such as in problem-based and team-based learning.
- While the pedagogy is ever changing, the formal and informal ("in between") teaching spaces should be flexible in order to accommodate the students of tomorrow.

As medical education transitions into digital learning methodologies, a new building will become more of an "idea lab" – a core laboratory for technology-based learning. To do this, **new infrastructure is needed, to replace the lecture halls of the past**. The in-between spaces connect people both face to face as well as virtually. Virtual technology will in fact take over the classroom experience. A lecture on video can be replayed at the learner's speed, multiple times, fostering learning. This activity-based design allows more flexibility than a traditional design, more opportunities for collaboration, and more efficient use of space. For faculty and staff, the new building will feature private "focus" rooms, "huddle" rooms, and small conference rooms in sufficient quantities for all to use.

This new medical education building in downtown Tampa will ensure that we continue to produce superior students, educators, doctors and researchers, trained in the latest techniques, as medicine continues to evolve rapidly throughout the 21st century. The building will allow us to centralize key activities in a state-of-the-art facility that reflects our commitment to world-class education and the quality of student life space where students can informally interact and work as teams — **reflecting our new curriculum, which emphasizes learning in small groups and informal teams, rather than large lectures halls**.

ADDITIONAL REASONS WHY A DOWNTOWN CAMPUS WILL ENHANCE STUDENT SUCCESS

Physician residencies

While we have focused primarily on the medical students and faculty, this project will have a positive impact on resident education as well. As the prominence and reputation of the USF Health and Morsani College of Medicine grows, it would have a trickle-down effect on the graduate medical education program.

Fourth-year medical students, who are about to start their residencies, think being downtown would also help keep the best doctors in Tampa Bay. Florida is facing a major challenge of becoming a net exporter of physicians for other states around the country. Florida is 4th in the country in population, but ranks 42nd for residents and fellows per number of Floridian residents. Thus, many medical students who want to practice medicine in Florida may indeed stay due to the downtown move and the urban core life style.

IMPACT OF A DOWNTOWN MCOM AND HEART INSTITUTE LOCATION ON OUR FACULTY:

Most clinical faculty already spend the bulk of their time at or near their current hospital. For TGH, All Children's Hospital and Bay Pines VA faculty, the downtown location will be a great advantage. Co-location of the Heart Institute with the new MCOM is universally popular with the cardiologists, surgeons and researchers given its proximity to TGH and CAMLS (see Heart Institute Section 4). For clinical faculty at the Moffitt Cancer Center (MCC) and Haley VA, again little disruption would be expected to result from a downtown location as their labs and/or clinical work areas would not change. Indeed, we are actively planning to assist MCC to build a new research building that will house USF cancer researchers. We are also planning to enhance neuroscience on the main campus by continued recruitment into the Byrd Alzheimer's Research Institute, and efforts to seek federal dollars to build a joint USF-VA neuroscience center focusing on traumatic brain and spinal cord injury. Thus, the main campus will focus on cancer and neuroscience care and research while the downtown campus area would focus on medical and surgical cardiac care, surgical subspecialties, pediatrics, Ob/Gyn, and other medical specialties. Many faculty have already "voted with their feet" living adjacent to their primary work place. Currently, 44% of our faculty members live in the downtown/South Tampa area.

For faculty, especially basic scientists, who will be primarily working on the North campus and who must travel to teach at a downtown MCOM location, we will make every effort to schedule lectures and other teaching duties to minimize time in traffic. In addition, we will establish a regular shuttle service providing Wi-Fi capability that connects the two locations.

In a recent survey of faculty (see Appendix C-2.3), the results were also quite positive showing over 62% in favor of the move overall.

Key findings:

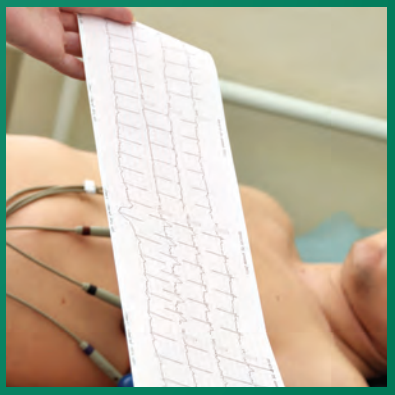
- 60.2% of faculty respondents are in favor of the move overall vs. 10.7% who do not in favor of it, with the rest having a neutral opinion.
- 80.1% of faculty believe that a downtown location for the MCOM would positively enhance its reputation vs. 9.5% who thought it would have no impact.
- 62.4% of our faculty respondents believe a move downtown would have a positive impact on our students' educational experience vs. 11.8% who thought it would have no impact.
- 63.0% of faculty respondents believe the move downtown would probably or definitely attract prospective medical students vs. 11.7% who did not.
- 58.5% of faculty respondents believe the move downtown would probably or definitely attract prospective residents vs. 14.2% who did not.
- 59.2% of faculty respondents believe the move downtown would probably or definitely attract prospective faculty vs. 14.4% who did not.
- 60.2% of faculty respondents believe the move downtown would enhance philanthropy vs. 14.8% who thought it would not.

Proximity to research faculty and research opportunities

The University of South Florida is a global research university ranked in the top 50 of federal research expenditures for both public and private institutions and is one of the fastest growing public research universities in federal funding. **The USF Health Morsani College of Medicine leads the University's aggressive drive to achieve the fastest growth of federally sponsored research in the nation.** Medical students are a big part of this focus on research. Approximately 90% of our current medical students pursue research and other scholarly activities across all four years of the curriculum. We provide our medical students with dynamic opportunities for faculty-mentored scholarly concentrations, innovative electives, action learning projects, and/or independent research. The proposed downtown building will bring together researchers, clinicians, educators and students in ways not previously possible. Students will have more access to both basic science and clinical researchers.

CARING FOR THE HEART

The USF Health Heart Institute



The USF Health Heart Institute

The USF Health Heart Institute Business Plan

- The USF Heart Institute will create new and more effective treatments for one of Florida's leading cause of death through translational research.
- A downtown Tampa location for the Heart Institute will enhance recruitment of top cardiovascular researchers, enable an increase in NIH funding levels and support clinical and translational research opportunities to advance public health.
- The downtown location allows the Heart Institute to grow its research grant revenues to an estimated $28 million per year.

THE USF HEALTH HEART INSTITUTE: THE MISSION

The USF Health Heart Institute will conduct basic, translational, and clinical research and provide patient care related to cardiovascular diseases. At its core, the Institute's research activities will address the root causes of cardiovascular diseases, such as coronary artery disease, heart failure, congenital heart disease, cardiac arrhythmias, peripheral vascular disease, and renal, metabolic and pulmonary disease as they relate to the heart. The Institute will translate knowledge gained across these domains into novel therapeutics and diagnostics to improve treatment and quality of life.

CARDIOVASCULAR DISEASES: PUBLIC HEALTH IMPACT

Cardiovascular disease is highly prevalent in the population. When defined as coronary artery disease, heart failure, stroke, and hypertension, the prevalence of cardiovascular disease ranges from 34% to 71% of the U.S. population from the ages of 40 to 70 years (Fig. 1). Indeed, cardiovascular disease causes more deaths in the U.S. than any other disorder, including cancer, diabetes, and Alzheimer's disease (Table 1). Despite advances in controlling major risk factors (such as smoking cessation and high-fat diets), atherosclerotic coronary heart disease – the major cause of myocardial infarction (aka heart attack) - remains the most common cause of the cardio-vascular diseases in the U.S. (Fig. 2).

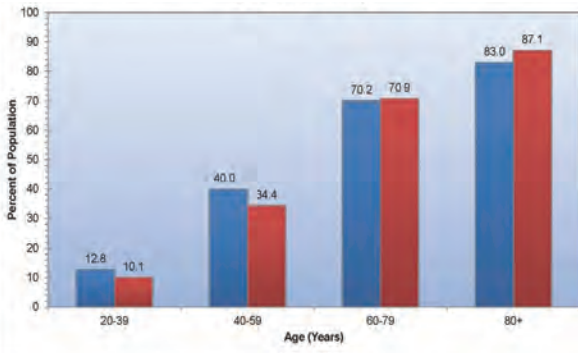


Fig. 1 Prevalence of cardiovascular disease in the US for the year 2010. Taken from an article published in the journal Circulation 129(3):e28-e292, 2014; American Heart Association (AHA).

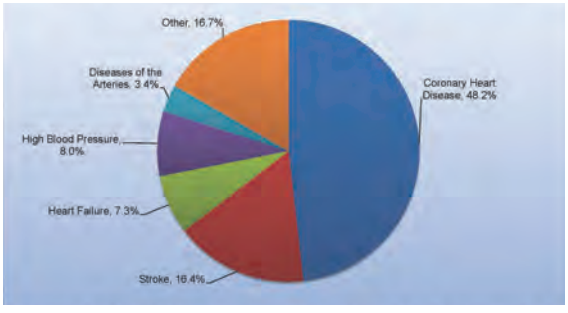


Fig. 2 Distribution of cardiovascular disease subsets in the U.S. population. Taken from an article in the journal Circulation 129(3):e28-e292, 2014; AHA.

Recent national data indicate more that 700,000 people died of cardiovascular disease in 2010, which represents a death rate of 235 per 100,000 people. In the greater Tampa Bay area, there were 28,139 deaths due to cardiovascular disease from 2011 to 2013, accounting for a death rate similar to the national average. Annual expenditures for cardiovascular disease are estimated to be as much as $313 billion nationwide. These costs include those derived from health care services, medications and lost employment productivity. This compares with an equivalent cost from cancer of $216 billion and from endocrine disease, including diabetes, of $134 billion. Internationally, the economic burden posed by cardiovascular disease (shown in trillions of dollars in Fig. 3) is approximately twice that of any other category.

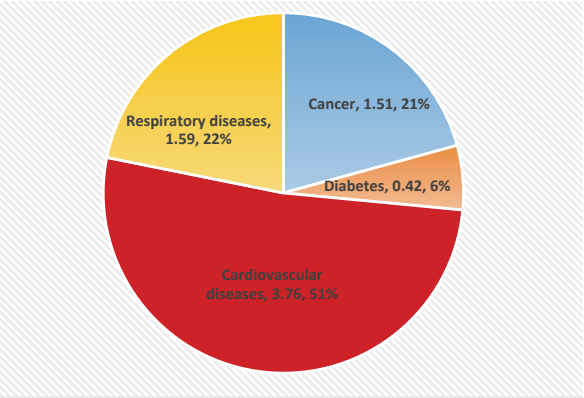


Fig. 3 International economic losses due to the most prevalent non-infectious diseases. Taken from Journal of the American College of Cardiology 60(S25):S1-S49, 2012. Published by the American College of Cardiology.

IMPEDIMENTS TO SUCCESSFUL CARDIOVASCULAR RESEARCH

While the past 30 years have witnessed many improvements in the prevention and treatment of cardiovascular disease (e.g., cholesterol lowering, antihypertensive, and anticoagulant drugs; drug eluting coronary artery stents, advanced pacemakers, cardiac surgery and heart and lung transplantation) the healthcare community is at a relative standstill in terms of new drug and cellular therapies and new surgical approaches. The pipeline from pharmaceutical firms and device manufacturers for novel cardiovascular treatments is nearly empty. As shown in Fig. 4, in 2012 there were only 150 drugs in the pipeline (FDA Phase I [drug safety], Phase II [safety and efficacy] or Phase III [safety, efficacy and side effects]), of which most were in early Phase II development. Of growing concern is the population of patients who have survived an initial cardiac event or congenital abnormality through aggressive therapy — such as angioplasty for a myocardial infarction or surgical repair of a congenital heart defect — but are left with depressed cardiac function and few novel treatment options available. Finally, very few new diagnostic tests that could help predict cardiovascular disease before symptoms occur have been developed. Particularly disappointing are the lack of genetic and biomarker tests and personalized medicine approaches, which were predicted to be forthcoming in abundance once the human genome projects were completed in 2001.

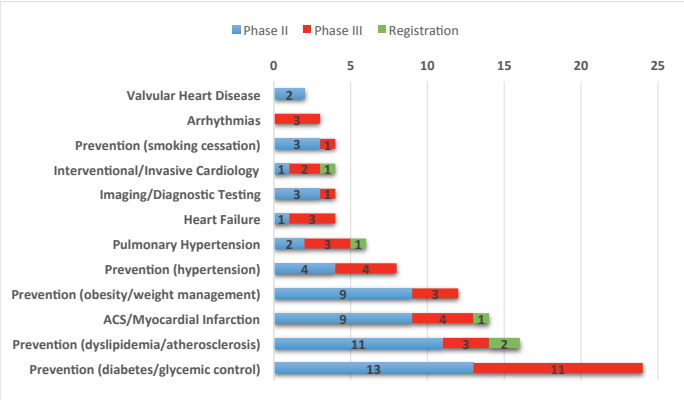


Fig. 4 Drugs under development in 2012 for cardiovascular disease subsets stratified by development phases. Modified from the Journal of the American College of Cardiology 60(S25):S1-S49, 2012. American College of Cardiology

The major reason for this lack of progress is the incomplete understanding of the molecular causes of many cardiovascular diseases. A second explanation is the lack of practical application of fundamental discoveries that have been made to develop new drugs, procedures, and diagnostic tests. Indeed, this lack of translation from laboratory discovery to improvement in disease state is entrenched in medicine. It is frequently called the "valley of death" by pharmaceutical firms (Fig. 5), who are now generally risk-averse to undertake development of novel therapeutics.

To bridge this gap it is now recognized that investigators who have bench research, clinical trial, and clinical care skills must work together. This effort is termed "translational research." These investigators can bridge this gap, because they have an intimate understanding of the biology of the disease and the mechanism of the drug action, are experts in clinical trials, and remain in touch with the practical aspects of patient care. While a given investigator may not have all these attributes, teams of investigators do. Such efforts often occur in collaboration with focused biotechnical firms and clinical research organizations, essentially taking the place of the large pharmaceutical, diagnostic, and device firms until substantial proof of concept in human disease is established. Thus progress can be made, and the gap closed, in a multidisciplinary, team-oriented, research and clinical environment. This is the founding principle of the USF Health Heart Institute.

Fig. 5 Depiction of the "valley of death" for development of new drugs. Illustrated are scientific discoveries on the left and physician and patient on the right, and the risky path of translating discovery to patient care.

USF HEART INSTITUTE IN DOWNTOWN TAMPA

As described above, construction of a USF Health Heart Institute as a cardiac-care hub in Tampa Bay has been previously approved by the Board of Governors, funded by the Florida Legislature, and signed by Gov. Rick Scott. We posit that placement of the USF Health Heart Institute at the proposed downtown Tampa downtown district will enhance recruitment of top cardiovascular researchers, increase NIH funding levels, support clinical and translational research opportunities to advance public health while improving the Morsani College of Medicine (MCOM) and our partner, Tampa General Hospital (TGH), rankings in *U.S. News and World Report* and analogous surveys. The downtown location provides a host of advantages over placement on the main campus, including:

- Close proximity to TGH, USF's primary cardiology faculty practice site responsible for most of the inpatient and outpatient services and all inpatient clinical trials;
- Proximity to the USF Health Center for Advanced Medical Learning and Simulation (CAMLS), which has among the world's most sophisticated cardiovascular simulation equipment to enhance fellowship training and serve as a platform for continuing medical education programs to improve the quality and value of cardiac care in Florida;
- Proximity to the Tampa Bay Research and Innovation Center (TBRIC), which utilizes multidisciplinary teams of healthcare providers and engineers to assist medical device companies in the entire medical device lifecycle;
- Enhanced opportunities to develop affiliated downtown biotechnical companies given the confluence of our researchers, TGH's vast cardiac clinical volume, TBRIC and the abundance of planned corporate space in the downtown district;
- Greatly enhanced opportunities for USF MCOM TGH-based resident and fellow trainees to participate in basic and translational research, which should greatly improve the national competitiveness of our Graduate Medical Education (GME) programs;
- Greatly enhanced opportunities to recruit NIH funded, top Heart Institute faculty because of all these factors listed above as well as location of their labs in an exciting waterside, amenity-rich, urban environment.

PROXIMITY TO THE TGH-BASED USF CARDIOLOGY SERVICE

The USF MCOM Department of Cardiovascular Sciences has recently increased its number of academic cardiologists and staff. The practice, which consists of 18 cardiologists, is one of largest in the State of Florida and cares for 75% of all cardiology patients at TGH and its outpatient facilities. The Department has 18 physician fellows in training, and offers advanced fellowships in electrophysiology, cardiac imaging, cardiac oncology, heart failure, and interventional cardiology. It is engaged

in 37 current advanced clinical trials of new drugs or devices for treating complex cardiovascular diseases. In collaboration with the USF Health Center for Personalized Medicine, the Department has a state-of-the-art biorepository of patient DNA and RNA that is merged with a database of clinical parameters and the response to medications. Figures 6-9 show the rapidly increasing clinical volume and productivity of this group.

Fig. 6

Fig. 7

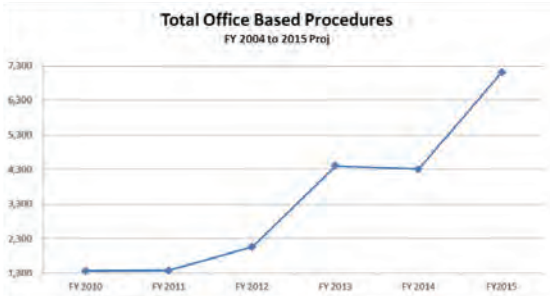


Fig. 8

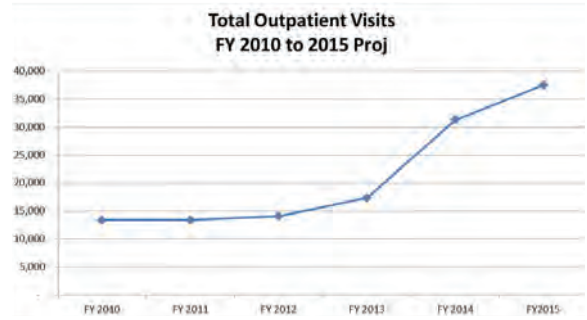
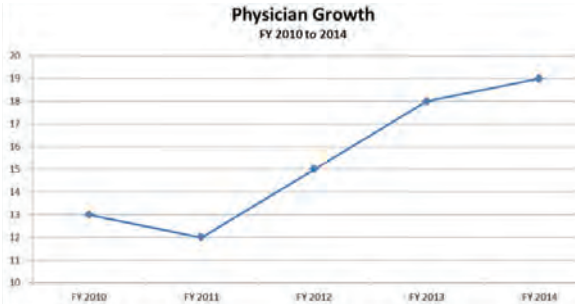
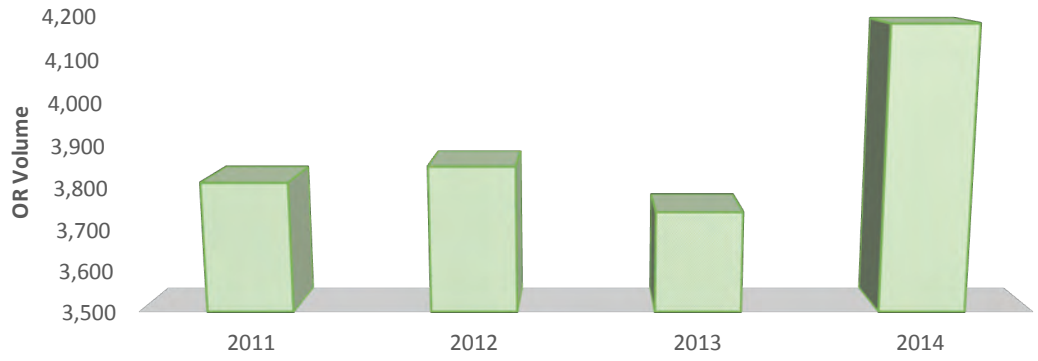


Fig. 9



Proximity to Tampa General Hospital presents unique opportunities for cardiovascular research at a downtown Heart Institute due to TGH's surgical expertise and surgical patient volume. Last year, 4,178 cardiovascular procedures were performed in the TGH operating rooms, including 1,492 cardiac surgeries and 41 heart transplants (Fig. 10). TGH consistently ranks in the top five hospitals for cardiac transplantation in the U.S.

Fig. 10 TGH Cardiovascular operating room volume (cases)



	2011	2012	2013	2014
OR Volume	3811	3849	3741	4178

In addition, the USF Stroke Center at TGH admitted 817 patients with stroke or related events (such as transient ischemic attacks) last year. The Stroke Unit has received the Comprehensive Stroke Certification from the Healthcare Facilities Accreditation Program, the only unit so certified on the West coast of Florida.

The quantity of cardiac, vascular, and other relevant patient tissues available from this clinical activity is another tremendous resource. Samples from these procedures (including complete hearts after transplantation) can be utilized for research as there is a five-minute transportation time from the operating room to laboratories in the downtown Heart Institute. Current cardiovascular researchers at USF have, in the past, taken advantage of the proximity of their labs to hospitals at their previous institutions[1], but currently are not able to do so because of the long transit time to their lab on the main campus from TGH. Of note, the information and sample flow is bidirectional between TGH and the Heart Institute. For example, as new diagnostics or therapeutics are developed at the USF Health Heart Institute, there will be further studies on-site at TGH, with regular meetings between TGH physicians, USF cardiology, and Heart Institute personnel to track progress and report early results. This is the essence of translational research, which is greatly enhanced by close proximity of the two institutions.

[1] Liggett, SB et al. A polymorphism within a conserved beta-1-1-adrenergic receptor motif alters cardiac function and beta-blocker response in human heart failure. Proceedings of the National Academy of Sciences 103(30):11288-11293, 2006.

Of particular relevance to fulfilling translational research is the necessity of close proximity for personalized medicine research and implementation. This field, also called precision medicine, involves the use of genomic information (such as DNA sequence variation of drug targets) to tailor therapy for individual patients. This specific type of research has been identified as a key initiative of the NIH. The field is in its early stages and requires a merging of all clinical data with genome sequencing (or other types of genomic data), and diseased organs when possible. The close proximity of the Heart Institute to the patients is essential for cardiovascular personalized medicine research to move forward.

PROXIMITY TO CAMLS:

CAMLS is a state-of-the art three-story, 90,000 SF facility incorporating all forms of health professional education and training. CAMLS integrates simulation technology, aviation science, team training and evidence-based best practice into innovative programs by combining cutting-edge simulation with research and innovation. It contains:

- Thirty-nine surgical stations including a robotics suite with two Da Vinci robots to train residents and fellows, update faculty and improve the performance of vascular and cardiothoracic surgeons. It also has the world's first hybrid catheterization lab/operating room focused on maximizing outcomes and minimizing complications in the treatment of acute myocardial infarctions and complex coronary artery disease. Its trauma operating room can change environments to suit different training purposes including management of chest trauma.

- The Virtual Patient Care Center (VPCC) with six standardized patient exam rooms and five team training rooms. They are set up with audiovisual recording to allow for in-depth debriefing and analysis in three dedicated rooms. There are eight individual training rooms for a variety of tasks such as airway management, central line placement, and resuscitation. There are also several realistic patient simulators for managing cardiac arrhythmias, myocardial infarctions, valve disease, aortic dissection, and advanced heart failure.

PROXIMITY TO TAMPA BAY RESEARCH AND INNOVATION CENTER (TBRIC)

TBRIC utilizes multidisciplinary teams of healthcare providers, investigators, and engineers to assist medical device companies. This includes conceptualization, development, testing and regulatory approval. This highly productive consortium provides a critical mass of academia and industry. TBRIC is an ideal environment for the early development, testing and

optimization of cardiovascular devices from vascular splints to advanced pacemakers and left ventricular assist devices. Early phase device projects that have moved beyond proof-of-concept and need further development can transition to CAMLS for further testing and refinement, preventing duplication of services. The close proximity of the Heart Institute to TBRIC will provide for ready interaction between Institute faculty and industry developers.

BIOTECH COMPANIES AND THE INSTITUTE RESEARCH ENTERPRISE

Affiliated biotech companies are a crucial component of the interdisciplinary nature of successful public research universities. An important component of synergy and success will be the proximity of these companies to the Institute, TBRIC, and TGH services to leverage the collective energies of students, faculty, entrepreneurs, as well as sophisticated equipment and knowledge and relevant patient populations. USF has a successful history of supporting biotech companies in these partnerships, with 53% of 58 current entities being life sciences/engineering companies.

EDUCATIONAL OPPORTUNITIES FOR STUDENTS, RESIDENTS, AND CLINICAL FELLOWS

The Heart Institute-TGH co-located site will be highly advantageous to trainees, at multiple levels, who wish to participate in research. The close proximity of the patients to the Heart Institute labs is the ideal setting for third and fourth year medical students, residents, and clinical fellows who are stationed at TGH. The care of cardiovascular patients is provided by special¬ists in fields such as Cardiology, Pulmonary, Nephrology, Cardiac Surgery, Interventional Radiology, Intensive Care Medicine, Neurology, and others. Each of these specialties requires that training fellows perform research to become Board Certified. Some of these required research activities can last up to 18 months during a three- or four-year fellowship. There are also research requirements for most medical students. Currently half of USF medical students pursue a scholarly concentration that involves lab-based research. Residents also have opportunities for research over the course of their training. The Heart Institute faculty will be performing projects that represent cutting-edge scientific research and will be a natural draw for trainee research activities. The influx of medical students, residents, and fellows will have a positive effect on the scientific environment of the Institute. Furthermore, this opportunity will attract more applicants with research interests, raising the quality of our training programs and the Institute by virtue of their contributions to the research efforts. Those physicians who train in these specialties usually remain close to their site of training, which will enhance the state's supply of cardiovascular physicians (both practicing physicians and academic physician scientists).

FACILITATED RECRUITMENT OF HEART INSTITUTE FACULTY

Downtown Tampa is an ideal environment to "recruit away" faculty from other institutions. These faculty members will typically be between 30 and 45-years-old and come from our aspirational peer colleges of medicine, most of which have metropolitan research institutions in close proximity to the primary hospital and biotechnical opportunities. Beyond the research advantages of the Institute's close proximity to key facilities and partners, the downtown environment with stores, restaurants, entertainment, sporting events, a waterfront park, luxury hotels, and enhanced convention facilities will create an extraordinary recruitment advantage.

We predict that the effect of not having the Heart Institute in the downtown location on recruitment will result in a seven to ten year delay in attaining the goal of $27 million in NIH funding (i.e., 12 to 15 years instead of the projected five years). This is due to two factors: First, NIH-sponsored clinical and translational grants are funded at higher dollar amounts than traditional bench science. Thus, if we do not recruit these types of investigators due to the lack of co-localization with TGH, funding opportunities for these larger grants will be lost. Secondly, it will simply take longer to recruit investigators when we are competing with cardiovascular centers that are co-localized with their institutions' hospitals. Additionally, the enthusiasm for philanthropy will be greater if the Heart Institute is located downtown, which also aids in recruiting top talent.

NEW FACULTY RECRUITMENT AT THE USF MORSANI COLLEGE OF MEDICINE (MCOM)

The formation of the Heart Institute will require the hiring of additional MCOM faculty. When Stephen B. Liggett, MD, was named Vice Dean for MCOM Research in 2012, a new policy was put into place for hiring any research-based tenure eligible faculty. All new hires have to have national prominence in their field as determined by objective criteria, and, must have a National Institutes of Health (NIH) grant generating at least $300,000 per year in research funding. (Gates Foundation grants and other large private foundation grants may be considered as substitutes for this requirement.) The policy has been supported and strengthened by Dean Charles Lockwood upon his arrival, who himself has a long track record of NIH funding and physician scientist training. This approach provides us with the opportunity to build a critical mass of currently-funded and nationally-recognized faculty within our various research focus areas, and, to realize salary recovery from those grants. Shown in Fig. 11 are the consequences of this policy. The average grant funding per new faculty has risen substantially over the past three years. Average NIH funding for new faculty at MCOM increased by approximately two-fold to $425,000 per year per faculty.

It is recognized that NIH funding levels are flat, and competition for grants is greater today than ever before. We will attain our NIH funding goals based on our recruitment strategy. This approach has been verified by our own performance trends as shown in Fig.11. Furthermore, it must be recognized that the NIH budget for grants is nevertheless $30 billion, with awards amounting to approximately 50,000 grants per year that support 300,000 investigators. Productive, nationally recognized, currently NIH-funded investigators are the most likely to receive additional grants and to renew their existing grants. Our strategy

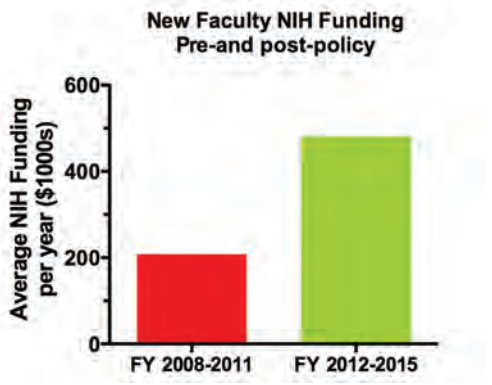


Fig. 11 Average NIH funding per new research faculty per year before (2008-2011) and after (2012-2015) institution of new hiring policies.

not only ensures that funding goals will be met, but places us in the best position for sustained funding.

SCIENTIFIC MODEL OF THE NEW USF HEALTH HEART INSTITUTE RESEARCH PROGRAM

Unlike traditional academic departments, or single-disease focused units, the Institute will emphasize biological systems research that would be applicable across areas that contribute to cardiovascular disease. Thus the Institute's research will be clustered in five programmatic areas, primarily because of the use of common equipment and geographical location within the building but also because they employ similar research strategies albeit across a range of disease variants. By intent, these are broadly defined as:

- Integrated Cell & Organ Physiology;
- Pharmacology, Nanotechnology & Drug Discovery;
- Cardiac Regeneration and Surgery;
- Molecular Biology, Genomics, and personalized medicine;
- Bioinformatics.

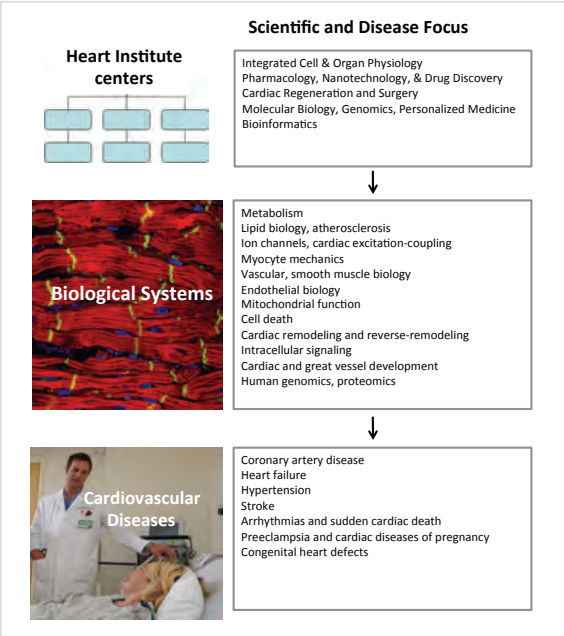


Fig. 12 Scientific Model of the Heart Institute

As shown in this Fig. 12, scientists within these programmatic areas will study multiple biological processes directly relevant to cardiovascular disease. As indicated, these include lipid biology, cell metabolism, cardiac remodeling, etc. Research by an investigator within a single biological system does not necessarily align to a single disease. In essence, USF researchers focus on fundamental biology that is applicable to a number of diseases within the cardiovascular arena.

CURRENT FUNDING STATUS OF THE USF HEALTH HEART INSTITUTE

Regardless of location, it is estimated that for the Heart Institute to reach optimum capacity and research productivity by recruiting physician and basic scientists with current NIH funding will require $13.2 million in non-recurring funding to support their start-up costs and $1.77 million will be needed in recurring funds to support faculty and staff salaries. These operating expenses are expected to be funded through a request for new state appropriations (an LBR was submitted to the BOG for this issue in 2014). While less optimal from a recruitment timing standpoint, the non-recurring LBR component could be spread out over 2, 3 or 4 years. Alternatively, repurposing of existing university funds and new base funding awards such as performance funding awards and/or philanthropic gifts could be used to offset LBR depending on BOG priorities and the availability of state education outlays.

BUILDING DESIGN

The Heart Institute will occupy 108,768 net useable square feet of space (125,083 gross square feet) over 3.5 floors of the proposed downtown Tampa facility co-located with the new MCOM. By design the research floors will promote interdisciplinary research by the use of the open laboratory concept. It will maximize efficiency by the use of common cores and equipment, which minimizes costs and further promotes collaboration.

Recruitment for Heart Institute Faculty

As described above, the areas of recruitment are broadly defined, since in fact cardiovascular diseases are multisystem disorders, and involve common molecular and genomic events, which cross traditional boundaries set by a typical departmental structure. These space allotments for these areas are:

Designation	Net Useable Square Feet
1. Integrated Cell and Organ Physiology	21,000
2. Pharmacology, Nanotechnology and Drug Discovery	21,000
3. Cardiac Regenerative Sciences and Surgery	20,085
4. Molecular Biology, Genomics, Personalized Medicine	21,000
5. Bioinformatics	4,520
6. Biorepository and Transgenic mouse vivarium	12,784
7. Clinical Trials and Patient Exam Rooms	8,379

For the translational component of the mission, the proximity of the Clinical Trials unit to the research floors will provide seamless flow of research samples from patients to researchers; similarly, as new drugs and regeneration methods are brought to bear from Institute-based basic research, clinical trials can be undertaken with the clinical population that is in fact adjacent to the laboratories.

Grant expectations

The overall expectation of recruited faculty is that they will bring existing NIH research grants to MCOM that will provide a minimum of $350,000 (and on average of $800,000) per year in total funding. This provides salary from the grants, decreasing state and other obligations. We expect to recruit the following in terms of academic rank and expected salary recovery from grants:

Rank	Number	% Salary Recovery
Assistant Professor	12	30
Associate Professor	10	40
Full Professor	9	50

Of these investigators, ten will be physician-scientists (five Assistant Professors, three Associate Professors and two Professors). Their salary recovery will be augmented by their clinical revenues. In addition to the individual research grants, and center grants obtained by groups of investigators, the USF Health Heart Institute will encourage acquisition of NIH-based training grants (type "T32" grants) for graduate students and post-doctoral fellows in the biomedical sciences. These grants provide for the salaries and benefits of these trainees, thus relieving other grants, and the institution, of these expenses. It is our expectation that two training grants will be obtained by Institute faculty, which represents $1 million/year in funding. Together with the individual and group grants, the expected grant funding from the new Institute recruits will be $28 million.

FUNDING PLAN

Non-Salary Funding

To fund this endeavor, a balanced portfolio of revenue sources will be utilized. For the research floors, capital expenses including laboratory benches, office space, and a portion of the equipment (i.e., that "built-in" to the structure) will be funded by the State of Florida. The remaining expenses that require external funding include:

a) lab equipment specific to an investigator or group of investigators;
b) lab supplies;
c) salary of personnel such as lab technicians and post-doctoral fellows not covered on investigators' grants;
d) investigators' salary components not covered by grants, endowments, clinical revenue or teaching revenue.

With the exception of item (d), support for items (a-c) constitute what are collectively referred to as "start-up funds." For each rank the start-up funds required are:

Rank	Start-up Costs
Assistant Professor	$625,000
Associate Professor	$750,000
Full Professor	$1 million

These represent one-time funds provided to each investigator and are allocated in $250,000 - $500,000 portions per investigator per year. These start-up funds will be derived from:

a) enhanced indirect cost return by the Main Campus;
b) clinical revenue (Dean's tax) obtained by MCOM from faculty practice coverage;
c) philanthropy;
d) Nonrecurring State funds (i.e., $13.24 million LBR).

Salary Funding

The total salary requirement (including fringe benefits) for the new research faculty recruits is estimated to be $7.6 million per year when all 31 faculty members are "on board." Support for research faculty salaries will be derived from several sources. As indicated above, all faculty will have a percentage of salary supported from their grants.

The other salary sources include:

a) endowments income (see below);
b) clinical income if applicable (i.e., in the case of physician scientists) ;
c) teaching income derived from current MCOM Educational and General (E & G) funds; and
d) State (the $1.76 million in requested annual (recurring) funding

Endowments will provide a significant portion of salary for Institute faculty (six of the Assistant Professors and all Associate and Full Professors). As indicated in the table above, we plan to recruit 19 Associate and Full Professors, thus 25 endowments will be required, at $2 million each. Exceptional faculty recruits will have endowments greater than $2 million.

Faculty salaries will be set according to the qualifications of the individual investigator. To maintain an advantage in recruiting, it is essential to provide competitive salaries and endowments. To establish salary estimates, we use the salary data from U.S. medical schools collected by the Association of American Medical Colleges (AAMC). All will be paid at the approximately 75th percentile for a basic science or bioinformatics department. For the physician-scientists who are licensed to practice medicine in the State of Florida, we will use the 75th percentile for a M.D. in the applicable clinical Department or Division (i.e., Surgery, Cardiology, Nephrology, Endocrine, etc.), depending on rank and qualifications. The applicable AAMC salary data are shown on the next page.

Faculty	Salary/year (75th percentile)
Basic Science Department:	
PhD Assistant Professor	$102,100
PhD Associate Professor	$132,730
PhD Professor	$200,116
Bioinformatics Department:	
PhD Assistant Professor	$125,562
PhD Associate Professor	$162,339
PhD Professor	$213,389
Clinical Department Investigator (MD or MD/PhD):	
Assistant Professor, 75th percentile	$247,750
Associate Professor, 75th percentile	$287,750
Professor, 75th percentile	$333,750

For exclusively clinical faculty, their salaries will be established according to the incentive-based faculty practice plan of the USF University Medical Service Association, Inc. (the faculty practice plan utilized by USF physicians), which is primarily based on clinical collections.

IMPACT OF THE USF HEART INSTITUTE ON THE UNIVERSITY AND TAMPA BAY REGION

1) Morsani College of Medicine rankings among peer medical schools

   The grant portfolio for the Heart Institute investigators (which we have conservatively estimated) will alter our position in two important metric-based rankings, resulting in other acknowledgements, such as the ranking in U.S. News and World Report. For the AAMC ranking of federal research grant expenditures by medical schools, the additional funding would move MCOM from 29th position of all public medical schools to 20th. This represents a change from the 2nd quartile to the 1st quartile of public medical schools.

2) Economic Impact for USF and the community:

USF: Grant revenues from the new faculty hired are estimated to be approximately $28 million per year when the Institute is fully occupied. This includes an estimated $9 million in indirect (F&A) costs that are provided by the NIH to the University to support grant-related infrastructure, grant administration and research facilities.

Tampa Bay: To estimate the economic impact of these grants to the Tampa Bay community, we utilized two reports that examined the relationship between federal research funding and local economic activity. In a report to Congress using the Regional Input-Output Modeling System (RIMS II) created by the Department of Commerce the overall impact of NIH funding on each state's economy was estimated.[2] This econometrics model measures the extent to which an investment in one industry affects all other industries in that region, and ultimately, the region's economy. It includes hundreds of economic multipliers to measure the impact of new spending in different industries. The key outputs measured were the increased value of goods and services produced in the state, the number of jobs created, and employee earnings. Using this model, on average, each dollar of NIH funding going into a state generated more than twice as much in state economic output.

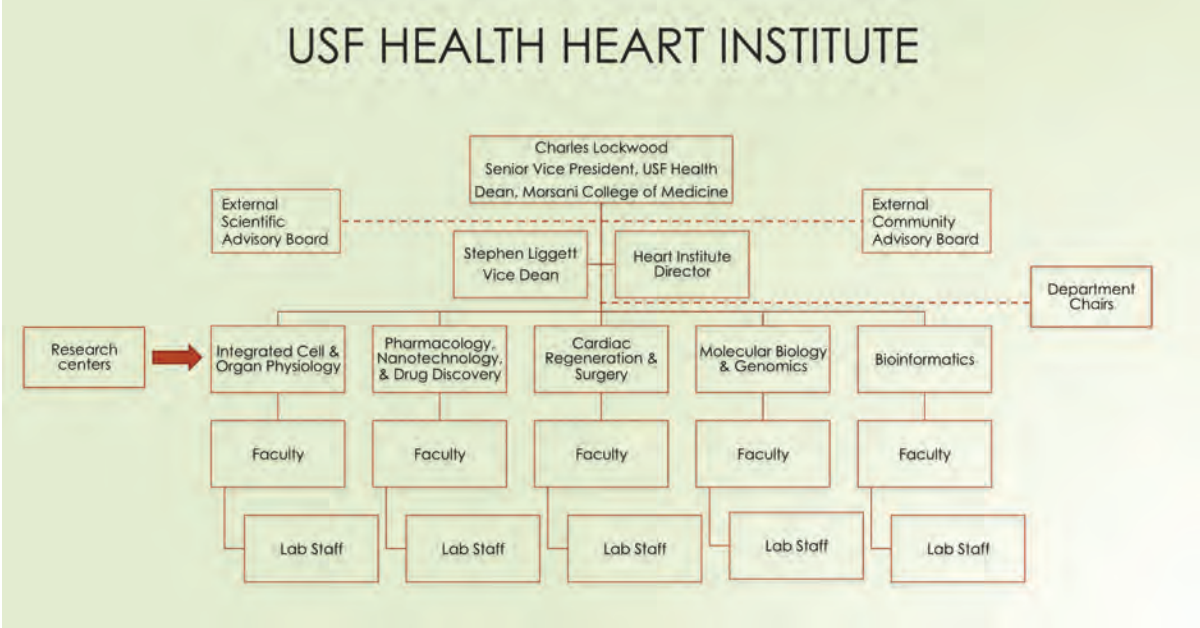
Another study commissioned by the AAMC utilized the consulting company Tripp Umbach to examine economic benefits of federal and state funded research.[3] Using a similar methodology they concluded that for every dollar of research funding received, $2.60 was generated in local economic growth. Thus the impact on the local economy from the Heart Institute grants alone would amount to $72 million per year.

Beyond these effects of NIH dollars on state and local economies, there are substantial related impacts. These include patent applications and licensing of technologies for local commercial development. In addition, cutting-edge research generates local biotech start-up companies.

2.http://democrats.energycommerce.house.gov/images/stories/Documents/Hearings/PDF/Testimony/HE/110-he-hrg.111308.AilingEconomy.Pollack.pdf

3. https://www.aamc.org/download/265994/data/tripp-umbach-research.pdf

LEADERSHIP OF THE USF HEALTH HEART INSTITUTE



The organizational chart of the USF Health Heart Institute is shown on the above page. Institute leadership report to Charles Lockwood, MD, MHCM, Sr. Vice President of USF Health and Dean, Morsani College of Medicine. The Vice Dean for Research and the Director of the Heart Institute work together to administer the Institute. Critical input will be obtained from two external advisory groups: The External Scientific Advisory Board will be composed of leading cardiovascular investigators and practicing physicians, and will evaluate the progress of the Institute on a yearly basis and help to set the next year's goals. The External Community Advisory Board members will be assembled from the Tampa Bay community and composed of individuals who have skills in administering programs related to cardiovascular disease (such as the local American Heart Association), community action groups, and advisors to local research foundations. This board will also evaluate progress and help to maintain synergy with other local efforts. The chairs of the USF Health MCOM basic science and clinical departments will work in collaboration with Institute leaders to establish the College-wide duties of Institute members, and their promotion and tenure requirements. As indicated earlier, each faculty member and their research and administrative staff is assigned to a programmatic research area.

Health Heart Institute: Key Elements of the Financial Pro forma

(each of the numbered bullets below correspond to information in Appendix D)

Revenue: To reach optimum capacity and research productivity would call for the following:

1) $13.3 million in non-recurring funding to support start-up costs. This amount is shown in row 7 column A in the pro forma summary page.

2) $1.76 million in recurring funding to support faculty and staff salaries. This amount is shown in row 6 columns A-F under the revenue assumptions section of the pro forma summary page.

3) Grant funding. All faculty are expected to have established NIH (or other) grants that provide salary support for faculty and staff as well as project support for the research. The total grant dollar revenues are listed in row 4 columns A-F in the pro forma summary page.

4) Endowments. Twenty-five $2 million endowments will be established. Typically, the funding rule of the USF Foundation for endowments calls annual income of 4% of principal. The endowment principal amount is listed in row 1 column A-F and the annual endowment earnings are listed in row 2 columns A-F in the pro forma summary page.

5) Facilities and Administrative (F&A) returns from grants. The F&A earnings are listed in row 5 columns A-F in the pro forma summary page.

6) Education and General funds (E&G). The E&G funds are listed in row 13 columns A-F in the pro forma summary page and this row includes the E&G that would come from the recurring LBR request and the amount that will be funded from MCOM current resources.

7) Clinical care income by Institute faculty. The clinical revenue is listed in row 15 columns A-F in the pro forma summary page.

Fig. 13 shows depicts predicted NIH grant revenues by year. Note that increases are due to: a) additional faculty being hired who are grant funded at the time of employment at USF; and b) an increase in grant funding from those faculty who are already in place from the previous years' recruitments.

Fig. 13 Heart Institute NIH Funding

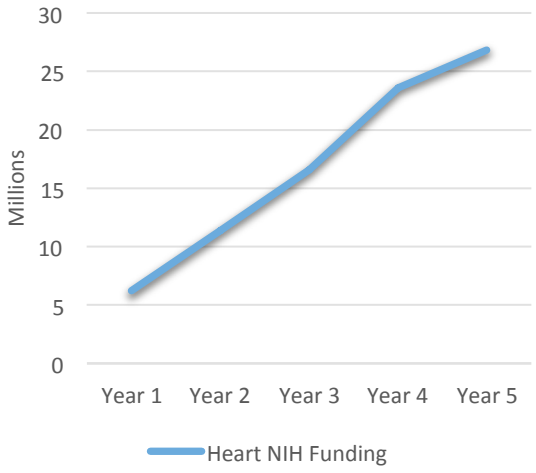
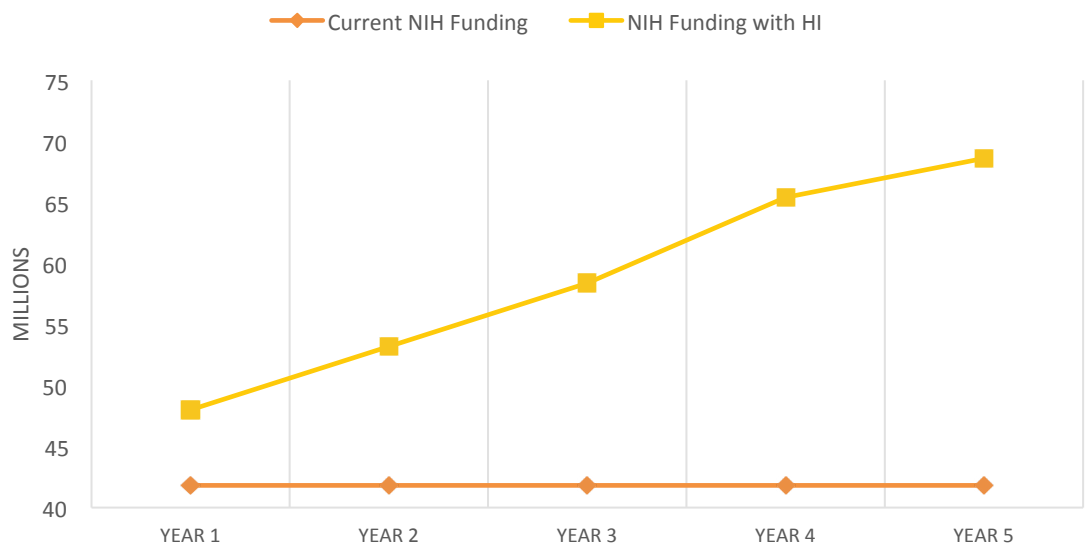


Fig. 14 Heart Institute Indirect Grant (F&A) Revenue

By year five we project NIH grant revenue of $26.8 million (row 3 column E in the pro forma summary page). This includes $8.8 million in indirect grant revenue (F&A) funds (Fig. 14) and this amount can be found in row 5 column E in the pro forma summary page. This funding will have a significant effect on the Morsani College of Medicine's total NIH grant funding. Assuming that other source of MCOM NIH grant funding remain flat, the additional grant funding accruing due to the Heart Institute will represent approximately a 50% increase (Fig. 15) in total funding. (Of note, the data in Figs. 13 and 15 do not include grant funding obtained by Moffitt investigators.)

Fig. 15 MCOM NIH Funding Projections



The endowment revenue plotted by year is shown in Fig. 16. Typically the net income from these endowments is utilized to offset faculty salary expenses, so the total value of the endowment does not include interest/derivative revenue generated. Cumulative endowment earnings (Fig. 17) will amount to $2 million/year beginning in year 5 and this amount is shown in row 14 column E in the pro forma summary page.

Taking into account the revenues defined in assumptions (1) though (7) above, total USF Health Heart Institute income ranges from $21 million in year one to $32 million by year five and these data can be found in row 19 in the pro forma summary page.

Fig. 16 Heart Institute Prinicpal Endowment Value

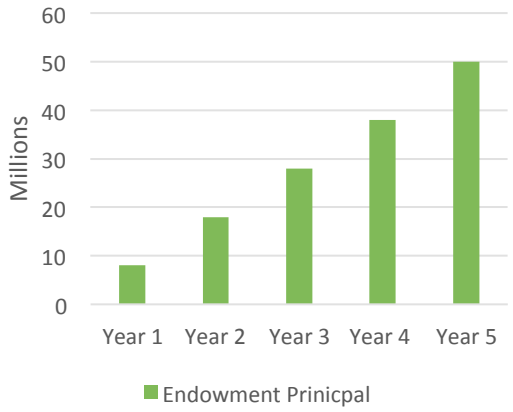


Fig. 17 Heart Institute Annual Endowment Earnings

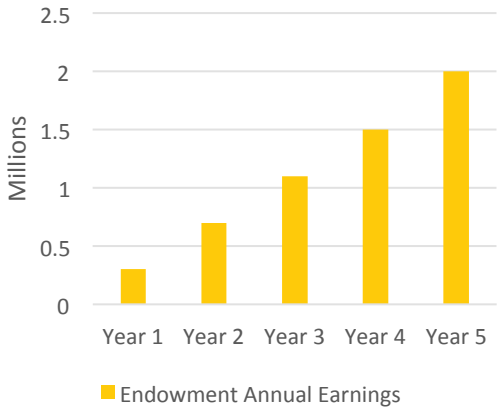
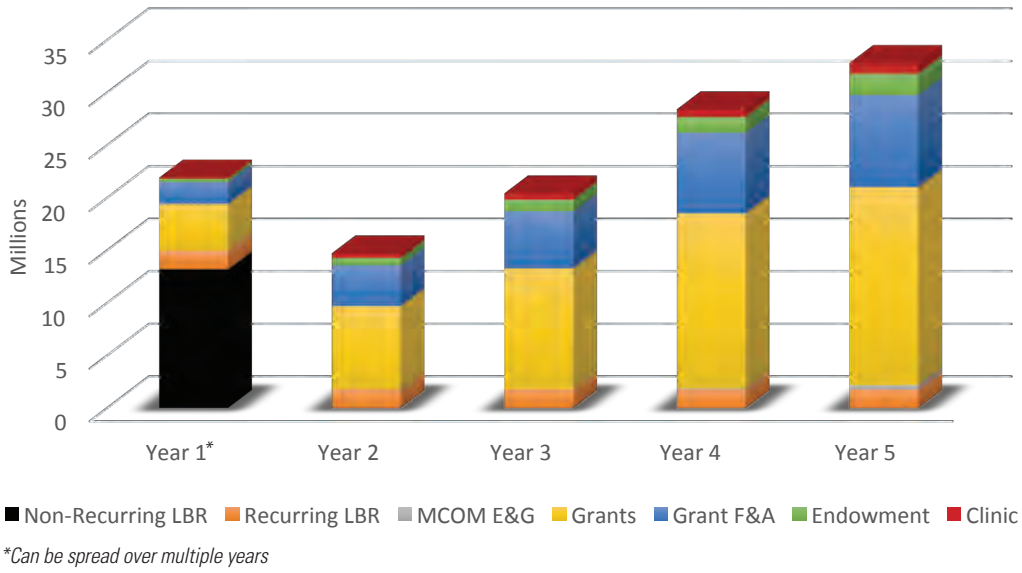


Fig. 18 Heart Institute Revenue by Funding Source



**Can be spread over multiple years*

Fig. 18 shows all revenue coded by type and plotted by year, with the total for each year (row 19 in the pro forma summary page). As can be seen, in year one there is an abundance of revenue resulting from the one-time nonrecurring amount (black bar) which will be used to buy start-up equipment and can be spread over mulitple years. A smaller recurring amount provides additional funds for equipment and start-up funds for new faculty each year. By Year 5 grant funding (yellow bars) represents the largest source of revenue both in terms of absolute dollars and the percentage of the total (Fig. 18). Adding the F&A returns from those grants (blue bars), and income from endowments (green bars), 93% revenue is independent of the State.

Expenditures: Faculty compensation and faculty start-up packages (equipment, supplies and personnel) are shown in Figs. 19 and 20, respectively. Since recruitment is staggered over the five years, the faculty total salary compensation increases yearly. Funds for faculty start-up packages also increase per year due to the increase in the number of faculty.

Fig. 19 Heart Institute Faculty Compensation Expenditures

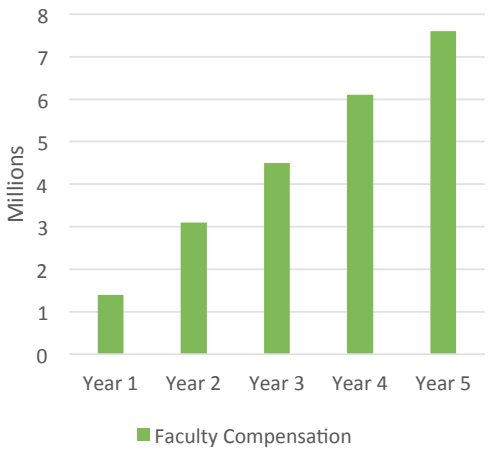


Fig. 20 Heart Institute Faculty Start-Up Commitments

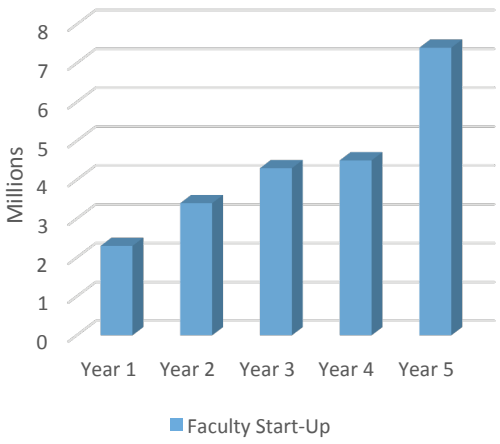
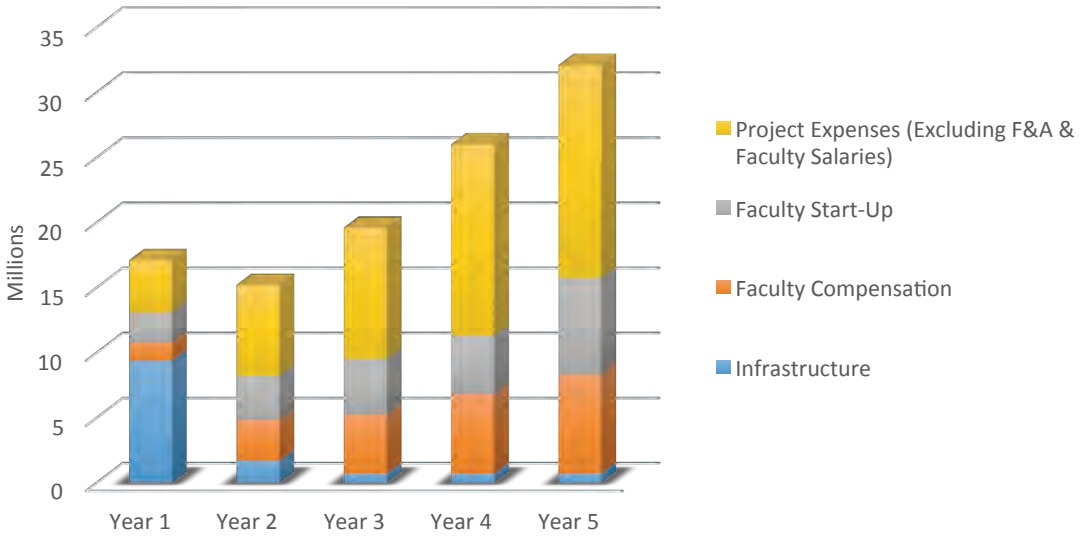


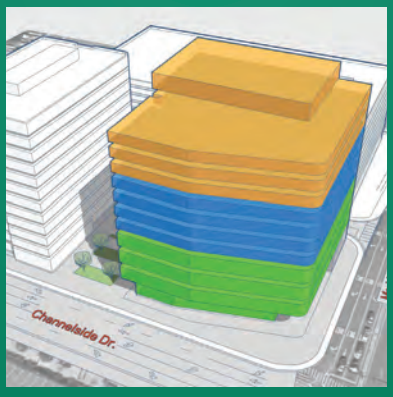
Fig. 21 Institute Expenditures by Type

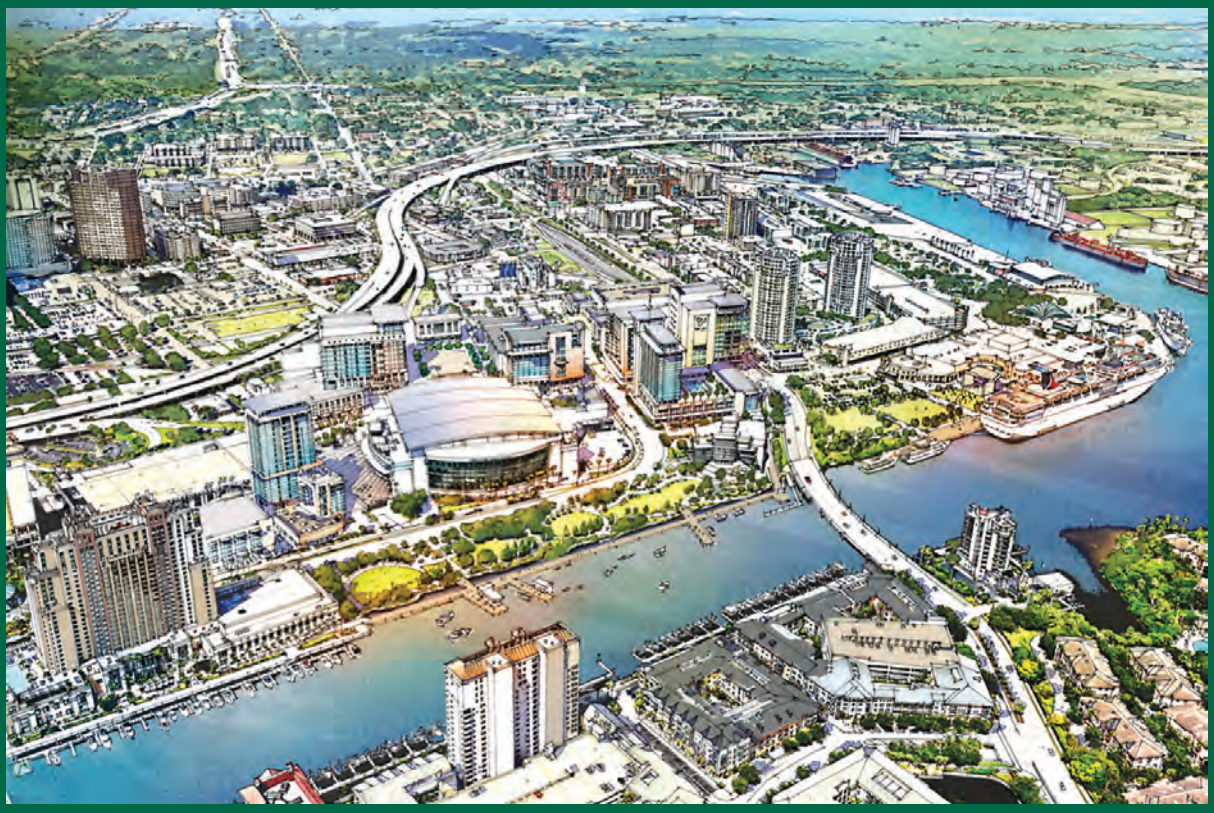


Shown in Fig. 21 are the expenditures coded by type and plotted by year. In year 1, there is a substantial investment in infrastructure primarily, as noted above, funded by the aforementioned one–time nonrecurring state funds. From year two to five, the largest component of expenditures is for direct project expenses. These funds are utilized to support staff salaries and purchase materials and supplies for the specific project. Endowment-derived income is utilized exclusively for faculty compensation. Comparing Figs. 18 and 21, one can see that by year 4-5 there is a predicted to be a small positive balance between sources/expenditures (revenues/expenses). The total expenditures are listed in row 47 in the pro forma summary page, and the balance (revenues minus expenses) is shown in row 49 of the pro forma summary sheet.

MAXIMIZING RESOURCES

Downtown Program and Budget for a Co-Located Facility & Plan for Growth of other USF Programs






Tampa General Hospital


USF

Business Plan and Financials

Downtown Campus Costs and Finances

In December, 2011, Carol and Frank Morsani made an estate gift of $20 million to the college of which $18 million was designated for the construction of a new medical school building. The College of Medicine was renamed the USF Morsani College of Medicine (MCOM). The Morsani's generous gift and the College's request for state funding for new research and educational facilities are a direct result of aging plant infrastructure, now more than 40 years old, and the need to create modern technology-intensive facilities compatible with contemporary medical curricular design and pedagogic techniques and an environment of academic excellence. On the recent Association of American Medical Colleges (AAMC) Group on Business Affairs metrics trend report, the MCOM's "average age of plant" ranking was 81.6% indicating that our facility is older than over 80% of existing U.S. medical schools. Moreover, its Facility Condition Index (FCI), a ratio of facility repair & maintenance costs to replacement value, is > 0.10; considered poor by National Association of College and University Business Officers. Thus the cost of repair now exceeds replacement value.

CONGESTION IN THE MAIN CAMPUS AREA:

In reviewing the FDOT Hillsborough traffic patterns at http://www2.dot.state.fl.us/FloridaTrafficOnline, the intersection of Fowler Avenue and Bruce B. Downs Blvd. is one of the busiest traffic sites in Hillsborough County. Over 61,000 vehicles pass over Fowler at Bruce B. Downs Blvd. coming from the East and over 47,000 vehicles pass over Fowler at Bruce B. Downs Blvd. coming from the West. Furthermore, both parking and campus roads on the main campus would need to be improved to accommodate the two new facilities on campus and the much-needed growth for the Colleges of Nursing, Pharmacy, and Public Health. These improvements have been estimated at an additional cost to USF of $15.9 million. USF is currently limited in its bonding capacity and it is unknown what a reasonable timeframe would be to establish a new traffic grid or build new parking facility to service the current needs of USF Health. In contrast, the current traffic flow patterns for the proposed site for the new USF Health MCOM and Heart institute co-located facilities in downtown Tampa has very low traffic patterns at this time, and the city is committed to road improvements, a district parking solution, and multiple other modes of transportation (e.g., expanded trolley system, water-shuttles, bike paths and pedestrian friendly walkways) which would address these concerns completely and at no additional costs to the University.

FACILITY PROJECT COSTS IN DOWNTOWN TAMPA

Co-location of the new USF Health MCOM and Heart Institute in downtown Tampa in a building that meets all relevant accreditation standards for a medical school, research lab and clinical trials unit while able to accommodate future growth and needed faculty offices would require 319,176 gross square feet, and yield 277,545 net square feet of assignable and non-assignable space. A careful analysis of construction, design, and outfitting expenses indicates a total cost of $152.6 million.

Originally, the USF Health Heart Institute and the new MCOM facilities were planned for construction on the USF Tampa Campus with a combined gross square footage need of 241,675 (141,675 for MCOM and 100,000 for the Heart Institute). State of Florida Public Education Capital Outlay (PECO) funding was requested and approved at $50 million for the Heart Institute and is now being requested for a total of $62 million for the MCOM facility. In addition, the aforementioned behest from Carol and Frank Morsani created a total construction budget of $130 million for both projects.

The University of South Florida and its Board of Trustees are committed to a robust capital campaign and estimates the philanthropy needed for the project as fully envisioned would be approximately $22.6 million. Additionally, there are two areas within the proposed downtown facility that would yield rent/income: the dining facility and the clinical trials/practice

facility. Contingency planning has been undertaken such that if anticipated philanthropic support were not forthcoming, we would eschew constructing the proposed faculty office component of the new facility which would reduce construction costs by an additional $12 million and lease office space in downtown Tampa at an annual cost of approximately $707,000 per annum. As noted above, no capital costs for parking would accrue a downtown location since there will be ample district parking available for students, staff and faculty. For example, a 1,800-space parking facility is being planned adjacent to the proposed MCOM and USF Health Heart Institute funded by Strategic Property Partners (SPP), Inc. According to SPP's letter of intent, USF Health would be provided 100 spaces in this facility for faculty and discounted parking for students would be available there and in nearby facilities within a five-minute walk. Student parking fees would be identical to rates incurred on the main campus.

CLINICAL REQUIREMENTS

One of the most urgent needs of the MCOM is to double the size of the USF Physician's Group (USFPG) to better leverage fixed operating costs, maximize contracting opportunities, and meet the needs of hospital partners in forming an integrated health care delivery system. Equally important, this strategy will create a much needed marginal revenue stream to recruit NIH funded investigators, who are essential to academic excellence. One of the strategies we will employ to attain this goal is to relocate faculty offices from the South Tampa Center (STC) near Tampa General Hospital (TGH) to the new USF Health MCOM facility in downtown Tampa. This will free up approximately three floors in STC that can be repurposed to meet clinical growth opportunities. The latter cost will be borne by the faculty group practice. There is also a need for additional faculty offices to accommodate both targeted and organic growth of new faculty. Approximately 34,000 square feet of office space has been planned for the MCOM downtown site to accommodate such growth. Presently the annual patient visits at STC are at or near capacity with only three floors of patient exam rooms (and the aforementioned three floors of faculty offices) close to the hospital. By moving the clinical faculty offices to the proposed downtown MCOM building in close proximity to our clinical practice and primary teaching hospital; the college can plan for the needed physician recruitment and growth and increase patient visits in key areas. Below is an example of potential areas of growth based on current volume on the three out-patient exam floors.

STC	YTD Visits	Projected FY15	Historical Collections/Visit	Projected Collections FY15		Potential Growth
Cardiology	5,146	10,292	109.38	1,125,778	1.4	$1,576,089
Internal Medicine	2,597	5,194	137.96	716,589	1.4	$1,003,224
Neurology	1,888	3,776	186.59	704,557	1.3	$915,924
Neurrosurgery	6,457	12,914	135.96	1,755,782	1.1	$1,931,360
OB/Gyn	22,840	45,680	131.68	6,015,185	1.3	$7,819,741
Orthopaedic Surgery	945	1,890	150.65	284,719	1.3	$370,135
Otolaryngology	3,725	7,450	225.53	1,680,164	1.1	$1,848,181
Pediatrics	10,913	21,826	94.13	2,054,548	1.1	$2,260,003
Psychiatry	231	462	122.06	56,391	1.3	$73,308
Surgery	6,038	12,076	245.39	2,963,300	1.3	$3,852,290
Urology	3,279	6,558	178.43	1,170,128	1.3	$1,521,167
Ancillary Services (Imaging)	10,317	20,634	201.23	4,152,085	1.3	$5,397,711
			Total	**22,679,226**		**$28,569,132**

Even modest growth between 10% and 40% in key areas of Cardiology, Primary Care, Stroke, High Risk OB, mental health and imaging could yield an additional $6 million in Patient Service revenue. This growth would not be possible without building the offices in close proximity to the hospital and USF South Tampa Center.

OPERATIONAL REQUIREMENTS

Regardless of location, new facilities and planned student, faculty, classroom and research growth will impact operational infrastructure budgets for the following areas: the medical library, security/safety, information technology, post-office/receiving, courier services, clinical learning center, and student services. This has been estimated as follows:

Plant, Operations, and Maintenance (PO&M)

The State of Florida classifies buildings into seven unique categories for calculating Plant, Operations & Maintenance (PO&M) costs. Using FY15 cost factors, the proposed co-located downtown USF Health MCOM and Heart Institute facilities, consisting of 319,176 gross square feet would receive a Class E designation and require estimated PO&M funding of $4,747,737 annually. This funding is generated by formula and the ultimate designation will be determined based on final design, utility assessments and other base factors provided by the architects.

Library

> Regardless of location, planned growth will impact operational infrastructure budgets.

For a downtown location, additional staffing and information technology (IT) would be required to meet the library needs of students, faculty and other researchers of the combined MCOM/Heart Institute facility. It is estimated that an additional librarian and two staff would meet the staffing expectation of the Liaison Committee on Medical Education (LCME), the national medical education accrediting agency, to serve the facility's planned educational and research programs. Technology needs for the new facility include items such as multifunction printers, digital signage, barcode scanner and swipe for the processing of reserves, interlibrary loans, items from the USF's Shimberg Health Sciences Library on the main campus, and tablets that would be available for checkout. The cost of providing additional library services is approximately $255,000 per year and an additional $39,000 to obtain site licenses for various books, online, and consult collections for the Heart Institute researchers, the latter cost would occur irrespective of the location of the Heart Institute.

Information Services (IS)

Regardless of location, the planned facilities must be able to meet the highly technical academic and research demands of future medical students and NIH researchers. Given this, the IS costs for staff include two new bio-informatics analysts who would be needed to support the new researchers at the Heart Institute. The technology support costs are broken down into three types of costs: A) those based on the square footage of the facility, which represents a basic level of IT support, B) those need for additional licenses to accommodate the expected growth in faculty and enrollment, and C) those needed for infrastructure support. It is estimated that the total IS costs would be approximately $1.21 million for a facility located in downtown Tampa, however, again cost pertaining to the Heart Institute would occur irrespective of its location on the main campus or in Tampa's downtown district.

Post Office & Receiving

A downtown location would require two additional shipping and receiving clerks, a postal manager, a postal clerk, and a driver/courier at an annual cost of $102,000.

Shared Student Services

The model envisioned for Shared Student Services revolves around a central hub where all students, regardless of their academic goals, receive assistance for services such as preadmissions requirements, financial aid, housing, career counseling, and mental health services. A downtown Tampa facility would require a team of six staff members for Shared Student Services at that location at an estimated cost of $304,000 per year, there would be some reduction (re-assignment) of staffing on the main campus depending on growth of other programs there in the "back-fill" including nursing and physical therapy.

Security

Given the wide range of activities and programs being planned for a downtown campus, we believe that a 24-hour a day

security presence would be needed which would be supplemented with a second guard during peak hours. This would require 4 security officers to achieve this level of coverage at an annual cost of approximately $196,000. It is possible that some consolidation of these services with those currently deployed at the nearby Center for Advanced Medical Learning and Simulation (CAMLS) would mitigate these costs. Furthermore, additional staffing would be required for the new USF Health MCOM and Heart Institute if located on the main campus.

Moving Costs

The anticipated moving costs associated with a downtown location are based on quotes from one of our contract movers. The majority of the costs will be incurred with the relocation of seven existing researchers and their labs to the Heart Institute (estimated at $50,000 for a move to a downtown location). The remaining cost would be incurred with the move of faculty and staff offices from the MCOM (estimated at $25,000 for a move to a downtown location). This will be a non-recurring expense.

Future Opportunities and Options:

To be responsive to specific questions from the Florida Board of Governors, a downtown location for MCOM and the Heart Institute would free up roughly 81,000 gross square footage of space on the USF Tampa Campus. This would create a number of opportunities for the expansion of some academic programs in the College of Nursing, and would allow for the establishment of a new occupational therapy doctorate program within the MCOM. The Florida Department of Economic Opportunity currently considers nursing and occupational therapy as healthcare occupations in undersupply and high demand.

> A downtown location would free up space to expand academic programs in nursing and create a new doctorate in occupational therapy within MCOM.

The USF College of Pharmacy is currently in the process of ramping up their PharmD program and will reach their planned program capacity of 400 students by AY 2016-17. Without a facility of its own, College of Pharmacy faculty currently occupy space in MCOM lab buildings and students temporarily situated in other the USF Health educational venues (i.e., medicine and nursing). The University has planned for and made prior PECO requests to construct a new College of Pharmacy facility on campus. Below are options which may be considered and are subject to priorities and approval of the Florida Board of Governors:

OPTION: POTENTIAL NURSING EXPANSION

The current space could be used to provide immediate relief for the College of Nursing programs. The current Nursing facility opened in May 2006 and was designed for 1,000 students, 50 faculty and 20 staff. As of January 2015, the facility houses 2,485 students, 78 faculty and 57 staff. Lack of space and parking are two of the major limiting factors to the expansion of the undergraduate and graduate (Ph.D. and DNP) nursing education programs at USF Health. With the construction of a new USF Health MCOM and the Heart Institute facility at the downtown location, parking constraints could be mitigated. In addition, the Nursing programs would have top priority on the space vacated by the MCOM. Some of the MCOM space has already been renovated which would be a better fit for traditional classroom didactic education.

OPTION: A DOWNTOWN COLLEGE OF PHARMACY

The USF College of Pharmacy has longstanding plans to construct a $39 million stand-alone facility representing 140,000 gross square feet on the USF campus. Using the advantages of the stacked building plans for the downtown site for the USF Health MCOM and the Heart Institute, the College of Pharmacy has requested 54,000 square feet (approximately two floors) in the proposed downtown site. USF will be actively fundraising for those needs and should philanthropy and new public-pri-

USF Health pharmacy student

vate partnerships be forged to build and finish two floors in the downtown site, the College of Pharmacy would reap similar benefits to the co-location of MCOM and the Heart Institute downtown.

Utilization of the classrooms, auditorium, and shared student services for the existing medical students allows for greater efficiency and cost savings for the Pharmacy professional program. The USF Health College of Pharmacy also utilizes the downtown CAMLS location occupying space in its third floor for a state-of-the-art pharmacy simulation center. Moreover, Tampa General Hospital already provides significant training opportunities for PharmD students. Co-location of pharmacology researchers developing new drug therapies for cardiovascular diseases with MCOM physician and basic scientists in the Heart Institute would also achieve research synergies.

USF Health nursing students

SUPPORTING DOCUMENTS

Appendices

On-Campus Building Design Objectives

Tree Preservation

Tree preservation and protection is a high priority at the University of South Florida. Existing trees should be saved and incorporated into the total design whenever possible. Planning, design and construction of this building must strictly comply with the University Tree Protection Policy.

Landscaping and Exterior Lighting

Landscaping and exterior lighting shall be incorporated into the design not only for function and aesthetics but also for security and safety.

Bicycles and Walkways

The University encourages bicycling and walking as the primary modes of transportation to, on, and around campus. Site design for this project must include adequate walkways fully integrated with the existing pedestrian circulation network; and is designed to be convenient, safe and aesthetically pleasing. Bicycle parking facilities in sufficient numbers must be provided.

Pedestrian and Vehicular Traffic

Separate pedestrian and vehicular traffic, and separate service vehicles from automobile traffic will be maintained. The first priority in circulation shall be ease of access for pedestrians and bicyclists within the campus. Second priority is the provision for service vehicles necessary to maintain the campus buildings and grounds. Use of privately-owned automobiles on the campus will be discouraged. Unimpaired access for emergency vehicles is considered essential in all site development plans.

Design for future expansion

Within program and budget constraints, the site and building will be designed to allow flexibility for future growth and change. The usable life of the facility shall be extended by incorporating features for remodeling and expansion designed to reduce future renovation costs. USF-535 II-4

Contextual site and Building Design

Site and building shall emphasize the design of the total campus entity rather than the individual buildings. While each building is required to be designed as an appropriate response to its particular program, budget, and site requirements, it must also be compatible with the existing fabric of the campus. The design of the building must enrich the campus both functionally and aesthetically, relating to surrounding buildings, not competing with them. Unless the Architect can provide compelling rational, the use of building forms and geometries that depart from the apparent campus grid or create a startling contrast to the existing canvas of forms and scales should be avoided.

Emphasis on use of durable and low-maintenance finishes

Greater proportion of exterior finishes shall be of durable material with permanent integral colors.

Paint is not considered to be durable finish and the use of exterior finishes that require paint should be minimized. Natural or inherent colors of durable materials are preferred over applied coloring. Finishes that develop a natural protective patina is preferred over applied finishes.

Stucco and other field applied matrix should be avoided.

Unifying Exterior Treatment through the use of limited Pallet of Colors and Textures

As an extension of the philosophy of contextual design; the campus consists of many styles and finishes reflecting the construction activities since founding of the campus.

Among the variations in exterior finishes following materials and colors have predominant place in the architectural fabric of the campus: brick, CIP concrete, earth-tone colors.

Sustainable design, Green Architecture and Recycling

The University of South Florida builds its buildings to last; it promotes environmental quality and resource conservation through sustainable design, physical planning and construction.

In keeping with the President's signatory to the American College & University Presidents Climate Commitment, this project shall achieve a certification level of Silver in LEED (Leadership in Energy and Environmental Design) at a minimum.

Building Design Objectives

Building Design

Site and building shall emphasize the design of a world-class medical school that promotes a feeling of inclusion and openness. The design of the building will reflect the idea of inter professional education by containing and highlighting group collaboration rooms – potentially making them features that are highlighted on the exterior of the building.

We would anticipate the lower levels of the building to reflect welcoming pedestrian access and be comprised of transparent or translucent materials.

The lobby and atrium space should be a transparent and visually pleasing space.

We would anticipate the building skin to be comprised of a combination of 40% solid pre-cast panels and 60% glass.

- Public Areas

  The heart of the school of medicine will be the building lobby which will be the building's hub with access to most public spaces.

  This space will be designed for use for receptions, graduations, and banquets and will be supported by a catering kitchen. This space will be a central gathering space for after-hours seminars and continuing education events so it will be utilized throughout the year and for both formal and informal occasions. Locating several types and sizes of the classrooms near each other will provide the maximum amount of flexibility for scheduling events. One event scenario might have the entire group meet in the large tiered classroom initially and then break out into the Small Group Rooms or move to other larger classrooms. The café and catering kitchen are crucial for the success of the space.

  The Library will be considered a more formal quiet academic space. A distinct reading room will be the signature space here and will be a silent refuge for students. Even though learning has become more active and group oriented, there is still a significant amount of individual study required in preparation for group activities.

- Student Areas

  From the lobby to the Student Commons, this building will be inviting to students and will help foster collaboration and support for medical students. The Student Commons will be designed to be convenient for students yet private and relaxing. The majority of the non-classroom student spaces are concentrated around the Public Spaces.

Landscaping and Exterior Lighting

Landscaping and exterior lighting shall be incorporated into the design not only for function and aesthetics but also for security and safety. This location will afford the opportunity for enhanced site and plaza lighting as well as identification for the USF Health College of Medicine in a prominent location at the highest levels of the building. We anticipate the use of interior and exterior accent lighting to futhre enhance the visibility of this building.

Bicycles and Walkways

Being located in an urban setting will encourage bicycling and walking as the primary modes of transportation to, on, and around this building. Site design for this project will include adequate walkways fully integrated with the existing pedestrian circulation network; and is designed to be convenient, safe and aesthetically pleasing. Bicycle parking facilities in sufficient numbers must be provided.

Pedestrian and Vehicular Traffic

Separate pedestrian and vehicular traffic, and separate service vehicles from automobile traffic will be maintained. The first priority in circulation shall be ease of access for pedestrians and bicyclists to the school. Second priority is the provision for service vehicles necessary to maintain the campus buildings and grounds. Use of privately-owned automobiles on the campus will be discouraged. Unimpaired access for emergency vehicles is considered essential in all site development plans.

Emphasis on use of durable and low-maintenance finishes

Greater proportion of exterior finishes shall be of durable material with permanent integral colors.

Sustainable design, Green Architecture and Recycling

The University of South Florida builds its buildings to last; it promotes environmental quality and resource conservation through sustainable design, physical planning and construction.

In keeping with the President's signatory to the American College & University Presidents Climate Commitment, this project shall achieve a certification level of Silver in LEED (Leadership in Energy and Environmental Design) at a minimum.

HOK Downtown Cost Estimates and Sensitivity Analysis

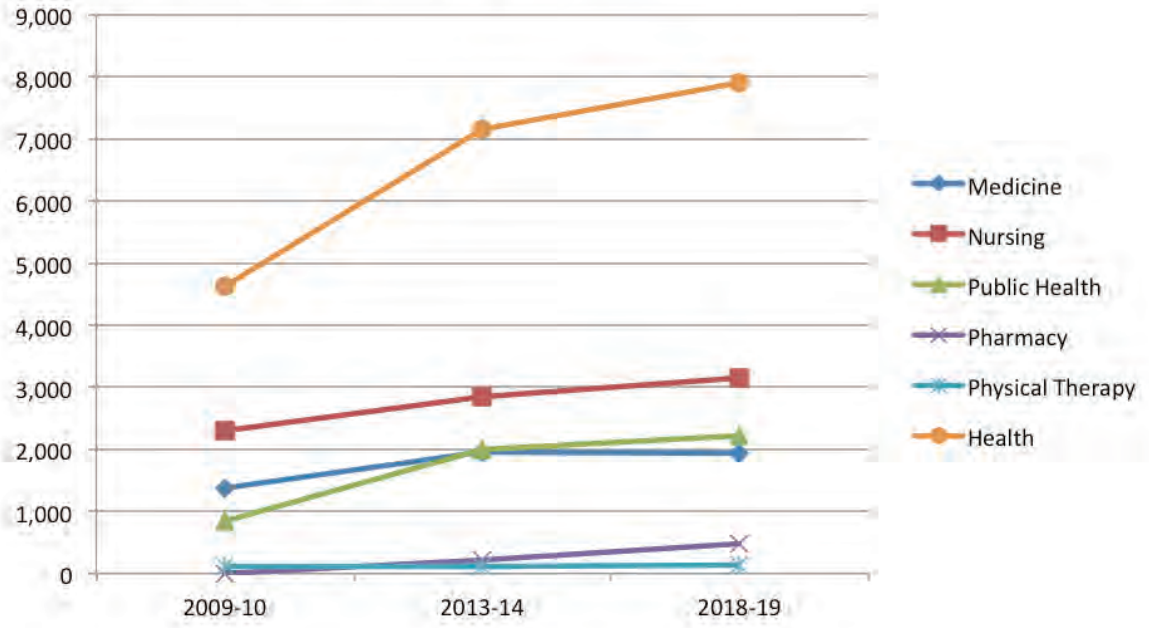
USF HEALTH - COLLEGE OF MEDICINE
SUMMARY OF PROGRAM TO FUNDING
28-Jan-15

Costs based on SKANSKA

Program Assumptions:	**Design Target Low Range**	**Design Target Average**	**Design Target High Range**
College of Medicine	97,585 net usable	97,585 net usable	97,585 net usable
Heart Institute Labs	100,389 net usable	100,389 net usable	100,389 net usable
Auditorium / Dining / Support	41,581 net usable	41,581 net usable	41,581 net usable
Faculty Offices	29,610 net usable	29,610 net usable	29,610 net usable
Clinical Trials/Care Unit	8,379 net usable	8,379 net usable	8,379 net usable
Subtotal Net Useable	**277,544**	**277,544**	**277,544**
Grossing Factor	41,632	41,632	41,632
TOTAL GROSS BUILDING AREA	**319,176 GSF**	**319,176 GSF**	**319,176 GSF**
TOTAL CONSTRUCTION	$ 120,342,790 $377.04 /GSF	$ 126,254,076 $395.56 /GSF	$ 132,165,362 $414.08 /GSF
TOTAL DESIGN, ENGINEERING, CIVIL	$ 9,951,057 $ 31.18 /GSF	$ 10,439,593 $ 32.71 /GSF	$ 10,928,129 $ 34.24 /GSF
TOTAL FF&E	$ 15,958,800 $ 50.00 /GSF	$ 15,958,800 $ 50.00 /GSF	$ 15,958,800 $ 50.00 /GSF
TOTAL PROJECT COST	**$ 146,252,647**	**$ 152,652,469**	**$ 159,052,291**
Estimated Funding	$130,000,000	$130,000,000	$130,000,000
Projected Philanthropy Need	**($16,252,647)**	**($22,652,469)**	**($29,052,291)**

Additional shell space is not included in this analysis.

Due to significant enrollment growth to date, new space is needed for program expansion. It is projected that enrollment could be increased by 71% between AY10 and AY19 with the construction of the MCOM and Heart Institute in downtown Tampa.



Office of MD Admissions
Non-Matric Survey Results 2013-2014

Edwing Daniel, PhD.
Office of MD Admissions
Office of Educational Affairs
USF Health Morsani College of Medicine

Last Modified: 1/5/15- SWeisensee

Survey Findings: The survey results are stated below.

1. What USF MD program did you interview for?

#	Answer		Response	%
1	Core		26	65%
2	SELECT		14	35%
	Total		40	100%

2. What is your gender?

#	Answer		Response	%
1	Male		16	40%
2	Female		24	60%
	Total		40	100%

3. If the medical school were located on waterfront property in a metropolitan part of a city, how would that have impacted your decision to attend USF MCOM?

#	Answer		Response	%
1	Definitely would have chosen USF MCOM		1	3%
2	Might have considered changing to USF MCOM		9	23%
3	No affect		29	73%
4	Less inclined to attend USF MCOM		1	3%
	Total		40	100%

4. If the medical school were located in a community based environment in the suburbs, how would that have impacted your decision to attend USF MCOM?

#	Answer		Response	%
1	Definitely would have chosen USF MCOM		0	0%
2	Might have considered changing to USF MCOM		2	5%
3	No affect		32	80%
4	Less inclined to attend USF MCOM		6	15%
	Total		40	100%

5. How important was it for you to attend a medical school in close proximity to the main teaching hospital?

#	Answer		Response	%
1	Very important		12	30%
2	Important		16	40%
3	Somewhat important		9	23%
4	Less important		1	3%
5	Not important		0	0%
6	Did not consider in decision		2	5%
	Total		40	100%

6. How important was it for you to attend a medical school in close proximity to a major metropolitan hospital?

#	Answer		Response	%
1	Very important		11	28%
2	Important		12	30%
3	Somewhat Important		12	30%
4	Less important		2	5%
5	Not important		1	3%
6	Did not consider in decision		2	5%
	Total		40	100%

Last Modified: 1/5/15- SWeisensee

7. What medical school are you attending (please, no abbreviations)?

Text Response
Wake Forest School of Medicine
university of miami miller school of medicine
SUNY Upstate Medical University
Southern cal
University of Virginia
University of Missouri School of Medicine
University of Miami Miller School of Medicine
Case Western Reserve University School of Medcine
Yale School of Medicine
Tulane University School of Medicine
University of Central Florida College of Medicine
texas tech school of medicine
Rowan University School of Osteopathic Medicine
University of California, San Francisco
The Ohio State University College of Medicine
University of Florida
Florida international university
Baylor College of Medicine
University of Central Florida
University of Florida College of Medicine
Oakland University William Beaumont School of Medicine
University of Miami Miller School of Medicine
University of Central Florida
Duke
Oregon Health and Science University
Florida International University Herbert Wertheim College of Medicine
George Washington University
University of Wisconsin School of Medicine
University of California, Irvine
University of Minnesota Medical School
Eastern Virginia Medical School
University of South Alabama
University of California, San Francisco
Tulane University School of Medicine
University of Florida College of Medicine
Tulane University
University of Illinois, College of Medicine
Pennsylvania State University College of Medicine
Florida International University
University at Buffalo School of Medicine and Biomedical Sciences

Last Modified: 1/5/15- SWeisensee

8. What were your final top-three medical school choices (please, no abbreviations)?

First Choice	Second Choice	Third Choice
Wake Forest School of Medicine	University of Central Florida	**University of South Florida**
University of Miami	**University of South Florida**	University of Florida
SUNY Upstate Medical U	**University of South Florida**	Albert Einstein
Southern Cal.	Boston U	**University of South Florida**
University of Virginia	Baylor College of Medicine	Emory
University of Missouri	**University of South Florida**	None
University of Miami	University of Florida	Tufts University
Case Western Reserve	Loyola-Stritch	**University of South Florida**
Yale School of Medicine	Duke U. School of Medicine	University of Florida
Tulane U. School of Medicine	**University of South Florida**	Jefferson U. School of Medicine
University of Central Florida	**University of South Florida**	Florida International University
Baylor college of medicine	Minnesota U. Medical School	Texas Tech
Rowan U.	**University of South Florida**	Meharry Medical College
U. of California, San Francisco	Oregon Health and Sciences U.	**University of South Florida**
The Ohio State U.	**University of South Florida**	UC Irvine
University of Florida	University of Miami	**University of South Florida**
University of Florida	Florida international university	Rosalind Franklin
University of Florida	University of Miami	**University of South Florida**
University of South Florida	University of Florida	University of Central Florida
University of Florida	University of Miami	**University of South Florida**
Oakland U. William Beaumont	Rush Medical College	University of Missouri
University of Miami	University of Central Florida	**University of South Florida**
University of Central Florida	University of Florida	**University of South Florida**
Duke	Florida International University	University of Florida
Oregon Health and Science U.	Uniformed Services U.	**University of South Florida**
Florida International University	University of Miami	**University of South Florida**
George Washington University	University of Florida	Temple University
University of Virginia	University of Wisconsin	University of Florida
University of California, Irvine	**University of South Florida**	University of Central Florida
University of Minnesota	**University of South Florida**	University of Iowa Carver
Eastern Virginia Medical School	University of Central Florida	**University of South Florida**
University of South Alabama	**University of South Florida**	Eastern Virginia Medical School
University of California, SF	Stanford University	University of California, SD
Tulane University	**University of South Florida**	University of Central Florida
University of Florida	**University of South Florida**	Florida Atlantic University
Tulane	**University of South Florida**	The Commonwealth
University of Illinois	New College of Florida	University of Virginia
Pennsylvania State University	Drexel University	**University of South Florida**
University of Florida	Florida International University	**University of South Florida**
University at Buffalo School of	**University of South Florida**	Penn State Hershey

Last Modified: 1/5/15- SWeisensee

9. Rate the below factors regarding their importance in making your final medical school decision.

Question	Very Important (5)	Important (4)	Somewhat Important (3)	Less Important (2)	Not Important (1)	Did not Consider in Decision (0)	Total
Geographical location of school	15	15	6	4	0	0	40
General reputation of school	14	15	11	0	0	0	40
Interview day and/or "Second Look" events	7	23	5	5	0	0	40
Availability of scholarships	18	12	6	3	1	0	40
Availability of loans	9	10	10	7	4	0	40
Ability of school to place students in a desirable residency	25	12	2	0	0	1	40
Ease of application process	2	10	10	9	5	4	40
Rankings (i.e. U.S. News and World Reports)	6	13	14	5	2	0	40
Faculty interactions	14	21	3	2	0	0	40
Current medical student interactions	14	17	7	1	1	0	40
Medical school Administration interactions	9	21	7	2	1	0	40
Year 1 and year 2 patient contact	14	18	4	2	2	0	40
Family and friends	11	12	9	5	3	0	40
Curriculum / Teaching methods	17	17	6	0	0	0	40
Community-based medicine	12	16	7	3	2	0	40
Research funding	6	9	18	4	2	1	40
Technology	4	17	8	9	2	0	40
Friendliness and effectiveness of staff	14	17	5	3	1	0	40

Last Modified: 1/5/15- SWeisensee

Downtown Medical School Questionnaire

Last Modified: 01/19/2015

Filter By: Report Subgroup

1. What is your current year of training?

#	Answer		Response	%
1	Year 1		68	28%
2	Year 2		73	30%
3	Year 3		50	20%
4	Year 4		55	22%
	Total		246	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	2.37
Variance	1.24
Standard Deviation	1.11
Total Responses	246

2. Where do you currently live?

#	Answer		Response	%
1	USF Campus Area		76	31%
2	New Tampa		55	22%
3	South Tampa / Downtown		70	28%
4	Pinellas County		3	1%
5	Pennsylvania		18	7%
6	Other		24	10%
	Total		246	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	2.61
Variance	2.50
Standard Deviation	1.58
Total Responses	246

3. In the event that MCOM does move to the new downtown waterfront location, how likely is it that you would want to live downtown?

Likert Scale	Numerical Scale	Responses
Very Unlikely	0	9
Unlikely	1	8
Somewhat Unlikely	2	4
Undecided	3	21
Likely	4	46
Very Likely	5	157

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	4.28	1.26	245

4. Would the ultimate location of the new medical school campus influence where you live?

Likert Scale	Numerical Scale	Responses
	0	5
No Chance	1	12
Very Little Chance	2	6
Some Chance	3	28
	4	58
Very Good Chance	5	133

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	4.15	1.23	242

5. To what extent do you feel a student's education experience will be positively impacted with a new downtown campus?

Likert Scale	Numerical Scale	Responses
	0	3
No Impact	1	17
Small Positive Impact	2	19
Positive Impact	3	56
	4	52
Large Positive Impact	5	97

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	3.75	1.31	244

6. To what extent do you feel a new downtown campus would positively effect MCOM reputation?

Likert Scale	Numerical Scale	Responses
	0	4
No Impact	1	7
Small Positive Impact	2	15
Positive Impact	3	29
	4	47
Large Positive Impact	5	145

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	4.20	1.20	247

7. To what extent do you feel a new downtown campus would enhance a student's overall quality of life?

Likert Scale	Numerical Scale	Responses
	0	3
Definitely Will Not	1	7
Probably Will Not	2	13
Don't Know	3	57
Probably Will	4	67
Definitely Will	5	100

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	3.94	1.14	247

8. To what extent do you feel that a new downtown campus would make MCOM more attractive to the following groups?

Prospective Medical Students		
Likert Scale	Numerical Scale	Responses
	0	2
Definitely Will Not	1	2
Probably Will Not	2	4
Don't Know	3	11
Probably Will	4	75
Definitely Will	5	152

Prospective Residents		
Likert Scale	Numerical Scale	Responses
	0	1
Definitely Will Not	1	4
Probably Will Not	2	17
Don't Know	3	56
Probably Will	4	74
Definitely Will	5	94

Prospective Faculty		
Likert Scale	Numerical Scale	Responses
	0	1
Definitely Will Not	1	2
Probably Will Not	2	16
Don't Know	3	60
Probably Will	4	70
Definitely Will	5	98

Prospective Graduate Students		
Likert Scale	Numerical Scale	Responses
	0	3
Definitely Will Not	1	7
Probably Will Not	2	16
Don't Know	3	54
Probably Will	4	67
Definitely Will	5	100

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Prospective	0.00	5.00	4.48	0.84	246

	Medical Students					
2	Prospective Residents	0.00	5.00	3.95	1.07	246
3	Prospective Faculty	0.00	5.00	3.98	1.03	247
4	Prospective Graduate Students	0.00	5.00	3.92	1.17	247

9. Do you think that a new downtown waterfront campus is more likely to garner greater financial support (public and private) and/or philanthropy than would a north campus location?

Likert Scale	Numerical Scale	Responses
	0	1
Absolutely Not	1	3
No	2	12
Neutral	3	53
Yes	4	80
Absolutely Yes	5	97

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	4.03	1.01	246

10. Overall, to what extent are you in favor of the MCOM moving to the proposed new downtown location?

Likert Scale	Numerical Scale	Responses
	0	6
Definitely Not in Favor	1	3
Somewhat Not in Favor	2	12
Neutral	3	18
Somewhat in Favor	4	39
Definitely in Favor	5	168

Min Value	Max Value	Average Value	Standard Deviation	Responses
0.00	5.00	4.38	1.13	246

My Report

Last Modified: 02/02/2015

1. What is your current academic rank?

#	Answer		Response	%
1	Instructor		5	2%
2	Assistant Professor		93	41%
3	Associate Professor		55	24%
4	Full Professor		72	32%
	Total		225	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	2.86
Variance	0.81
Standard Deviation	0.90
Total Responses	225

2. How many years have you been an MCOM Faculty Member?

#	Answer		Response	%
1	1 to 5 years		96	42%
2	>5 but		48	21%
3	>10 but		42	18%
4	>20 years		45	19%
	Total		231	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	2.16
Variance	1.36
Standard Deviation	1.17
Total Responses	231

3. Where do you currently live?

#	Answer		Response	%
1	USF Campus Area		20	9%
2	New Tampa		42	18%
3	South Tampa / Downtown		102	44%
4	Pinellas County		11	5%
5	Pennsylvania		0	0%
6	Other		57	25%
	Total		232	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	3.43
Variance	2.61
Standard Deviation	1.62
Total Responses	232

4. In the event that MCOM does move to the new downtown waterfront location, how likely is it that you would want to live downtown?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Likeliness of wanting to move Downtown	0.00	5.00	2.43	2.09	215

Likert Scale	Numerical Scale	Responses	Percentage
	0	67	31.16%
Very Unlikely	1	23	10.7%
Unlikely	2	19	8.84%
Unsure	3	23	10.7%
Likely	4	17	7.91%
Very Likely	5	66	30.7%

5. Would the ultimate location of the new medical school campus influence you to relocate where you live?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Influence of Location	0.00	5.00	1.47	1.67	202

Likert Scale	Numerical Scale	Responses	Percentage
	0	88	43.56%
Definitely Will Not	1	31	15.35%
Probably Will Not	2	31	15.35%
Unsure	3	19	9.41%
Probably Will	4	17	8.42%
Definitely Will	5	16	7.92%

6. To what extent do you feel a student's education experience will be positively impacted with a new downtown campus?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Positive Impact on student experience	0.00	5.00	2.85	1.70	221

Likert Scale	Numerical Scale	Responses	Percentage
	0	30	13.57%
No Impact	1	26	11.76%
Small Positive Impact	2	27	12.22%
Positive Impact	3	44	19.91%
Large Positive Impact	4	47	21.27%
Very Large Positive Impact	5	47	21.27%

7. To what extent do you feel a new downtown campus would positively effect MCOM reputation?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Positive Impact on MCOM reputation	0.00	5.00	3.13	1.69	221

Likert Scale	Numerical Scale	Responses	Percentage
	0	22	9.95%
No Impact	1	21	9.5%
Small Positive Impact	2	29	13.12%
Positive Impact	3	41	18.55%
Large Positive Impact	4	40	18.1%
Very Large Positive Impact	5	67	30.32%

8. To what extent do you feel a new downtown campus would enhance the faculty member's overall quality of life?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Enhanced Quality of Life	0.00	5.00	2.77	1.73	222

Likert Scale	Numerical Scale	Responses	Percentage
	0	32	14.41%
Definitely Will Not	1	27	12.16%
Probably Will Not	2	31	13.96%
Unsure	3	39	17.57%
Probably Will	4	47	21.17%
Definitely Will	5	45	20.27%

9. To what extent do you feel that a new downtown campus would make MCOM more attractive to the following groups?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Prospective Medical Students	0.00	5.00	3.62	1.46	222
2	Prospective Residents	0.00	5.00	3.46	1.46	224
3	Prospective Faculty	0.00	5.00	3.50	1.41	221
4	Prospective Graduate Students	0.00	5.00	3.09	1.56	221

Prospective Medical Students			
Likert Scale	**Numerical Scale**	**Responses**	**Percentage**
	0	13	5.86%
Definitely Will Not	1	8	3.6%
Probably Will Not	2	18	8.12%
Unsure	3	42	18.92%
Probably Will	4	62	27.93%
Definitely Will	5	78	35.14%

Prospective Residents			
Likert Scale	**Numerical Scale**	**Responses**	**Percentage**
	0	12	5.36%
Definitely Will Not	1	15	6.7%
Probably Will Not	2	17	7.59%
Unsure	3	50	22.32%
Probably Will	4	63	28.13%
Definitely Will	5	66	29.46%

Prospective Faculty			
Likert Scale	**Numerical Scale**	**Responses**	**Percentage**
	0	11	4.98%
Definitely Will Not	1	10	4.52%
Probably Will Not	2	22	9.95%
Unsure	3	46	20.81%
Probably Will	4	70	31.67%
Definitely Will	5	61	27.6%

Prospective Graduate Students			
Likert Scale	**Numerical Scale**	**Responses**	**Percentage**
	0	21	9.5%

Definitely Will Not	**1**	**14**	**6.33%**
Probably Will Not	**2**	**32**	**14.48%**
Unsure	**3**	**50**	**22.62%**
Probably Will	**4**	**56**	**25.34%**
Definitely Will	**5**	**47**	**21.27%**

10. Do you think that a new downtown waterfront campus is more likely to garner greater financial support (public and private) and/or philanthropy than would a north campus location?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Philanthropy / Financial Support	0.00	5.00	3.38	1.42	229

Likert Scale	Numerical Scale	Responses	Percentage
	0	**14**	**6.11%**
Absolutely Not	**1**	**7**	**3.06%**
No	**2**	**27**	**11.79%**
Neutral	**3**	**61**	**26.64%**
Yes	**4**	**61**	**26.64%**
Absolutely Yes	**5**	**58**	**25.33%**

11. Overall, to what extent are you in favor of the MCOM moving to the proposed new downtown location?

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Favorability	0.00	5.00	3.56	1.61	224

Likert Scale	Numerical Scale	Responses	Percentage
	0	**20**	**8.93%**
Definitely Not in Favor	**1**	**8**	**3.57%**
Somewhat Not in Favor	**2**	**15**	**6.7%**
Neutral	**3**	**45**	**20.09%**
Somewhat in Favor	**4**	**46**	**20.54%**
Definitely in Favor	**5**	**89**	**39.73%**

USF Health Heart Institute Research Pro Forma Summary

USF Health Heart Institute
Research Pro forma Summary

Row	Column / Revenue Assumptions	A YR 1	B YR 2	C YR 3	D YR 4	E YR 5	F Total
1	Principal of Endowment	$ 8,000,000	$ 18,000,000	$ 28,000,000	$ 38,000,000	$ 50,000,000	$ 50,000,000
2	Endowment Earnings	$ 320,000	$ 720,000	$ 1,120,000	$ 1,520,000	$ 2,000,000	$ 5,680,000
3	Total NIH Funding	$ 6,166,875	$ 11,399,375	$ 16,568,050	$ 23,605,475	$ 26,782,350	$ 84,522,125
4	Total Grant Funding	$ 6,556,875	$ 11,789,375	$ 16,958,050	$ 24,385,475	$ 27,562,350	$ 87,252,125
5	Total Grant F&A Earnings	$ 2,131,875	$ 3,864,375	$ 5,448,050	$ 7,740,475	$ 8,792,350	$ 27,977,125
6	State LBR E&G Recurring Request	$ 1,769,720	$ 1,769,720	$ 1,769,720	$ 1,769,720	$ 1,769,720	$ 8,848,600
7	State LBR Non-Recurring Request *	$ 13,230,280	$ -	$ -	$ -	$ -	$ 13,230,280
8	* can be spread over multiple years						
9	**Rows Above are Provided to Outline Revenue Assumptions**						
10							
11	**REVENUE**	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**
12	Grant Faculty Salary Support	$ 435,845	$ 977,374	$ 1,430,643	$ 1,941,466	$ 2,400,732	$ 7,186,060
13	State E&G Funding for Faculty Salary Support	$ 515,395	$ 990,091	$ 1,336,151	$ 1,893,864	$ 2,214,605	$ 6,950,105
14	Endowment Earnings for Faculty Salary	$ 320,000	$ 720,000	$ 1,120,000	$ 1,520,000	$ 2,000,000	$ 5,680,000
15	Clinic Faculty Salary Support	$ 122,000	$ 366,000	$ 610,000	$ 732,000	$ 976,000	$ 2,806,000
16	Grant Non-Faculty Salary Support	$ 3,989,155	$ 6,947,626	$ 10,079,357	$ 14,703,534	$ 16,369,268	$ 52,088,940
17	Grant F&A Returned to COM (100%)	$ 2,131,875	$ 3,864,375	$ 5,448,050	$ 7,740,475	$ 8,792,350	$ 27,977,125
18	LBR for Startup & Infrastructure	$ 13,230,280	$ -	$ -	$ -	$ -	$ 13,230,280
19	**Total Revenue**	**$ 20,744,550**	**$ 13,865,466**	**$ 20,024,201**	**$ 28,531,339**	**$ 32,752,955**	**$ 115,918,510**
20							
21	**EXPENDITURES**	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**
22	**Faculty Recruitment Compensation**						
23	Ph.D. Bench Lab Faculty	$ 530,700	$ 909,754	$ 1,458,649	$ 2,018,522	$ 2,589,593	$ 7,507,218
24	M.D. Physician Scientist	$ 710,040	$ 1,378,161	$ 2,059,644	$ 2,810,877	$ 3,521,014	$ 10,479,736
25	Ph.D. Bioinformatics	$ 152,500	$ 765,550	$ 978,501	$ 1,257,931	$ 1,480,730	$ 4,635,212
26	**Total Compensation - R**	**$ 1,393,240**	**$ 3,053,465**	**$ 4,496,794**	**$ 6,087,330**	**$ 7,591,337**	**$ 22,622,165**
27							
28	**Faculty Recruitment Non-Recurring**						
29	Start Up Funds & Relocation of Lab - Ph.D. Lab	$ 1,260,000	$ 1,575,000	$ 2,235,000	$ 2,335,000	$ 4,235,000	$ 11,640,000
30	Start Up Funds & Relocation of Lab - Phy Scientist	$ 875,000	$ 1,160,000	$ 1,535,000	$ 1,600,000	$ 2,535,000	$ 7,705,000
31	Start Up Funds & Relocation of Lab - Bioinformatics	$ 160,000	$ 695,000	$ 565,000	$ 570,000	$ 665,000	$ 2,655,000
32	**Subtotal Recruitment Expenses**	**$ 2,295,000**	**$ 3,430,000**	**$ 4,335,000**	**$ 4,505,000**	**$ 7,435,000**	**$ 22,000,000**
33							
34	Grant Non-Faculty Salary Exp - Ph.D. Lab	$ 1,912,049	$ 3,511,957	$ 5,881,174	$ 8,248,289	$ 9,153,261	$ 28,706,731
35	Grant Non-Faculty Salary Exp - Phy Scientist	$ 1,872,856	$ 2,342,855	$ 2,812,854	$ 4,685,710	$ 5,155,709	$ 16,869,984
36	Grant Non-Faculty Salary Exp - Bioinformatics	$ 204,250	$ 1,092,814	$ 1,385,329	$ 1,769,534	$ 2,060,298	$ 6,512,225
37	**Subtotal Grant Non-Faculty Salary Expenses**	**$ 3,989,155**	**$ 6,947,626**	**$ 10,079,357**	**$ 14,703,534**	**$ 16,369,268**	**$ 52,088,940**
38							
39	**Total Faculty Compensation & Lab Expenses**	**$ 7,677,395**	**$ 13,431,091**	**$ 18,911,151**	**$ 25,295,864**	**$ 31,395,605**	**$ 96,711,105**
40	**Infrastructure**						
41	Operational Personnel	$ 391,500	$ 403,245	$ 415,342	$ 427,803	$ 440,637	$ 2,078,527
42	IS Infrastructure	$ 1,000,000	$ -	$ -	$ -	$ -	$ 1,000,000
43	Common Equipment	$ 6,000,000	$ 1,250,000	$ 250,000	$ 250,000	$ 250,000	$ 8,000,000
44	Cores	$ 2,000,000	$ -	$ -	$ -	$ -	$ 2,000,000
45	**Subtotal**	**$ 9,391,500**	**$ 1,653,245**	**$ 665,342**	**$ 677,803**	**$ 690,637**	**$ 13,078,527**
46							
47	**Total Expenditures**	**$ 17,068,895**	**$ 15,084,336**	**$ 19,576,493**	**$ 25,973,666**	**$ 32,086,241**	**$ 109,789,632**
48							
49	**Balance w/ 100% F&A Return**	**$ 3,675,655**	**$ (1,218,870)**	**$ 447,708**	**$ 2,557,672**	**$ 666,713**	**$ 6,128,878**
50							
51	**Grant F&A Returned to COM (75%)**	**$ 1,598,906**	**$ 2,898,281**	**$ 4,086,038**	**$ 5,805,356**	**$ 6,594,263**	**$ 20,982,844**
52							
53	**Balance w/ 75% F&A Return**	**$ 3,142,686**	**$ (2,184,964)**	**$ (914,305)**	**$ 622,554**	**$ (1,531,374)**	**$ (865,403)**
54							

55	**Note:**	**YR 5**
56	Required Recurring (E&G)	$ 2,214,605
57	**Total**	**$ 2,214,605**
58	**E&G Sources:**	
59	Projected Revenue - MCOM Current E&G Resources	$ 444,885
60	Projected Revenue - New LBR E&G Request	$ 1,769,720
61	**Total**	**$ 2,214,605**

USF Health Heart Institute

14 Ph.D. Recruits

Bench Lab Researchers

REVENUE	YR 1	YR 2	YR 3	YR 4	YR 5	Total
Grant Faculty Salary Support	$ 212,951	$ 363,043	$ 578,826	$ 796,711	$ 1,016,739	$ 2,968,269
State E&G Funding for Faculty Salary Support	$ 157,749	$ 306,711	$ 479,823	$ 661,811	$ 772,854	$ 2,378,949
Endowment Earnings for Faculty Salary	$ 160,000	$ 240,000	$ 400,000	$ 560,000	$ 800,000	$ 2,160,000
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -
Grant Non-Faculty Salary Support	$ 1,912,049	$ 3,511,957	$ 5,881,174	$ 8,248,289	$ 9,153,261	$ 28,706,731
Grant F&A Returned to COM (100%)	$ 1,051,875	$ 1,918,125	$ 3,006,800	$ 4,095,475	$ 4,652,350	$ 14,724,625
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -
Total Revenue	**$ 3,494,624**	**$ 6,339,836**	**$ 10,346,623**	**$ 14,362,286**	**$ 16,395,204**	**$ 50,938,574**

EXPENDITURES	YR 1	YR 2	YR 3	YR 4	YR 5	Total	Comments
Faculty Recruitment Compensation							
Assistant Professor	$ 124,440	$ 126,929	$ 129,467	$ 132,057	$ 134,698	$ 647,591	Asst. Starting Base Salary = $102K, AAMC 75thile
Assistant Professor	$ -	$ 124,440	$ 126,929	$ 129,467	$ 132,057	$ 512,893	Asst. faculty will cover 30% of salary from grants starting in yr. 1
Assistant Professor	$ -	$ -	$ 124,440	$ 126,929	$ 129,467	$ 380,836	
Assistant Professor	$ -	$ -	$ -	$ 124,440	$ 126,929	$ 251,369	
Assistant Professor	$ -	$ -	$ -	$ -	$ 124,440	$ 124,440	
Associate Professor	$ 162,260	$ 165,505	$ 168,815	$ 172,192	$ 175,635	$ 844,408	Assoc. Starting Base Salary = $133K, AAMC 75thile
Associate Professor	$ -	$ -	$ 162,260	$ 165,505	$ 168,815	$ 496,581	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
Associate Professor	$ -	$ -	$ -	$ 162,260	$ 165,505	$ 327,765	
Associate Professor	$ -	$ -	$ -	$ -	$ 162,260	$ 162,260	
Full Professor	$ 244,000	$ 248,880	$ 253,858	$ 258,935	$ 264,113	$ 1,269,786	Full Starting Base Salary = $200K, AAMC 75thile
Full Professor	$ -	$ 244,000	$ 248,880	$ 253,858	$ 258,935	$ 1,005,672	Full faculty will cover 50% of salary from grants starting in yr. 1
Full Professor	$ -	$ -	$ 244,000	$ 248,880	$ 253,858	$ 746,738	
Full Professor	$ -	$ -	$ -	$ 244,000	$ 248,880	$ 492,880	
Full Professor	$ -	$ -	$ -	$ -	$ 244,000	$ 244,000	
Total Faculty Compensation	**$ 530,700**	**$ 909,754**	**$ 1,458,649**	**$ 2,018,522**	**$ 2,589,593**	**$ 7,507,218**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Asst @$25k ea.	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 125,000	
Lab Relocation - Assoc $35k ea.	$ 35,000	$ -	$ 35,000	$ 35,000	$ 35,000	$ 140,000	
Lab Relocation - Full @50k ea.	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 250,000	
Start Up Funds - Assistant	$ 300,000	$ 500,000	$ 625,000	$ 625,000	$ 1,075,000	$ 3,125,000	$625K/Asst: $300K yr. 1, $200K yr. 2, $125K yr. 3
Start Up Funds - Associate	$ 350,000	$ 250,000	$ 500,000	$ 600,000	$ 1,300,000	$ 3,000,000	$750K/Assoc: $350K yr. 1, $250K yr. 2, $150K yr. 3
Start Up Funds - Full	$ 500,000	$ 750,000	$ 1,000,000	$ 1,000,000	$ 1,750,000	$ 5,000,000	$1M/Full: $500K yr. 1, $250K yr. 2, $250K yr. 3
Subtotal Non-Recurring Expenses	**$ 1,260,000**	**$ 1,575,000**	**$ 2,235,000**	**$ 2,335,000**	**$ 4,235,000**	**$ 11,640,000**	
Grant Non-Faculty Salary Expenses	**$ 1,912,049**	**$ 3,511,957**	**$ 5,881,174**	**$ 8,248,289**	**$ 9,153,261**	**$ 28,706,731**	
Total Expenditures	**$ 3,702,749**	**$ 5,996,711**	**$ 9,574,823**	**$ 12,601,811**	**$ 15,977,854**	**$ 47,853,949**	
Balance w/ 100% F&A Return	**$ (208,125)**	**$ 343,125**	**$ 771,800**	**$ 1,760,475**	**$ 417,350**	**$ 3,084,625**	
Grant F&A Returned to COM (75%)	**$ 788,906**	**$ 1,438,594**	**$ 2,255,100**	**$ 3,071,606**	**$ 3,489,263**	**$ 11,043,469**	
Balance w/ 75% F&A Return	**$ (471,094)**	**$ (136,406)**	**$ 20,100**	**$ 736,606**	**$ (745,738)**	**$ (596,531)**	

USF Health Heart Institute

5 Assistant Professor Recruits

Ph.D. Bench Lab Researchers

Typical Asst. Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Assistant Professor (UCS)	$ 102,000	$ 104,040	$ 106,121	$ 108,243	$ 110,408	$ 530,812	Asst. Starting Base Salary = $102K, AAMC 75thile
Fringe Benefits @ 22%	$ 22,440	$ 22,889	$ 23,347	$ 23,814	$ 24,290	$ 116,779	
Total Compensation	**$ 124,440**	**$ 126,929**	**$ 129,467**	**$ 132,057**	**$ 134,698**	**$ 647,591**	
Grant Funded	$ 37,332	$ 38,079	$ 38,840	$ 39,617	$ 40,409	$ 194,277	Asst. faculty will cover 30% of salary from grants starting in yr. 1
State E&G Funded	$ 87,108	$ 88,850	$ 90,627	$ 92,440	$ 94,289	$ 453,314	
Endowment Funded	$ -	$ -	$ -	$ -	$ -	$ -	
Total Compensation Distribution	**$ 124,440**	**$ 126,929**	**$ 129,467**	**$ 132,057**	**$ 134,698**	**$ 647,591**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 37,332	$ 75,411	$ 114,251	$ 153,868	$ 194,277	$ 575,139	
State E&G Funding for Faculty Salary Support	$ 87,108	$ 175,958	$ 266,585	$ 359,025	$ 373,314	$ 1,261,990	
Endowment Earnings for Faculty Salary	$ -	$ -	$ -	$ -	$ 80,000	$ 80,000	One Asst. Professor has endowment
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 212,668	$ 424,589	$ 635,749	$ 846,132	$ 1,055,723	$ 3,174,861	
Grant F&A Returned to COM (100%)	$ 123,750	$ 247,500	$ 371,250	$ 495,000	$ 618,750	$ 1,856,250	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 460,858**	**$ 923,458**	**$ 1,387,835**	**$ 1,854,025**	**$ 2,322,064**	**$ 6,948,240**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Assistant Professor	$ 124,440	$ 126,929	$ 129,467	$ 132,057	$ 134,698	$ 647,591	
Assistant Professor	$ -	$ 124,440	$ 126,929	$ 129,467	$ 132,057	$ 512,893	
Assistant Professor	$ -	$ -	$ 124,440	$ 126,929	$ 129,467	$ 380,836	
Assistant Professor	$ -	$ -	$ -	$ 124,440	$ 126,929	$ 251,369	
Assistant Professor	$ -	$ -	$ -	$ -	$ 124,440	$ 124,440	
Total Faculty Compensation	**$ 124,440**	**$ 251,369**	**$ 380,836**	**$ 512,893**	**$ 647,591**	**$ 1,917,129**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Asst @$25k ea.	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 125,000	
Start Up Funds - Assistant	$ 300,000	$ 500,000	$ 625,000	$ 625,000	$ 1,075,000	$ 3,125,000	$625K/Asst: $300K yr. 1, $200K yr. 2, $125K yr. 3
Subtotal Non-Recurring Expenses	**$ 325,000**	**$ 525,000**	**$ 650,000**	**$ 650,000**	**$ 1,100,000**	**$ 3,250,000**	
Grant Non-Faculty Salary Expenses	**$ 212,668**	**$ 424,589**	**$ 635,749**	**$ 846,132**	**$ 1,055,723**	**$ 3,174,861**	
Total Expenditures	**$ 662,108**	**$ 1,200,958**	**$ 1,666,585**	**$ 2,009,025**	**$ 2,803,314**	**$ 8,341,990**	
Balance w/ 100% F&A Return	**$ (201,250)**	**$ (277,500)**	**$ (278,750)**	**$ (155,000)**	**$ (481,250)**	**$ (1,393,750)**	
Grant F&A Returned to COM (75%)	**$ 92,813**	**$ 185,625**	**$ 278,438**	**$ 371,250**	**$ 464,063**	**$ 1,392,188**	
Balance w/ 75% F&A Return	**$ (232,188)**	**$ (339,375)**	**$ (371,563)**	**$ (278,750)**	**$ (635,938)**	**$ (1,857,813)**	

USF Health Heart Institute

4 Associate Professor Recruits

Ph.D. Bench Lab Researchers

Typical Assoc Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Associate Professor (UCS)	$ 133,000	$ 135,660	$ 138,373	$ 141,141	$ 143,963	$ 692,137	Assoc. Starting Base Salary = $133K, AAMC 75thile
Fringe Benefits @ 22%	$ 29,260	$ 29,845	$ 30,442	$ 31,051	$ 31,672	$ 152,270	
Total Compensation	**$ 162,260**	**$ 165,505**	**$ 168,815**	**$ 172,192**	**$ 175,635**	**$ 844,408**	
Grant Funded	$ 64,904	$ 66,202	$ 67,526	$ 68,877	$ 70,254	$ 337,763	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
State E&G Funded	$ 17,356	$ 19,303	$ 21,289	$ 23,315	$ 25,381	$ 106,645	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Total Compensation Distribution	**$ 162,260**	**$ 165,505**	**$ 168,815**	**$ 172,192**	**$ 175,635**	**$ 844,408**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 64,904	$ 66,202	$ 132,430	$ 199,983	$ 268,886	$ 732,405	
State E&G Funding for Faculty Salary Support	$ 17,356	$ 19,303	$ 38,645	$ 59,974	$ 83,330	$ 218,608	
Endowment Earnings for Faculty Salary	$ 80,000	$ 80,000	$ 160,000	$ 240,000	$ 320,000	$ 880,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 310,096	$ 308,798	$ 617,570	$ 925,017	$ 1,231,114	$ 3,392,595	
Grant F&A Returned to COM (100%)	$ 185,625	$ 185,625	$ 371,250	$ 556,875	$ 742,500	$ 2,041,875	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 657,981**	**$ 659,928**	**$ 1,319,895**	**$ 1,981,849**	**$ 2,645,830**	**$ 7,265,483**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Associate Professor	$ 162,260	$ 165,505	$ 168,815	$ 172,192	$ 175,635	$ 844,408	
Associate Professor	$ -	$ -	$ 162,260	$ 165,505	$ 168,815	$ 496,581	
Associate Professor	$ -	$ -	$ -	$ 162,260	$ 165,505	$ 327,765	
Associate Professor	$ -	$ -	$ -	$ -	$ 162,260	$ 162,260	
Total Faculty Compensation	**$ 162,260**	**$ 165,505**	**$ 331,075**	**$ 499,957**	**$ 672,216**	**$ 1,831,013**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Assoc $35k ea.	$ 35,000	$ -	$ 35,000	$ 35,000	$ 35,000	$ 140,000	
Start Up Funds - Associate	$ 350,000	$ 250,000	$ 500,000	$ 600,000	$ 1,300,000	$ 3,000,000	$750K/Asst: $350K yr. 1, $250K yr. 2, $150K yr. 3
Subtotal Non-Recurring Expenses	**$ 385,000**	**$ 250,000**	**$ 535,000**	**$ 635,000**	**$ 1,335,000**	**$ 3,140,000**	
Grant Non-Faculty Salary Expenses	**$ 310,096**	**$ 308,798**	**$ 617,570**	**$ 925,017**	**$ 1,231,114**	**$ 3,392,595**	
Total Expenditures	**$ 857,356**	**$ 724,303**	**$ 1,483,645**	**$ 2,059,974**	**$ 3,238,330**	**$ 8,363,608**	
Balance w/ 100% F&A Return	**$ (199,375)**	**$ (64,375)**	**$ (163,750)**	**$ (78,125)**	**$ (592,500)**	**$ (1,098,125)**	
Grant F&A Returned to COM (75%)	**$ 139,219**	**$ 139,219**	**$ 278,438**	**$ 417,656**	**$ 556,875**	**$ 1,531,406**	
Balance w/ 75% F&A Return	**$ (245,781)**	**$ (110,781)**	**$ (256,563)**	**$ (217,344)**	**$ (778,125)**	**$ (1,608,594)**	

USF Health Heart Institute

5 Full Professor Recruits

Ph.D. Bench Lab Researchers

Typical Full Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Full Professor (UCS)	$ 200,000	$ 204,000	$ 208,080	$ 212,242	$ 216,486	$ 1,040,808	Full Starting Base Salary = $200K, AAMC 75thile
Fringe Benefits @ 22%	$ 44,000	$ 44,880	$ 45,778	$ 46,693	$ 47,627	$ 228,978	
Total Compensation	**$ 244,000**	**$ 248,880**	**$ 253,858**	**$ 258,935**	**$ 264,113**	**$ 1,269,786**	
Grant Funded (Adj for NIH Cap)	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 553,575	Full faculty will cover 50% of salary from grants starting in yr. 1
State E&G Funded	$ 53,285	$ 58,165	$ 63,143	$ 68,220	$ 73,398	$ 316,211	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Total Compensation Distribution	**$ 244,000**	**$ 248,880**	**$ 253,858**	**$ 258,935**	**$ 264,113**	**$ 1,269,786**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 110,715	$ 221,430	$ 332,145	$ 442,860	$ 553,575	$ 1,660,725	
State E&G Funding for Faculty Salary Support	$ 53,285	$ 111,450	$ 174,593	$ 242,812	$ 316,211	$ 898,351	
Endowment Earnings for Faculty Salary	$ 80,000	$ 160,000	$ 240,000	$ 320,000	$ 400,000	$ 1,200,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 1,389,285	$ 2,778,570	$ 4,627,855	$ 6,477,140	$ 6,866,425	$ 22,139,275	
Grant F&A Returned to COM (100%)	$ 742,500	$ 1,485,000	$ 2,264,300	$ 3,043,600	$ 3,291,100	$ 10,826,500	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 2,375,785**	**$ 4,756,450**	**$ 7,638,893**	**$ 10,526,412**	**$ 11,427,311**	**$ 36,724,851**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Full Professor	$ 244,000	$ 248,880	$ 253,858	$ 258,935	$ 264,113	$ 1,269,786	
Full Professor	$ -	$ 244,000	$ 248,880	$ 253,858	$ 258,935	$ 1,005,672	
Full Professor	$ -	$ -	$ 244,000	$ 248,880	$ 253,858	$ 746,738	
Full Professor	$ -	$ -	$ -	$ 244,000	$ 248,880	$ 492,880	
Full Professor	$ -	$ -	$ -	$ -	$ 244,000	$ 244,000	
Total Faculty Compensation	**$ 244,000**	**$ 492,880**	**$ 746,738**	**$ 1,005,672**	**$ 1,269,786**	**$ 3,759,076**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Full @50k ea.	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 50,000	$ 250,000	
Start Up Funds - Full	$ 500,000	$ 750,000	$ 1,000,000	$ 1,000,000	$ 1,750,000	$ 5,000,000	$1M/Full: $500K yr. 1, $250K yr. 2, $250K yr. 3
Subtotal Non-Recurring Expenses	**$ 550,000**	**$ 800,000**	**$ 1,050,000**	**$ 1,050,000**	**$ 1,800,000**	**$ 5,250,000**	
Grant Non-Faculty Salary Expenses	**$ 1,389,285**	**$ 2,778,570**	**$ 4,627,855**	**$ 6,477,140**	**$ 6,866,425**	**$ 22,139,275**	
Total Expenditures	**$ 2,183,285**	**$ 4,071,450**	**$ 6,424,593**	**$ 8,532,812**	**$ 9,936,211**	**$ 31,148,351**	
Balance w/ 100% F&A Return	**$ 192,500**	**$ 685,000**	**$ 1,214,300**	**$ 1,993,600**	**$ 1,491,100**	**$ 5,576,500**	
Grant F&A Returned to COM (75%)	**$ 556,875**	**$ 1,113,750**	**$ 1,698,225**	**$ 2,282,700**	**$ 2,468,325**	**$ 8,119,875**	
Balance w/ 75% F&A Return	**$ 6,875**	**$ 313,750**	**$ 648,225**	**$ 1,232,700**	**$ 668,325**	**$ 2,869,875**	

USF Health Heart Institute
10 Physician Scientist Recruits
Bench Lab Researchers

REVENUE	YR 1	YR 2	YR 3	YR 4	YR 5	Total
Grant Faculty Salary Support	$ 177,144	$ 332,145	$ 487,146	$ 664,290	$ 819,291	$ 2,480,016
State E&G Funding for Faculty Salary Support	$ 250,896	$ 360,016	$ 482,498	$ 774,587	$ 925,723	$ 2,793,720
Endowment Earnings for Faculty Salary	$ 160,000	$ 320,000	$ 480,000	$ 640,000	$ 800,000	$ 2,400,000
Clinic Faculty Salary Support	$ 122,000	$ 366,000	$ 610,000	$ 732,000	$ 976,000	$ 2,806,000
Grant Non-Faculty Salary Support	$ 1,872,856	$ 2,342,855	$ 2,812,854	$ 4,685,710	$ 5,155,709	$ 16,869,984
Grant F&A Returned to COM (100%)	$ 956,250	$ 1,265,625	$ 1,575,000	$ 2,531,250	$ 2,840,625	$ 9,168,750
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -
Total Revenue	**$ 3,539,146**	**$ 4,986,641**	**$ 6,447,498**	**$ 10,027,837**	**$ 11,517,348**	**$ 36,518,470**

EXPENDITURES	YR 1	YR 2	YR 3	YR 4	YR 5	Total	Comments
Faculty Recruitment Compensation							
Assistant Professor	$ 302,560	$ 308,611	$ 314,783	$ 321,079	$ 327,501	$ 1,574,534	Asst. Starting Base Salary = $248K, AAMC 75thile - Mean of Specialty
Assistant Professor	$ -	$ 302,560	$ 308,611	$ 314,783	$ 321,079	$ 1,247,034	Asst. faculty will cover 30% of salary from grants starting in yr. 1
Assistant Professor	$ -	$ -	$ 302,560	$ 308,611	$ 314,783	$ 925,955	
Assistant Professor	$ -	$ -	$ -	$ 302,560	$ 308,611	$ 611,171	
Assistant Professor	$ -	$ -	$ -	$ -	$ 302,560	$ 302,560	
Associate Professor	$ -	$ 351,360	$ 358,387	$ 365,555	$ 372,866	$ 1,448,168	Assoc. Starting Base Salary = $288K, AAMC 75thile - Mean of Specialty
Associate Professor	$ -	$ -	$ 351,360	$ 358,387	$ 365,555	$ 1,075,302	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
Associate Professor	$ -	$ -	$ -	$ -	$ 351,360	$ 351,360	
Full Professor	$ 407,480	$ 415,630	$ 423,942	$ 432,421	$ 441,069	$ 2,120,542	Full Starting Base Salary = $334K, AAMC 75thile - Mean of Specialty
Full Professor	$ -	$ -	$ -	$ 407,480	$ 415,630	$ 823,110	Full. faculty will cover 50% of salary from grants starting in yr. 1
Total Faculty Compensation	**$ 710,040**	**$ 1,378,161**	**$ 2,059,644**	**$ 2,810,877**	**$ 3,521,014**	**$ 10,479,736**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Asst @$25k ea.	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 125,000	
Lab Relocation - Assoc $35k ea.	$ -	$ 35,000	$ 35,000	$ -	$ 35,000	$ 105,000	
Lab Relocation - Full @50k ea.	$ 50,000	$ -	$ -	$ 50,000	$ -	$ 100,000	
Start Up Funds - Assistant	$ 300,000	$ 500,000	$ 625,000	$ 625,000	$ 1,075,000	$ 3,125,000	$625K/Asst: $300K yr. 1, $200K yr. 2, $125K yr. 3
Start Up Funds - Associate	$ -	$ 350,000	$ 600,000	$ 400,000	$ 900,000	$ 2,250,000	$750K/Assoc: $350K yr. 1, $250K yr. 2, $150K yr. 3
Start Up Funds - Full	$ 500,000	$ 250,000	$ 250,000	$ 500,000	$ 500,000	$ 2,000,000	$1M/Full: $500K yr. 1, $250K yr. 2, $250K yr. 3
Subtotal Non-Recurring Expenses	**$ 875,000**	**$ 1,160,000**	**$ 1,535,000**	**$ 1,600,000**	**$ 2,535,000**	**$ 7,705,000**	
Grant Non-Faculty Salary Expenses	**$ 1,872,856**	**$ 2,342,855**	**$ 2,812,854**	**$ 4,685,710**	**$ 5,155,709**	**$ 16,869,984**	
Total Expenditures	**$ 3,457,896**	**$ 4,881,016**	**$ 6,407,498**	**$ 9,096,587**	**$ 11,211,723**	**$ 35,054,720**	
Balance w/ 100% F&A Return	**$ 81,250**	**$ 105,625**	**$ 40,000**	**$ 931,250**	**$ 305,625**	**$ 1,463,750**	
Grant F&A Returned to COM (75%)	**$ 717,188**	**$ 949,219**	**$ 1,181,250**	**$ 1,898,438**	**$ 2,130,469**	**$ 6,876,563**	
Balance w/ 75% F&A Return	**$ (157,813)**	**$ (210,781)**	**$ (353,750)**	**$ 298,438**	**$ (404,531)**	**$ (828,437)**	

USF Health Heart Institute

5 Assistant Professor Recruits

Physician Scientist Bench Lab Researchers

Typical Asst. Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Assistant Professor (UCS)	$ 248,000	$ 252,960	$ 258,019	$ 263,180	$ 268,443	$ 1,290,602	Asst. Starting Base Salary = $248K, AAMC 75thile - Mean of Specialty
Fringe Benefits @ 22%	$ 54,560	$ 55,651	$ 56,764	$ 57,900	$ 59,057	$ 283,932	
Total Compensation	**$ 302,560**	**$ 308,611**	**$ 314,783**	**$ 321,079**	**$ 327,501**	**$ 1,574,534**	
Grant Funded (Adj for NIH Cap)	$ 66,429	$ 66,429	$ 66,429	$ 66,429	$ 66,429	$ 332,145	Asst. faculty will cover 30% of salary from grants starting in yr. 1
State E&G Funded	$ 34,131	$ 40,182	$ 46,354	$ 52,650	$ 59,072	$ 232,389	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Clinic Funded	$ 122,000	$ 122,000	$ 122,000	$ 122,000	$ 122,000	$ 610,000	
Total Compensation Distribution	**$ 302,560**	**$ 308,611**	**$ 314,783**	**$ 321,079**	**$ 327,501**	**$ 1,574,534**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 66,429	$ 132,858	$ 199,287	$ 265,716	$ 332,145	$ 996,435	
State E&G Funding for Faculty Salary Support	$ 34,131	$ 74,313	$ 120,668	$ 173,318	$ 232,389	$ 634,819	
Endowment Earnings for Faculty Salary	$ 80,000	$ 160,000	$ 240,000	$ 320,000	$ 400,000	$ 1,200,000	
Clinic Faculty Salary Support	$ 122,000	$ 244,000	$ 366,000	$ 488,000	$ 610,000	$ 1,830,000	
Grant Non-Faculty Salary Support	$ 183,571	$ 367,142	$ 550,713	$ 734,284	$ 917,855	$ 2,753,565	
Grant F&A Returned to COM (100%)	$ 123,750	$ 247,500	$ 371,250	$ 495,000	$ 618,750	$ 1,856,250	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 609,881**	**$ 1,225,813**	**$ 1,847,918**	**$ 2,476,318**	**$ 3,111,139**	**$ 9,271,069**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Assistant Professor	$ 302,560	$ 308,611	$ 314,783	$ 321,079	$ 327,501	$ 1,574,534	
Assistant Professor	$ -	$ 302,560	$ 308,611	$ 314,783	$ 321,079	$ 1,247,034	
Assistant Professor	$ -	$ -	$ 302,560	$ 308,611	$ 314,783	$ 925,955	
Assistant Professor	$ -	$ -	$ -	$ 302,560	$ 308,611	$ 611,171	
Assistant Professor	$ -	$ -	$ -	$ -	$ 302,560	$ 302,560	
Total Faculty Compensation	**$ 302,560**	**$ 611,171**	**$ 925,955**	**$ 1,247,034**	**$ 1,574,534**	**$ 4,661,254**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Asst @$25k ea.	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 25,000	$ 125,000	
Start Up Funds - Assistant	$ 300,000	$ 500,000	$ 625,000	$ 625,000	$ 1,075,000	$ 3,125,000	$625K/Asst: $300K yr. 1, $200K yr. 2, $125K yr. 3
Subtotal Non-Recurring Expenses	**$ 325,000**	**$ 525,000**	**$ 650,000**	**$ 650,000**	**$ 1,100,000**	**$ 3,250,000**	
Grant Non-Faculty Salary Expenses	**$ 183,571**	**$ 367,142**	**$ 550,713**	**$ 734,284**	**$ 917,855**	**$ 2,753,565**	
Total Expenditures	**$ 811,131**	**$ 1,503,313**	**$ 2,126,668**	**$ 2,631,318**	**$ 3,592,389**	**$ 10,664,819**	
Balance w/ 100% F&A Return	**$ (201,250)**	**$ (277,500)**	**$ (278,750)**	**$ (155,000)**	**$ (481,250)**	**$ (1,393,750)**	
Grant F&A Returned to COM (75%)	**$ 92,813**	**$ 185,625**	**$ 278,438**	**$ 371,250**	**$ 464,063**	**$ 1,392,188**	
Balance w/ 75% F&A Return	**$ (232,188)**	**$ (339,375)**	**$ (371,563)**	**$ (278,750)**	**$ (635,938)**	**$ (1,857,813)**	

USF Health Heart Institute

3 Associate Professor Recruits

Physician Scientist Bench Lab Researchers

Typical Assoc. Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Associate Professor (UCS)	$ 288,000	$ 293,760	$ 299,635	$ 305,628	$ 311,740	$ 1,498,764	Assoc. Starting Base Salary = $288K, AAMC 75thile - Mean of Specialty
Fringe Benefits @ 22%	$ 63,360	$ 64,627	$ 65,920	$ 67,238	$ 68,583	$ 329,728	
Total Compensation	**$ 351,360**	**$ 358,387**	**$ 365,555**	**$ 372,866**	**$ 380,323**	**$ 1,828,492**	
Grant Funded (Adj for NIH Cap)	$ 88,572	$ 88,572	$ 88,572	$ 88,572	$ 88,572	$ 442,860	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
State E&G Funded	$ 60,788	$ 67,815	$ 74,983	$ 82,294	$ 89,751	$ 375,632	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Clinic Funded	$ 122,000	$ 122,000	$ 122,000	$ 122,000	$ 122,000	$ 610,000	
Total Compensation Distribution	**$ 351,360**	**$ 358,387**	**$ 365,555**	**$ 372,866**	**$ 380,323**	**$ 1,828,492**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ -	$ 88,572	$ 177,144	$ 177,144	$ 265,716	$ 708,576	
State E&G Funding for Faculty Salary Support	$ -	$ 60,788	$ 128,603	$ 142,798	$ 218,065	$ 550,254	
Endowment Earnings for Faculty Salary	$ -	$ 80,000	$ 160,000	$ 160,000	$ 240,000	$ 640,000	
Clinic Faculty Salary Support	$ -	$ 122,000	$ 244,000	$ 244,000	$ 366,000	$ 976,000	
Grant Non-Faculty Salary Support	$ -	$ 286,428	$ 572,856	$ 572,856	$ 859,284	$ 2,291,424	
Grant F&A Returned to COM (100%)	$ -	$ 185,625	$ 371,250	$ 371,250	$ 556,875	$ 1,485,000	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ -**	**$ 823,413**	**$ 1,653,853**	**$ 1,668,048**	**$ 2,505,940**	**$ 6,651,254**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Associate Professor	$ -	$ 351,360	$ 358,387	$ 365,555	$ 372,866	$ 1,448,168	
Associate Professor	$ -	$ -	$ 351,360	$ 358,387	$ 365,555	$ 1,075,302	
Associate Professor	$ -	$ -	$ -	$ -	$ 351,360	$ 351,360	
Total Faculty Compensation	**$ -**	**$ 351,360**	**$ 709,747**	**$ 723,942**	**$ 1,089,781**	**$ 2,874,830**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Assoc $35k ea.	$ -	$ 35,000	$ 35,000	$ -	$ 35,000	$ 105,000	
Start Up Funds - Associate	$ -	$ 350,000	$ 600,000	$ 400,000	$ 900,000	$ 2,250,000	$750K/Assoc: $350K yr. 1, $250K yr. 2, $150K yr. 3
Subtotal Non-Recurring Expenses	**$ -**	**$ 385,000**	**$ 635,000**	**$ 400,000**	**$ 935,000**	**$ 2,355,000**	
Grant Non-Faculty Salary Expenses	**$ -**	**$ 286,428**	**$ 572,856**	**$ 572,856**	**$ 859,284**	**$ 2,291,424**	
Total Expenditures	**$ -**	**$ 1,022,788**	**$ 1,917,603**	**$ 1,696,798**	**$ 2,884,065**	**$ 7,521,254**	
Balance w/ 100% F&A Return	**$ -**	**$ (199,375)**	**$ (263,750)**	**$ (28,750)**	**$ (378,125)**	**$ (870,000)**	
Grant F&A Returned to COM (75%)	**$ -**	**$ 139,219**	**$ 278,438**	**$ 278,438**	**$ 417,656**	**$ 1,113,750**	
Balance w/ 75% F&A Return	**$ -**	**$ (245,781)**	**$ (356,563)**	**$ (121,563)**	**$ (517,344)**	**$ (1,241,250)**	

USF Health Heart Institute

2 Full Professor Recruits

Physician Scientist Bench Lab Researchers

Typical Full Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Full Professor (UCS)	$ 334,000	$ 340,680	$ 347,494	$ 354,443	$ 361,532	$ 1,738,149	Full Starting Base Salary = $334K, AAMC 75thile - Mean of Specialty
Fringe Benefits @ 22%	$ 73,480	$ 74,950	$ 76,449	$ 77,978	$ 79,537	$ 382,393	
Total Compensation	**$ 407,480**	**$ 415,630**	**$ 423,942**	**$ 432,421**	**$ 441,069**	**$ 2,120,542**	
Grant Funded (Adj for NIH Cap)	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 553,575	Full. faculty will cover 50% of salary from grants starting in yr. 1
State E&G Funded	$ 216,765	$ 224,915	$ 233,227	$ 241,706	$ 250,354	$ 1,166,967	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Clinic Funded	$ -	$ -	$ -	$ -	$ -	$ -	
Total Compensation Distribution	**$ 407,480**	**$ 415,630**	**$ 423,942**	**$ 432,421**	**$ 441,069**	**$ 2,120,542**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 110,715	$ 110,715	$ 110,715	$ 221,430	$ 221,430	$ 775,005	
State E&G Funding for Faculty Salary Support	$ 216,765	$ 224,915	$ 233,227	$ 458,471	$ 475,269	$ 1,608,647	
Endowment Earnings for Faculty Salary	$ 80,000	$ 80,000	$ 80,000	$ 160,000	$ 160,000	$ 560,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 1,689,285	$ 1,689,285	$ 1,689,285	$ 3,378,570	$ 3,378,570	$ 11,824,995	
Grant F&A Returned to COM (100%)	$ 832,500	$ 832,500	$ 832,500	$ 1,665,000	$ 1,665,000	$ 5,827,500	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 2,929,265**	**$ 2,937,415**	**$ 2,945,727**	**$ 5,883,471**	**$ 5,900,269**	**$ 20,596,147**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Full Professor	$ 407,480	$ 415,630	$ 423,942	$ 432,421	$ 441,069	$ 2,120,542	
Full Professor	$ -	$ -	$ -	$ 407,480	$ 415,630	$ 823,110	
Total Faculty Compensation	**$ 407,480**	**$ 415,630**	**$ 423,942**	**$ 839,901**	**$ 856,699**	**$ 2,943,652**	
Faculty Recruitment Non-Recurring							
Lab Relocation - Full @50k ea.	$ 50,000	$ -	$ -	$ 50,000	$ -	$ 100,000	
Start Up Funds - Full	$ 500,000	$ 250,000	$ 250,000	$ 500,000	$ 500,000	$ 2,000,000	$1M/Full: $500K yr. 1, $250K yr. 2, $250K yr. 3
Subtotal Non-Recurring Expenses	**$ 550,000**	**$ 250,000**	**$ 250,000**	**$ 550,000**	**$ 500,000**	**$ 2,100,000**	
Grant Non-Faculty Salary Expenses	**$ 1,689,285**	**$ 1,689,285**	**$ 1,689,285**	**$ 3,378,570**	**$ 3,378,570**	**$ 11,824,995**	
Total Expenditures	**$ 2,646,765**	**$ 2,354,915**	**$ 2,363,227**	**$ 4,768,471**	**$ 4,735,269**	**$ 16,868,647**	
Balance w/ 100% F&A Return	**$ 282,500**	**$ 582,500**	**$ 582,500**	**$ 1,115,000**	**$ 1,165,000**	**$ 3,727,500**	
Grant F&A Returned to COM (75%)	**$ 624,375**	**$ 624,375**	**$ 624,375**	**$ 1,248,750**	**$ 1,248,750**	**$ 4,370,625**	
Balance w/ 75% F&A Return	**$ 74,375**	**$ 374,375**	**$ 374,375**	**$ 698,750**	**$ 748,750**	**$ 2,270,625**	

USF Health Heart Institute

7 Recruits

Bioinformatics Researchers

REVENUE	YR 1	YR 2	YR 3	YR 4	YR 5	Total	Comments
Grant Faculty Salary Support	$ 45,750	$ 282,186	$ 364,671	$ 480,466	$ 564,702	$ 1,737,775	
State E&G Funding for Faculty Salary Support	$ 106,750	$ 323,364	$ 373,830	$ 457,465	$ 516,027	$ 1,777,436	
Endowment Earnings for Faculty Salary	$ -	$ 160,000	$ 240,000	$ 320,000	$ 400,000	$ 1,120,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 204,250	$ 1,092,814	$ 1,385,329	$ 1,769,534	$ 2,060,298	$ 6,512,225	
Grant F&A Returned to COM (100%)	$ 123,750	$ 680,625	$ 866,250	$ 1,113,750	$ 1,299,375	$ 4,083,750	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 480,500**	**$ 2,538,989**	**$ 3,230,080**	**$ 4,141,215**	**$ 4,840,402**	**$ 15,231,186**	

EXPENDITURES	YR 1	YR 2	YR 3	YR 4	YR 5	Total	Comments
Faculty Recruitment Compensation							
Assistant Professor	$ 152,500	$ 155,550	$ 158,661	$ 161,834	$ 165,071	$ 793,616	Asst. Starting Base Salary = $125K, AAMC 75thile
Assistant Professor	$ -	$ 152,500	$ 155,550	$ 158,661	$ 161,834	$ 628,545	Asst. faculty will cover 30% of salary from grants starting in yr. 1
Associate Professor	$ -	$ 197,640	$ 201,593	$ 205,625	$ 209,737	$ 814,595	Assoc. Starting Base Salary = $162K, AAMC 75thile
Associate Professor	$ -	$ -	$ 197,640	$ 201,593	$ 205,625	$ 604,857	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
Associate Professor	$ -	$ -	$ -	$ -	$ 197,640	$ 197,640	
Full Professor	$ -	$ 259,860	$ 265,057	$ 270,358	$ 275,766	$ 1,071,041	Full Starting Base Salary = $213K, AAMC 75thile
Full Professor	$ -	$ -	$ -	$ 259,860	$ 265,057	$ 524,917	Full faculty will cover 50% of salary from grants starting in yr. 1
Total Faculty Compensation	**$ 152,500**	**$ 765,550**	**$ 978,501**	**$ 1,257,931**	**$ 1,480,730**	**$ 4,635,212**	
Faculty Recruitment Non-Recurring							
Relocation Costs - Asst @10k ea.	$ 10,000	$ 10,000	$ -	$ -	$ -	$ 20,000	
Relocation Costs - Assoc @$15k ea.	$ -	$ 15,000	$ 15,000	$ -	$ 15,000	$ 45,000	
Relocation Costs - Full @$20k ea.	$ -	$ 20,000	$ -	$ 20,000	$ -	$ 40,000	
Start Up Funds - Assistant	$ 150,000	$ 200,000	$ 100,000	$ 50,000	$ -	$ 500,000	$250K/Asst: $150K yr. 1, $50K yr. 2, $50K yr. 3
Start Up Funds - Associate	$ -	$ 200,000	$ 300,000	$ 150,000	$ 400,000	$ 1,050,000	$350K/Assoc: $200K yr. 1, $100K yr. 2, $50K yr. 3
Start Up Funds - Full	$ -	$ 250,000	$ 150,000	$ 350,000	$ 250,000	$ 1,000,000	$500K/Full: $250K yr. 1, $150K yr. 2, $100K yr. 3
Subtotal Non-Recurring Expenses	**$ 160,000**	**$ 695,000**	**$ 565,000**	**$ 570,000**	**$ 665,000**	**$ 2,655,000**	
Grant Non-Faculty Salary Expenses	**$ 204,250**	**$ 1,092,814**	**$ 1,385,329**	**$ 1,769,534**	**$ 2,060,298**	**$ 6,512,225**	
Total Expenditures	**$ 516,750**	**$ 2,553,364**	**$ 2,928,830**	**$ 3,597,465**	**$ 4,206,027**	**$ 13,802,436**	
Balance w/ 100% F&A Return	**$ (36,250)**	**$ (14,375)**	**$ 301,250**	**$ 543,750**	**$ 634,375**	**$ 1,428,750**	
Grant F&A Returned to COM (75%)	**$ 92,813**	**$ 510,469**	**$ 649,688**	**$ 835,313**	**$ 974,531**	**$ 3,062,813**	
Balance w/ 75% F&A Return	**$ (67,188)**	**$ (184,531)**	**$ 84,687**	**$ 265,313**	**$ 309,531**	**$ 407,813**	

USF Health Heart Institute

2 Assistant Professor Recruits

Bioinformatics Researchers

Typical Asst. Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Assistant Professor (UCS)	$ 125,000	$ 127,500	$ 130,050	$ 132,651	$ 135,304	$ 650,505	Asst. Starting Base Salary = $125K, AAMC 75thile
Fringe Benefits @ 22%	$ 27,500	$ 28,050	$ 28,611	$ 29,183	$ 29,767	$ 143,111	
Total Compensation	**$ 152,500**	**$ 155,550**	**$ 158,661**	**$ 161,834**	**$ 165,071**	**$ 793,616**	
Grant Funded	$ 45,750	$ 46,665	$ 47,598	$ 48,550	$ 49,521	$ 238,085	Asst. faculty will cover 30% of salary from grants starting in yr. 1
State E&G Funded	$ 106,750	$ 108,885	$ 111,063	$ 113,284	$ 115,550	$ 555,531	
Endowment Funded	$ -	$ -	$ -	$ -	$ -	$ -	
Total Compensation Distribution	**$ 152,500**	**$ 155,550**	**$ 158,661**	**$ 161,834**	**$ 165,071**	**$ 793,616**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ 45,750	$ 92,415	$ 94,263	$ 96,149	$ 98,072	$ 426,648	
State E&G Funding for Faculty Salary Support	$ 106,750	$ 215,635	$ 219,948	$ 224,347	$ 228,834	$ 995,513	
Endowment Earnings for Faculty Salary	$ -	$ -	$ -	$ -	$ -	$ -	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ 204,250	$ 407,585	$ 405,737	$ 403,851	$ 401,928	$ 1,823,352	
Grant F&A Returned to COM (100%)	$ 123,750	$ 247,500	$ 247,500	$ 247,500	$ 247,500	$ 1,113,750	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ 480,500**	**$ 963,135**	**$ 967,448**	**$ 971,847**	**$ 976,334**	**$ 4,359,263**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Assistant Professor	$ 152,500	$ 155,550	$ 158,661	$ 161,834	$ 165,071	$ 793,616	
Assistant Professor	$ -	$ 152,500	$ 155,550	$ 158,661	$ 161,834	$ 628,545	
Total Faculty Compensation	**$ 152,500**	**$ 308,050**	**$ 314,211**	**$ 320,495**	**$ 326,905**	**$ 1,422,161**	
Faculty Recruitment Non-Recurring							
Relocation Costs - Asst @10k ea.	$ 10,000	$ 10,000	$ -	$ -	$ -	$ 20,000	
Start Up Funds - Assistant	$ 150,000	$ 200,000	$ 100,000	$ 50,000	$ -	$ 500,000	$250K/Asst: $150K yr. 1, $50K yr. 2, $50K yr. 3
Subtotal Non-Recurring Expenses	**$ 160,000**	**$ 210,000**	**$ 100,000**	**$ 50,000**	**$ -**	**$ 520,000**	
Grant Non-Faculty Salary Expenses	**$ 204,250**	**$ 407,585**	**$ 405,737**	**$ 403,851**	**$ 401,928**	**$ 1,823,352**	
Total Expenditures	**$ 516,750**	**$ 925,635**	**$ 819,948**	**$ 774,347**	**$ 728,834**	**$ 3,765,513**	
Balance w/ 100% F&A Return	**$ (36,250)**	**$ 37,500**	**$ 147,500**	**$ 197,500**	**$ 247,500**	**$ 593,750**	
Grant F&A Returned to COM (75%)	**$ 92,813**	**$ 185,625**	**$ 185,625**	**$ 185,625**	**$ 185,625**	**$ 835,313**	
Balance w/ 75% F&A Return	**$ (67,188)**	**$ (24,375)**	**$ 85,625**	**$ 135,625**	**$ 185,625**	**$ 315,313**	

USF Health Heart Institute

3 Associate Professor Recruits

Bioinformatics Researchers

Typical Assoc. Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Associate Professor (UCS)	$ 162,000	$ 165,240	$ 168,545	$ 171,916	$ 175,354	$ 843,055	Assoc. Starting Base Salary = $162K, AAMC 75thile
Fringe Benefits @ 22%	$ 35,640	$ 36,353	$ 37,080	$ 37,821	$ 38,578	$ 185,472	
Total Compensation	**$ 197,640**	**$ 201,593**	**$ 205,625**	**$ 209,737**	**$ 213,932**	**$ 1,028,526**	
Grant Funded	$ 79,056	$ 80,637	$ 82,250	$ 83,895	$ 85,573	$ 411,411	Assoc. faculty will cover 40% of salary from grants starting in yr. 1
State E&G Funded	$ 38,584	$ 40,956	$ 43,375	$ 45,842	$ 48,359	$ 217,116	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Total Compensation Distribution	**$ 197,640**	**$ 201,593**	**$ 205,625**	**$ 209,737**	**$ 213,932**	**$ 1,028,526**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ -	$ 79,056	$ 159,693	$ 162,887	$ 245,201	$ 646,837	
State E&G Funding for Faculty Salary Support	$ -	$ 38,584	$ 79,540	$ 84,330	$ 127,801	$ 330,255	
Endowment Earnings for Faculty Salary	$ -	$ 80,000	$ 160,000	$ 160,000	$ 240,000	$ 640,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ -	$ 295,944	$ 590,307	$ 587,113	$ 879,799	$ 2,353,163	
Grant F&A Returned to COM (100%)	$ -	$ 185,625	$ 371,250	$ 371,250	$ 556,875	$ 1,485,000	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ -**	**$ 679,209**	**$ 1,360,790**	**$ 1,365,580**	**$ 2,049,676**	**$ 5,455,255**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Associate Professor	$ -	$ 197,640	$ 201,593	$ 205,625	$ 209,737	$ 814,595	
Associate Professor	$ -	$ -	$ 197,640	$ 201,593	$ 205,625	$ 604,857	
Associate Professor	$ -	$ -	$ -	$ -	$ 197,640	$ 197,640	
Total Faculty Compensation	**$ -**	**$ 197,640**	**$ 399,233**	**$ 407,217**	**$ 613,002**	**$ 1,617,092**	
Faculty Recruitment Non-Recurring							
Relocation Costs - Assoc @$15k ea.	$ -	$ 15,000	$ 15,000	$ -	$ 15,000	$ 45,000	
Start Up Funds - Associate	$ -	$ 200,000	$ 300,000	$ 150,000	$ 400,000	$ 1,050,000	$350K/Assoc: $200K yr. 1, $100K yr. 2, $50K yr. 3
Subtotal Non-Recurring Expenses	**$ -**	**$ 215,000**	**$ 315,000**	**$ 150,000**	**$ 415,000**	**$ 1,095,000**	
Grant Non-Faculty Salary Expenses	**$ -**	**$ 295,944**	**$ 590,307**	**$ 587,113**	**$ 879,799**	**$ 2,353,163**	
Total Expenditures	**$ -**	**$ 708,584**	**$ 1,304,540**	**$ 1,144,330**	**$ 1,907,801**	**$ 5,065,255**	
Balance w/ 100% F&A Return	**$ -**	**$ (29,375)**	**$ 56,250**	**$ 221,250**	**$ 141,875**	**$ 390,000**	
Grant F&A Returned to COM (75%)	**$ -**	**$ 139,219**	**$ 278,438**	**$ 278,438**	**$ 417,656**	**$ 1,113,750**	
Balance w/ 75% F&A Return	**$ -**	**$ (75,781)**	**$ (36,563)**	**$ 128,438**	**$ 2,656**	**$ 18,750**	

USF Health Heart Institute

2 Full Professor Recruits

Bioinformatics Researchers

Typical Full Prof Salary Breakdown	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Full Professor (UCS)	$ 213,000	$ 217,260	$ 221,605	$ 226,037	$ 230,558	$ 1,108,461	Full Starting Base Salary = $213K, AAMC 75thile
Fringe Benefits @ 22%	$ 46,860	$ 47,797	$ 48,753	$ 49,728	$ 50,723	$ 243,861	
Total Compensation	**$ 259,860**	**$ 265,057**	**$ 270,358**	**$ 275,766**	**$ 281,281**	**$ 1,352,322**	
Grant Funded (Adj for NIH Cap)	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 110,715	$ 553,575	Full faculty will cover 50% of salary from grants starting in yr. 1
State E&G Funded	$ 69,145	$ 74,342	$ 79,643	$ 85,051	$ 90,566	$ 398,747	
Endowment Funded	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 80,000	$ 400,000	
Total Compensation Distribution	**$ 259,860**	**$ 265,057**	**$ 270,358**	**$ 275,766**	**$ 281,281**	**$ 1,352,322**	

Rows Above are Provided to Compensation and Delineate Compensation Distribution

REVENUE	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Grant Faculty Salary Support	$ -	$ 110,715	$ 110,715	$ 221,430	$ 221,430	$ 664,290	
State E&G Funding for Faculty Salary Support	$ -	$ 69,145	$ 74,342	$ 148,788	$ 159,393	$ 451,668	
Endowment Earnings for Faculty Salary	$ -	$ 80,000	$ 80,000	$ 160,000	$ 160,000	$ 480,000	
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -	
Grant Non-Faculty Salary Support	$ -	$ 389,285	$ 389,285	$ 778,570	$ 778,570	$ 2,335,710	
Grant F&A Returned to COM (100%)	$ -	$ 247,500	$ 247,500	$ 495,000	$ 495,000	$ 1,485,000	
LBR for Startup & Infrastructure	$ -	$ -	$ -	$ -	$ -	$ -	
Total Revenue	**$ -**	**$ 896,645**	**$ 901,842**	**$ 1,803,788**	**$ 1,814,393**	**$ 5,416,668**	

EXPENDITURES	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**	**Total**	**Comments**
Faculty Recruitment Compensation							
Full Professor	$ -	$ 259,860	$ 265,057	$ 270,358	$ 275,766	$ 1,071,041	
Full Professor	$ -	$ -	$ -	$ 259,860	$ 265,057	$ 524,917	
Total Faculty Compensation	**$ -**	**$ 259,860**	**$ 265,057**	**$ 530,218**	**$ 540,823**	**$ 1,595,958**	
Faculty Recruitment Non-Recurring							
Relocation Costs - Full @$20k ea.	$ -	$ 20,000	$ -	$ 20,000	$ -	$ 40,000	
Start Up Funds - Full	$ -	$ 250,000	$ 150,000	$ 350,000	$ 250,000	$ 1,000,000	$500K/Full: $250K yr. 1, $150K yr. 2, $100K yr. 3
Subtotal Non-Recurring Expenses	**$ -**	**$ 270,000**	**$ 150,000**	**$ 370,000**	**$ 250,000**	**$ 1,040,000**	
Grant Non-Faculty Salary Expenses	**$ -**	**$ 389,285**	**$ 389,285**	**$ 778,570**	**$ 778,570**	**$ 2,335,710**	
Total Expenditures	**$ -**	**$ 919,145**	**$ 804,342**	**$ 1,678,788**	**$ 1,569,393**	**$ 4,971,668**	
Balance w/ 100% F&A Return	**$ -**	**$ (22,500)**	**$ 97,500**	**$ 125,000**	**$ 245,000**	**$ 445,000**	
Grant F&A Returned to COM (75%)	**$ -**	**$ 185,625**	**$ 185,625**	**$ 371,250**	**$ 371,250**	**$ 1,113,750**	
Balance w/ 75% F&A Return	**$ -**	**$ (84,375)**	**$ 35,625**	**$ 1,250**	**$ 121,250**	**$ 73,750**	

USF Health Heart Institute

Research Infrastructure

REVENUE	YR 1	YR 2	YR 3	YR 4	YR 5	Total
Grant Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -
State E&G Funding for Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -
Endowment Earnings for Faculty Salary	$ -	$ -	$ -	$ -	$ -	$ -
Clinic Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -
Grant Non-Faculty Salary Support	$ -	$ -	$ -	$ -	$ -	$ -
Grant F&A Returned to COM (50%)	$ -	$ -	$ -	$ -	$ -	$ -
LBR for Startup & Infrastructure	$ 13,230,280	$ -	$ -	$ -	$ -	$ 13,230,280
Total Revenue	**$ 13,230,280**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 13,230,280**

EXPENDITURES	YR 1	YR 2	YR 3	YR 4	YR 5	Total	Comments
Infrastructure							Number of Hires = 5
Operational Personnel	$ 391,500	$ 403,245	$ 415,342	$ 427,803	$ 440,637	$ 2,078,527	Salary & Benefits for 5 FTEs
IS Infrastructure	$ 1,000,000	$ -	$ -	$ -	$ -	$ 1,000,000	
Common Equipment	$ 6,000,000	$ 1,250,000	$ 250,000	$ 250,000	$ 250,000	$ 8,000,000	Purchase Equipment in Yr1 & 2, need service contracts & repairs
Cores	$ 2,000,000	$ -	$ -	$ -	$ -	$ 2,000,000	
Total Infrastructure Expenses	**$ 9,391,500**	**$ 1,653,245**	**$ 665,342**	**$ 677,803**	**$ 690,637**	**$ 13,078,527**	
Balance	**$ 3,838,780**	**$ (1,653,245)**	**$ (665,342)**	**$ (677,803)**	**$ (690,637)**	**$ 151,753**	

USF Health Heart Institute

Endowment

MCOM	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Endowment #1	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #2		$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #3			$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #4				$ 2,000,000	$ 2,000,000
Endowment #5					$ 2,000,000
Development					
Endowment #1	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #2	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #3	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #4		$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #5		$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #6		$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #7		$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #8			$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #9			$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #10			$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #11			$ 2,000,000	$ 2,000,000	$ 2,000,000
Endowment #12				$ 2,000,000	$ 2,000,000
Endowment #13				$ 2,000,000	$ 2,000,000
Endowment #14				$ 2,000,000	$ 2,000,000
Endowment #15				$ 2,000,000	$ 2,000,000
Endowment #16					$ 2,000,000
Endowment #17					$ 2,000,000
Endowment #18					$ 2,000,000
Endowment #19					$ 2,000,000
Endowment #20					$ 2,000,000
Total Principal	$ 8,000,000	$ 18,000,000	$ 28,000,000	$ 38,000,000	$ 50,000,000
Total Number of Endowments	4	9	14	19	25
New Endowments/Year	2	5	5	5	6
Est. Annual Earnings @ 4%	$ 320,000	$ 720,000	$ 1,120,000	$ 1,520,000	$ 2,000,000

USF Health Heart Institute

Grant & Contract Estimate

Number of Faculty Hires	Faculty Recruitment	# of Grants	Direct	F&A	Total	Total for all Hires
12	Assistant Professor	1 RO1	$ 250,000	$ 123,750	$ 373,750	$ 4,485,000
10	Associate Professor	1.5 RO1	$ 375,000	$ 185,625	$ 560,625	$ 5,606,250
9	Full Professor	2 RO1	$ 500,000	$ 247,500	$ 747,500	$ 6,727,500
					Total	**$ 16,818,750**
		6 P's or U's	$ 1,000,000	$ 495,000	$ 1,495,000	$ 8,970,000
					Annual Total	**$ 25,788,750**
	2 PI's will have this	Clinical Trials	$ 300,000	$ 90,000	$ 390,000	$ 780,000
		2 T32	$ 460,000	$ 36,800	$ 496,800	$ 993,600
					Net Total	**$ 27,562,350**
		Offset expenses for GA's, Post-Docs, Fellows	$ 200,000	per a T32	Total Savings	$ 400,000

Letters of Support

TGH Tampa General Hospital

February 4, 2015

Morteza "Mori" Hosseini
Chairman of the Board
Florida Board of Governors
State University System
325 West Gaines Street, Suite 1614
Tallahassee, FL 32399-0400

Dear Chairman Hosseini,

The governing board of Tampa General Hospital extends its unqualified support of the proposed relocation of the USF Health Morsani College of Medicine from the university campus to downtown Tampa.

Tampa General is the primary teaching hospital for USF Health and has served in that capacity since the medical school was established in 1970. This affiliation greatly benefits the residents of the Tampa Bay area, who have access to an array of unique medical services most community hospitals cannot provide. And research shows that medical residents tend to start their practices where they attended medical school.

Moving the medical school closer to its primary teaching hospital is logical from a health and economic standpoint and is long overdue. Tampa General is one of the region's largest employers and most medical school faculty work at the hospital. Each year we provide clinical training to more than 300 future doctors, with third and fourth-year residents spending the bulk of their time at the hospital. Most other academic medical centers (top 50 schools) have the hospital and medical school close to each other, generally within walking distance. The present level of physical separation puts us at a competitive disadvantage in that our students cannot seamlessly move from a teaching environment to the clinical setting. This further inhibits our two organizations' mutual ability to work collaboratively on programs of current strength.

USF Health operates the Center for Advanced Medical Learning and Simulation (CAMLS), which is less than a half-mile from the proposed new location. CAMLS is a state-of-the-art medical simulation center and training facility that provides world-class health education and professional development in the medical field. It attracts international and national groups that contribute to the economic base of the region.

This request comes at a time when the relationship between the medical school and Tampa General Hospital has never been stronger. The university and hospital have a strong three-year affiliation agreement that automatically renews every year.

The hospital provides millions of dollars in financial support to the medical school. The CEO of Tampa General now holds a university title and attends its leadership meetings; the medical school dean holds a Tampa General title and attends executive level management meetings.

The changing landscape of healthcare will demand an even closer relationship as hospitals and physicians assume greater responsibility for keeping people healthy and out of the hospital. A downtown location for the medical school will be a valuable tool for recruiting more nationally recognized faculty members, who can both provide unique care to Tampa Bay residents and bring in more research funding to the area.

Looking beyond our relationship with the medical school and the numerous benefits such relocation will create, please also consider the impact this relocation will have on the continued economic revitalization of the community and the health of its residents. Moving the medical school is as vitally important to the hospital as it is to USF Health.

It will create badly needed economies of scale at a time of declining reimbursements and improve the efficiency of delivering medical services to the people we serve. It will allow USF Health and Tampa General to further our cooperative efforts as a leading academic medical center – the engine that will drive Tampa Bay's development as a national hub for health innovation and biotechnology.

You may also consider the potential your support can have on the future of economic development, the delivery of health care, and our ability to retain physicians coming out of medical school – we want them to remain in Florida.

As the chair of the Tampa General governing board, I strongly urge the Florida Board of Governors to approve this exciting new project. Please take the steps needed to help relocate the medical school closer to the hospital that has proudly served as its primary teaching facility for more than four decades.

Sincerely,

John A. Brabson Jr.
Chairman of the Board
Tampa General Hospital

Cc: Judy Genshaft, President. University of South Florida
Charles Lockwood, SVP, USF Health and Dean USF Morsani College of Medicine
Hal Mullis, Chairman of Board, USF
Jim Burkhart, President and CEO, TGH

USF HEALTH

Jan. 20, 2015

Gov. Mori Hosseini, Chair
Board of Governors
State University System of Florida

Dear Gov. Hosseini,

We, the elected student leaders at the University of South Florida Morsani College of Medicine (USF MCOM), wish to formally convey our support for the USF Board of Trustees' plan to locate the new facility to house the College in downtown Tampa and respectfully request the approval of the Board of Governors for the Trustees' plan.

Placing the college in downtown Tampa has a myriad of advantages for current and future USF MCOM students. First, it will allow future students to be within a short walking distance of our major teaching hospital, Tampa General Hospital. This reduces what is now up to an hour round-trip commute to a matter of minutes, giving students more time to interact with faculty and peers, and allowing them more energy to focus on class and clinical work. It also moves us within just a couple city blocks of the USF Center for Advanced Medical Learning and Simulation, a valuable resource for cutting-edge training that will put us head-and-shoulders above other medical students entering the job market.

Secondly, approximately half of our existing student body already lives in South Tampa – particularly during their clinical years (years 3 and 4). The improvement to those students' quality of life by moving the college downtown cannot be overstated. It would also allow USF to recruit more top-talent students and faculty who similarly favor living nearby Tampa General Hospital and a vibrant metropolitan area.

As a group of young professional students, it is vital to have our school within the area of Tampa that will serve us best – both professionally and personally. We want to be part of the city's energy. We want to make contacts with future business leaders bustling in and out of offices, city officials who will look to us for our perspectives, hospital administrators who will help shape our careers and other young professionals with whom we will build our lives. While the existing location of the College provides some of these opportunities today, they are sure to be greatly enhanced in the newly proposed downtown location. In the vision for USF MCOM downtown, we see ourselves planting roots here. And as we grow and thrive, so too will our city, region and state.

We know you understand the power of universities to change lives, inspire innovation and drive our economy and our society forward. We are standing before a unique opportunity to do just that. We hope you and your colleagues on the Board of Governors will share our enthusiasm and support this project.

Thank you for all you do to support our education. Please know that your volunteer service is appreciated and admired by USF students.

Warm regards,

Trevor K. Lewis
Medical Student Council President

OFFICE OF STUDENT AFFAIRS • MORSANI COLLEGE OF MEDICINE
University of South Florida • 12901 Bruce B. Downs Blvd, MDC Box 4 • Tampa, FL 33612-4799
(813) 974-2068 • Fax 813) 974-8181

University of South Florida
Student Government Senate

JB [R] 55-018
In Support of the
Morsani College of Medicine's New Building
55th Term
Spring 2015

A SENATE RESOLUTION

Be it resolved by the Senate of the University of South Florida Student Government assembled,

Whereas, this assembly, with great pride and Bull spirit, wishes to express support for the USF Board of Trustees' plan, adopted by unanimous vote at their December 4, 2014 meeting, to construct a new facility in downtown Tampa to house the USF Morsani College of Medicine and the USF Heart Institute.

Whereas, Dean Charles Lockwood has clearly outlined the academic advantages of locating the new facility within walking distance of the Morsani College of Medicine's primary teaching affiliate, Tampa General Hospital, as well as the advantages that the proposed new location would provide in recruiting faculty, staff, and prospective students.

Whereas, the students of the Morsani College of Medicine overwhelmingly favor the relocation of the College to downtown Tampa, bringing them closer to USF's main teaching hospital, the USF Center for Advanced Medical Learning and Simulation and other health opportunities in downtown and south Tampa.

Whereas, many USF medical students and faculty already reside in south Tampa, and therefore the proposed new location would greatly improve their quality of life.

Whereas, it is forecasted that building the project at the proposed new location will bring a total of $215 million dollars and 1,467 jobs to the state of Florida.

Whereas, Mr. Jeff Vinik, owner of the Tampa Bay Lightning, has donated an acre of land to the University of South Florida upon which to build the new facility and has expressed his vision foreseeing the new USF complex as an anchor for the redevelopment of downtown Tampa that will bring youth, vibrancy and high-skill, high-wage jobs to the area.

Whereas, Mayor Bob Buckhorn has also pledged his continued support on behalf of the City of Tampa, calling this project a "game-changer" for our region.

Whereas, the Board of County Commissioners for Hillsborough County recently unanimously adopted a resolution congratulating and supporting the Board of Trustees' plan for the new Morsani College of Medicine and Heart Institute facility.

Therefore, be it resolved by the Senate of the University of South Florida Student Government Assembled, that on behalf of the student body, this body:

1. Extends its full support for the plans to construct the new USF Morsani College of Medicine and USF Heart Institute in downtown Tampa.

2. Commends the Board of Trustees for its foresight, vision and diligence in proposing this plan.

3. Extends heartfelt gratitude to Mr. Vinik and his partners for their generous donation to the university, which will benefit USF students now and for generations to come.

4. Respectfully requests that the Board of Governors of the State University System of Florida, the Florida Legislature and Governor Rick Scott support and provide the funding necessary to complete this project that is so critical to the success of current and future USF students.

ATTEST:

Andy Rodriguez
Senate President

Abdool Aziz
Senate President Pro-Tempore

Jean Cocco
Student Body Vice President & Trustee

Rhondel Whyte
Student Body Vice President

Trevor Lewis
Medical Student Council President

Ali Antar
Senator, Morsani College of Medicine

This is a true and correct copy of Joint Resolution 55-018, adopted by the Senate on 1/20/2015.

January 12, 2015

Morteza Hosseini, Chair
Board of Governors
State University System of Florida

Dear Mr. Hosseini,

The Executive Committee of the University of South Florida Morsani College of Medicine Faculty Council would like to express our strong support for the proposed expansion of USF MCOM to Downtown Tampa. Our committee has been in close contact with Dr. Charles Lockwood, Senior Vice President, USF Health during the development of this plan. We are convinced that this represents a unique opportunity for MCOM that will help our college of medicine become a leading institution in the areas of education, research and clinical practice.

As representatives of our Faculty, we encourage you and other members of the Board of Governors to approve the expansion to Downtown Tampa.

Sincerely,

Javier Cuevas, Ph.D.
President of the Faculty

CC. USF COM Faculty Council Executive Committee

Faculty Council • Morsani College of Medicine
University of South Florida · 12901 Bruce B. Downs Blvd., MDC Box 68 · Tampa, Florida 33612-4742
(813) 974-1334 · Fax (813) 974-5556

CITY OF TAMPA

Bob Buckhorn, Mayor

January 16, 2015

Morteza Hosseini, Chair
Florida Board of Governors
State University System of Florida
325 W. Gaines Street
Tallahassee, Florida 32399

Dear Chairman Hosseini,

Thank you for your consideration of the request before you to approve the relocation of the USF Morsani College of Medicine to downtown Tampa. As Mayor I can tell you that a favorable decision to approve this will be one of the most significant developments in the last two decades to occur in Tampa. The opportunity to create a medical educational complex anchored by the nationally recognized USF College of Medicine will create an environment that will help USF attract world class faculty and recruit the next generation of medical students to an urban environment in one of America's most exciting cities. It is in every sense of the word, a game changer for Tampa and for the University of South Florida.

Unlike many deals that you are presented with, this is a true partnership between Mr. Vinik, the City and the University. The City is committing to this project more than any other project we have embarked on since the construction of the Tampa Convention Center. As you can imagine, the resources of Florida's major cities were severely impacted as a result of the recession and the decline in property tax revenue. However we believe this project is of such significance to us that we are coming to the table with an unprecedented amount of investment to help facilitate this development.

Joining with our partners, the City of Tampa and Hillsborough County have recently agreed to extend the Downtown CRA through 2043 and are negotiating an agreement between the parties to obligate up $100 million in future TIF revenues for infrastructure improvements in this area. Included in the improvements would be roadway improvements, water and sewer capacity enhancements, landscaping and other amenities in the immediate vicinity of the proposed medical school site. These improvements will improve the road grid and square off development parcels not to mention improve the storm water runoff and retention issues. Furthermore we commit to you that we will fast track the permitting process to ensure the timely delivery of the building.

Just last week our City Council acting in their capacity as the CRA has approve the expenditure of the Tax Increment funds for this project and it is the possibility of the relocation of the medical school that was the driving force behind their vote.

306 E. Jackson Street • Tampa, Florida 33602 • (813) 274-8251 • Fax: (813) 274-7050

Engineering design work for the area is currently underway and a formalized agreement between the City of Tampa and Hillsborough County is expected to be completed early next year.

We recognize the value of having the University of South Florida as a partner in the redevelopment of downtown and will do what is necessary to ensure access to and from your potential site is maximized.

Mr Chairman, I have announced publicly my enthusiasm and support for the medical school project and I am prepared to help make it a reality. As we speak the skyline of Tampa is changing before our eyes. New residential towers, a completed Riverwalk, new hotels and more residential demand than available supply. It is a City that has taken on a whole new life and has become a destination for some of the best and brightest young people from around the world. This project secures that future for both Tampa and for USF.

All of us have seen the impact of the presence of a major university in an urban core and the ancillary economic development opportunities that follow. It is Florida's opportunity to do the same and I would ask for your support. I am of the opinion that this is one of the most important projects that the City has ever undertaken and I could not be more excited by the partnership that USF, Jeff Vinik and the City of Tampa are embarking on. Thank you for your consideration.

Sincerely,

Bob Buckhorn

Office of the County Administrator
PO Box 1110
Tampa, FL 33601-1110
Phone: (813) 276-2843
Fax: (813) 272-5248

HillsboroughCounty GOVERNMENT Florida

County Administrator
Michael S. Merrill

January 20, 2015

Governor Morteza "Mori" Hosseini, Chairman
Board of Governors
State University System of Florida
325 W. Gaines St.
Tallahassee, FL 32399

Dear Governor Hosseini:

It is with great pleasure that I transmit the Hillsborough County Commission's resolution supporting the University of South Florida's decision to co-locate and integrate the new USF Heart Institute and Morsani College of Medicine in downtown Tampa.

Downtown Tampa has long been a business and government center. Over the last decade, the urban core has experienced an unprecedented transformation into a vibrant residential neighborhood with a strong foundation of thriving businesses, leading governments, and a number of entertainment and cultural venues.

Educational institutions have also played a key role in the development of our community's business center. The USF Center for Advanced Medical Learning & Simulation (CAMLS) has been a major catalyst in the effort to raise this area's international profile. By constructing the new state-of-the-art Morsani College of Medicine in downtown Tampa, the region and the University will further cultivate synergy among commerce, education and government.

On behalf of Hillsborough County, I respectfully request your support of the University of South Florida's efforts. Please feel free to contact me if I can provide further support.

Sincerely,

Michael S. Merrill
County Administrator

Cc: Board of County Commissioners
Hal Mullis, Chairman, USF Board of Trustees
Judy Genshaft, President, USF

R15-008

RESOLUTION

R15-008

RESOLUTION NO. R15-008

A RESOLUTION CONGRATULATING AND SUPPORTING THE UNIVERSITY OF SOUTH FLORIDA FOR ITS DECISION TO CO-LOCATE THE INSTITUTION'S NEW HEART INSTITUTE AND MORSANI COLLEGE OF MEDICINE FACILITIES IN DOWNTOWN TAMPA; PROVIDING AN EFFECTIVE DATE

Upon motion by Commissioner Murman, seconded by Commissioner, Beckner, the following Resolution was adopted by a vote of 7 to 0 with N/A voting No.

WHEREAS, the University of South Florida is one of Hillsborough County's key economic drivers, having an annual economic impact of $4 billion on the Tampa Bay Region; and

WHEREAS, the University of South Florida is one of America's leading research institutions, receiving in excess of $400 million per year in external research contracts and grants; and

WHEREAS, the Morsani College of Medicine at the University of South Florida is one of America's best medical schools and among the National Institutes of Health's leading recipients of research grants each year; and

WHEREAS, heart disease remains one of the leading causes of death in Florida and in the United States, and the University of South Florida is seeking to combat this disease through the creation of a new USF Heart Institute; and

WHEREAS, medical education is constantly evolving and the training of highly-skilled physicians and other healthcare professionals is critical to the economic future of and quality-of-life in the County, and the University of South Florida is seeking to further this effort through the

construction of a new state-of-the-art, 21st Century model Morsani College of Medicine facility; and

WHEREAS, the downtown area of the City of Tampa within Hillsborough County is on the verge of undergoing what has been referred to as "one of the greatest urban redevelopment projects in the country," which will transform its appearance and vibrancy as a business, residential and entertainment center;

WHEREAS, the leading individual behind the vision and financing of the redevelopment of downtown Tampa is one of Hillsborough County's most distinguished residents, Mr. Jeff Vinik, owner of the Tampa Bay Lighting; and

WHEREAS, the University of South Florida, under the leadership of its Board of Trustees and President Judy Genshaft, have formed a close partnership with Mr. Vinik and the Lightning that has already materially benefitted the residents of this County; and

WHEREAS, on December 4, 2014, the Board of Trustees of the University of South Florida met and after careful deliberation approved a plan to integrate the new USF Heart Institute facility and the new Morsani College of Medicine facility into a single state-of-the-art healthcare training, care and research facility unlike any other in the world, at a cost of approximately $150 million, that will anchor the City of Tampa's downtown redevelopment effort on land to be donated to the university by Mr. Vinik.

NOW, THEREFORE, be it RESOLVED BY THE Board of County Commissioners of Hillsborough County, that:

1. The Board of County Commissioners commends the Board of Trustees of the University of South Florida on its decision to co-locate the new Heart Institute and Morsani College of Medicine in downtown Tampa.
2. The Board of County Commissioners respectfully requests that the Board of Governors of the State University System of Florida, the Florida Legislature and Governor Rick Scott each support the university's plan and provide the requested state funding necessary to complete construction on this critical economic development.
3. The Board of County Commissioners extends its gratitude and congratulations to Mr. Jeff Vinik for his vision, foresight, leadership and generosity in this effort.
4. A copy of this resolution be provided to President Genshaft and to Mr. Vinik as an expression of the Board of County Commissioners' support and gratitude for their efforts in this endeavor and for all they do to make Hillsborough County a great place to live, work and play.
5. This Resolution shall become effective upon passage by a majority vote of the Board of County Commissioners.

PASSED AND ADOPTED THIS 7th DAY OF January, 2015.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I, Pat Frank, Clerk of the Circuit Court and Ex Officio Clerk of the Board of County Commissioners of Hillsborough County, Florida, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted by the Board at its regular meeting of

January 7, 2015, as the same appears of record in Minute Book 464 of the Public Records of Hillsborough County, Florida.

WITNESS my hand and official seal this 9th day of January, 2015.

ATTEST PAT FRANK
Clerk of the Circuit Court

By: Pamela A. Blick
Deputy Clerk

Approved as to form and legal sufficiency

Mary Helen Farris
General Counsel

THE FLORIDA HIGH TECH CORRIDOR

January 29, 2015

Dr. Judy Genshaft
President
University of South Florida
4202 E. Fowler Avenue
ADM 241
Tampa, FL 33620

President Genshaft,

For nearly two decades, the growth of the Florida High Tech Corridor Council with your leadership has made a tremendous impact on the regional and state economy. By establishing the Morsani College of Medicine and the Heart Health Institute in downtown Tampa, the University of South Florida could once again help to transform the economy of the region. With the support of USF's university partners, the University of Central Florida and the University of Florida, as well as its numerous economic development, workforce and industry partners across the 23-county Corridor, I am proud to affirm the commitment of The Corridor to this game-changing initiative.

Similar to how USF's Center for Advanced Medical Learning and Simulation, or CAMLS, has established a presence in downtown Tampa that is ingrained into the medical community, the medical college would further position USF as one of the nation's premier urban research universities supporting the health and well-being of a world-class city. As well, the close proximity of the Morsani College to downtown's medical assets would allow for more student educational opportunities and potential research partnerships, which, as you know, are both core tenets of The Corridor's mission.

The promise of enhanced collaboration between existing medical resources, such as the cardiac programs at Tampa General Hospital, and the Heart Health Institute make this proposed university development an advantageous match, especially with USF's long legacy of attracting research grants, spinning off companies and inventing new technologies in the medical field. The Corridor has funded and supported the growth of Tampa Bay's life sciences and health care industry through USF for many years, and this downtown medical building could usher in a new wave of high tech activity.

On behalf of the other two Corridor universities and partners in workforce, industry and economic development, I am honored to support the establishment of USF's downtown medical college.

Best regards,

Randy Berridge

Randy Berridge
President

A Resolution congratulating and supporting the University of South Florida's plan to collocate the institution's new Heart Institute and Morsani College of Medicine facilities in downtown Tampa.

WHEREAS, the University of South Florida is one of the Tampa Bay Region's greatest economic drivers, having an annual economic impact of $4 billion on the Tampa Bay Region as well as being one of America's leading research institutions, receiving in excess of $400 million per year in external research contracts and grants; and

WHEREAS, medical education is constantly evolving and the training of highly skilled physicians and other healthcare professionals is critical to the economic future and quality of life in the eight-county Tampa Bay Region, and the University of South Florida is seeking to further this effort through the construction of a new state-of-the-art, 21st Century facility for the Morsani College of Medicine, one of America's best medical schools and among the National Institutes of Health's leading recipients in research grants; and

WHEREAS, learning, collaboration and innovation across health disciplines will thrive and benefit from the close proximity of medical facilities, translating into more effective and efficient healthcare for the Tampa Bay Region and its residents along with attracting new companies eager to collaborate while creating fertile ground for start-ups and spin-off companies to flourish; and

WHEREAS, on December 4, 2014, the Board of Trustees of the University of South Florida met and after careful deliberation approved a plan to collocate the new USF Heart Institute facility and the new Morsani College of Medicine facility into one approximately 150 million dollar state-of-the-art healthcare training, care and research facility unlike any other in the world that will serve as the anchor of the City of Tampa's downtown redevelopment effort on land to be donated to the university by Mr. Jeff Vinik, owner of the Tampa Bay Lightning, which is encompassed by the greater Tampa Bay Region.

NOW, THEREFORE, be it RESOLVED BY THE Board of Directors of the Tampa Bay Partnership, that:

1. The Tampa Bay Partnership Board of Directors expresses commendation to the Board of Trustees of the University of South Florida on its decision to collocate the new Heart Institute and Morsani College of Medicine in downtown Tampa and offers its full support for the university's plan that would have a total economic impact of more than $800 million statewide.

2. The Board of Directors encourages the Board of Governors of the State University System of Florida to include this project in its funding request to the State Legislature and Governor Rick Scott as a critically important project to be funded in fiscal year 2015-16.

3. The Board of Directors respectfully requests that the Bay Area Legislative Delegation along with the entire Florida Legislature and Governor Scott support the university's plan and provide the requested state funding necessary to complete construction on this critical state and regional asset that through economic analysis shows would create 2,100 direct jobs and nearly 4,000 indirect jobs both in the Tampa Bay Region and statewide.

4. The Board of Directors extends its gratitude and congratulations to Mr. Jeff Vinik for his vision, foresight, leadership and generosity in this effort.

5. A copy of this resolution will be provided to President Judy Genshaft and to the Chair of the Board of Governors as an expression of the Board of Directors' support and gratitude for their efforts in this endeavor and for all that each of them does to make the eight-county Tampa Bay Region a great place to live, work and play.

Brian Lamb, Chair

USF HEALTH

A Message From USF Health Leadership

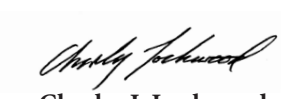
USF Health was created around a vision of healthier people living in healthier communities enjoying the highest quality of life. We believe that with our growing array of assets, strength and passion, we can best realize this vision by recognizing that everything we do is in service to people's health. Whether it is in the way we educate and prepare future health professionals, the critical questions we examine in our research, the myriad ways we engage with our communities or the compassionate, high quality clinical care we provide our patients, each of us has an essential role to play in achieving our vision.

Over the past decade we have sought to actively address operational, structural and cultural opportunities to help us in this work. We have stimulated and incentivized interdisciplinary research. We have explored and developed interprofessional educational programs. We have enhanced learning environments through innovative facilities and informatics projects. We have solidified our clinical and research partnerships with hospitals, surgical centers, outpatient clinics, FQHC's, school systems, health departments, county governments, rehabilitation and long term care facilities, pharmacies and laboratories. And we have extended our reach internationally, providing life-changing opportunities for our students and for those who come to us from around the world.

We are the Tampa Bay region's best partner for addressing persistent and emerging health concerns and for continuing to advocate for improvements in the community's health. Though centered on USF's Tampa campus we have always practiced, learned and partnered throughout the community, the region and beyond. Our students, faculty and staff can be found learning, discovering, practicing and engaging in Tampa, St. Petersburg, Sarasota, The Villages and in many of the state's 67 counties; in Tallahassee and in Washington, D.C.; and in Panama, China, Scotland, Thailand, India, Ecuador, Malaysia and Kenya – literally around the world.

Adding a new downtown campus to our already diverse footprint merely affirms our desire to continue to seek and optimize every opportunity to practice our passion and to meet the needs of the next generation of students, scholars, scientists, community partners and the people we serve. As downtown Tampa grows, so should USF Health grow. We are honored and enthusiastic about our future and our potential presence downtown. No matter where you find us, you will find us ready and willing to continue to passionately pursue our vision of healthier people living in healthier communities enjoying the highest quality of life.

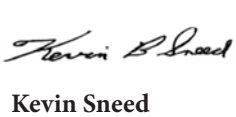
USF Health North, USF Health South – wherever we are, we are One USF Health.



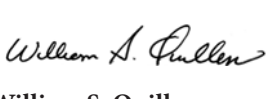
Charles J. Lockwood
Dean of Medicine

Donna J. Petersen
Dean of Public Health

Dianne Morrison-Beedy
Dean of Nursing



Kevin Sneed
Dean of Pharmacy



William S. Quillen
Director of Physical Therapy