



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** University of Florida Center for Translational Research in Neurodegenerative Disease

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

The Center for Translational Research in Neurodegenerative Disease (CTRND) at the University of Florida (UF) is a high-impact program of scientific discovery aimed at translating basic discoveries in neurodegenerative disease into therapies that benefit patients. Our major focus is on Alzheimer's and Parkinson's disease. These State funds have in the past, and will continue, to support the development of major programmatic initiatives at the UF CTRND and within the state. Our mission is to discover, develop and evaluate novel treatments and diagnostics for degenerative brain diseases including Alzheimer's disease, Parkinson's disease, and stroke. This research will help to change the current understanding of these diseases from being inevitable, incurable, and largely untreatable to a new reality in which these diseases are, preventable, curable, and treatable.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Board of Governors

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000		2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	12,000,000	70.6%
State (excluding the amount of this request)	1,000,000	5.9%
Local	0	0.0%
Other	2,000,000	11.8%
TOTAL	15,000,000	88.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 17,000,000

9. **Previous Year Funding Details:**



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 4
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

Given the fiscal impact (estimated at >\$25 billion/yr) and societal (>500,000 Individuals with Alzheimer's Disease) impact of Alzheimer's Disease and related dementias on the State, we believe that a \$2.0M recurring request is a reasonable. Indeed, to date we have provided a tremendous fiscal return on investment (\$5.75M has yielded >\$48M in new grants; >8:1 fiscal ROI. If we are to play a role in the real ROI -developing effective interventions that reduce cost to the State, \$2M/yr is a minimum amount of recurring funding that would enable us to have that type of impact.

11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

The Center for Translational Research in Neurodegenerative Disease (CTRND) at the University of Florida (UF) is a high-impact program of scientific discovery aimed at translating basic discoveries in neurodegenerative disease into therapies that benefit patients. Our major focus is on Alzheimer's and Parkinson's disease.

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

These State funds have in the past, and will continue, to support the development of major programmatic research initiatives at the UF CTRND and within the state.

- How will the funds be expended?

Spending Category	Description	Amount
-------------------	-------------	--------



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Partial Salary Support for Director of CTRND	30,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Support for over 20 Staff Scientists, Fellows and Trainees	1,070,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Lab Supplies, Reagents, and imaging studies	700,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	IT support for Alzheimer's research Center	200,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Participation in Alzheimer's Research Studies, Clinical Trials for new Alzheimer's Therapies Training of next generation physicians and scientists

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

University/college students, elderly persons, Persons with poor mental health.

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

Increasing research portfolio in Dementia, Increased Clinical Trial Access, Progress towards new therapies, New interventions, Professional and Lay Education about Dementia and Impact

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

None.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. Name: Nick Ferreri
- b. Organization: Memory Garden
- c. Email: poisventure@earthlink.net
- d. Phone Number: (239)823-3065

14. Recipient Contact Information:

- a. Organization: UF Center Translational Research Neurodegenerative Disease
- b. County: Alachua, Broward, Miami-Dade, Seminole
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☒ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Todd Golde
- e. E-mail Address: tgolde@ufl.edu
- f. Phone Number: (352)273-9458

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

- a. Name: Nick Iarossi
- b. Firm: Capital City Consulting
- c. Email: niarossi@capcityconsult.com
- d. Phone Number: (850)222-9075