



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1395

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

To establish Andrews Institute as an industry thought leader in biomedical research and advance the development of regenerative medicine as a treatment in orthopedics.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="2,163,505"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	2,163,505

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="2163505"/>	<input style="width: 100%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	2,163,505	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text" value="2019-20"/>	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="250,000"/>	<input style="width: 100%;" type="text" value="450"/>	<input type="checkbox"/> No

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Medical Director	150,000
Other Salary and Benefits	Chief Scientific Officer	150,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Orthopedic Regenerative Medicine Research Funding	943,005
Operational Costs: Other		
Salary and Benefits	Operations Personnel	290,000
Expense/Equipment/Travel/Supplies/Other	Research related equipment	630,500
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,163,505



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11. Program Performance

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

The goal of the project is to lead the state and nation in becoming the premier research and development and treatment destination for the regenerative therapies for orthopedics. We would like to create and leave a global footprint in Florida for orthopedic regenerative medicine and biomedical research. The ultimate goal of regenerative medicine is to find a way to cure previously untreatable injuries and diseases.

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

Andrews will engage in continued research that will result in advanced regenerative medical developments in biomedical and orthopedics.

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

Successful research and development will result in cutting edge therapies and joint regeneration as well as improve the quality of life for orthopedic patients of all ages.

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

The general population will benefit from the results of this project. Individuals on which traditional medical methods are not functional or those whose last resort is an invasive surgical procedure.

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

Improved physical health for those with degenerative cartilage conditions. Improved quality of education for fellows/physicians and the community.

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

N/A



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.