



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1654

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

4. **Project/Program Description**

Early brain aneurysm detection before rupture are essential to prevent subarachnoid hemorrhage and, consequently, its deadly or incapacitating sequelae; as well as to decrease the economic burden. With that in mind, our goal is to study the prevalence of aneurysms in patients with a positive family history for this condition in the state of Florida, and analyze genetic profiles and biomarkers associated with this disease. Ideally, the development of a blood test could increase access to screening for the population, preventing aneurysm ruptures and decreasing the costs associated with SAH.

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: 80%;" type="text" value="250,000"/> |
| Fixed Capital Outlay | <input style="width: 80%;" type="text" value="000"/> |
| Total State Funds Requested | 250,000 |

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: 80%;" type="text" value="250000"/> | <input style="width: 80%;" type="text" value="100.0"/> % |
| Matching Funds | | |
| Federal | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| State (excluding the amount of this request) | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Local | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Other | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Total Project Costs for Fiscal Year 2020-2021 | 250,000 | 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"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

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 | | |
| Other Salary and Benefits | Salary for a laboratory technician to process blood samples and collected MRA brain images | 40,000 |
| Expense/Equipment/Travel/Supplies/Other | Laboratory supplies | 5,000 |
| Consultants/Contracted Services/Study | Consultant for statistical analysis | 5,000 |
| Operational Costs: Other | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | Magnetic Resonance Angiography Blood sample: supplies, storage and processing | 200,000 |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 250,000 |



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11. Program Performance

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

To identify the true prevalence of intracranial aneurysms among first degree relatives of patients affected by this disease and study their genetic and biomarker profiles at the State of Florida.

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

Patients diagnosed with an intracranial aneurysm will be inquired regarding their interest of recruiting first degree relatives (siblings, children and parents) for screening with Magnetic Resonance Angiography without contrast (MRA). Relatives enrolled for screening will also be requested to consent for collection of blood samples.

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

This study can lead to a publication that can change the screening process we currently have for aneurysms and if specific genetic profiles and/or protein biomarkers show-up as promising candidates for early diagnosis, this will revolutionize the way we approach this disease.

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

Target population would be first degree relatives of patients who had intracranial aneurysms.
In the State of Florida, the outcomes of this study will have a potential to serve 600 subjects.

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

Potential immediate benefits include diagnosis of intracranial aneurysms and proper referral to qualified personnel for management of lesions that should be treated. The future benefit of this study would be the development of a blood test to increase access to screening for the population, preventing aneurysm ruptures and decreasing the costs associated with SAH.

- 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?

This is not applicable for this project, as we control the subject enrollment and protocol processing.



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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.