



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** UF Health Program to Treat and Cure Dystonia and other Involuntary Movement Disorders

2. **Senate Sponsor:** Rob Bradley

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

The funds will be used to support Dystonia research at the university of Florida through Brain imaging, Development of Dystonia Research PH.D's (Fellowship program), outreach activities, genetic testing, and overall advancement of treatments and a cure. Funds will also be used for clinical trials participation and for supplies related to research.

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
1,000,000		1,000,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	600,000	37.5%
Other	0	0.0%
TOTAL	600,000	37.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,600,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

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

No

### 11. Program Performance:

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

To make significant advancements in Dystonia research and/or a cure. Expected benefits from the project include increased medical tourism and economic activities for the local economy, advancements in Dystonia treatments and increased participation in research fellowship and PhD programs for the University

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

Activities include clinical trials participation, genetic testing, research studies and other research activities performed by fellows and PhDs.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<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 type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Clinical trials participation; supplies related to research	100,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	The funds will be used to support Dystonia research at the University of Florida through Brain Imaging, Development of new Dystonia researchers, new movement disorder specialists, CRISPR CAS-9, Deep Brain Stimulation, Functional Testing, PH.D's (Fellowship program), outreach activities, genetic testing, and overall advancement of treatments and a cure.	900,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

The direct services include impacts to persons with poor physical health living in Florida, university students, and those citizens that are physically disabled. There is also a positive impact on those individuals in the medical tourism industry.

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

Target population are those suffering from involuntary muscle disorders including Dystonia, persons with poor physical health, university students, and those citizens that are physically disabled associated with these disorders. Much more than 800 individuals are expected to be served.

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

To make significant advancements in Dystonia research and other associated involuntary muscle disorders including treatments and/or a cure. The methodology bases the outcomes on research results that are reviewed by scientific advisors in the Dystonia field and in the field of Movement Disorders.



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- 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?

Repayment of funds

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.

UF receives state FCO funds for their facilities, but has no relationship with this projects funding.

13. Requestor Contact Information:

- a. Name: Richard Staab
- b. Organization: Tyler's Hope
- c. Email: rstaab@intermed1.com
- d. Phone Number: (352)494-4417

14. Recipient Contact Information:

- a. Organization: UF Health Center for Movement Disorders
- b. County: Alachua
- 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: Michael Okun
- e. E-mail Address: okun@neurology.ufl.edu
- f. Phone Number: (352)294-5400

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)445-7255