



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2478

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

4. **Project/Program Description**

FUNRI is a first in class neurological research institute and incubator focused on the treatment of neurological disease by accessing the blood brain barrier. Significant advance in the treatment of Parkinson's Disease and essential tremor disorders. Further advancements in the treatment of Alzheimer's disease and stroke treatments. The funds appropriated would support build-out of research facilities.

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 type="text" value="4,613,000"/>
Fixed Capital Outlay	<input type="text" value="2,000,000"/>
Total State Funds Requested	<input type="text" value="6,613,000"/>

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 type="text" value="6613000"/>	<input type="text" value="50.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="6,613,000"/>	<input type="text" value="50"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="13,226,000"/>	<input type="text" value="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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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		
Expense/Equipment/Travel/Supplies/Other	Equipment and technology adoption and installation of the Exablate 4000. Focused Ultrasound neuro machine. MRI purchase. Disposable equipment associated with use of the device.	2,913,000
Consultants/Contracted Services/Study	Research costs including payment for treatment trials relating to drug delivery applications through the blood brain barrier for patients who have exhausted all non-research treatment options for brain cancer, Alzheimer's Disease, Parkinson's Disease and other incurable or minimally treatable brain diseases.	1,700,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of specialized facilities for the Focused Ultrasound Neuroscience Research Institute including housing of the specialized neuroscience equipment (MRI, Ultrasound Exablate machine) as well as patient prep rooms.	2,000,000
Total State Funds Requested (must equal total from question #6)		6,613,000



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11. Program Performance

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

Build out of an incubator facility that will allow for unique neurological research to be conducted in the State.

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

Implementation of one or more research studies relating to rapid throughput of combination drug delivery testing with blood brain barrier opening and pharmaceutical agents for disease states such as Brain Cancer, Parkinson's disease, Alzheimer's disease, opioid addiction or other indications.

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

Improved modalities for the treatment of brain cancer, Alzheimer's Disease and Parkinson's Disease and improved quality of life and life expectancy.

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

Patients suffering with neurological disorders.

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

World class training on improved neuroscience focused ultrasound modalities in the treatment of patients with neurological diseases across the US . Measured by the number of health care professionals and scientists trained in the use and application of focused ultrasound modalities. This will attract large pharma research investments to the state, boosting Florida's presence on the global stage as a hub for biotech research and innovation.

- 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?

none



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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.**

There is no relationship between the owners of the facility and the requesting entity.

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.