



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1677

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Baptist Health Research Institute Familial Screening for Brain Aneurysms: The Florida Familial Brain Aneurysm Project Family Members aims to evaluate the incidence and genetic markers of intracranial aneurysms. Early brain aneurysm detection before rupture is essential to prevent subarachnoid bleeding and, consequently, its deadly or incapacitating sequelae and decrease the economic burden. Our goal is to continue our study to better understand the incidence of aneurysms in patients with a positive family history in the state of Florida. Additionally, we aim to analyze genetic profiles and biomarkers associated with this disease. Ideally, developing 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?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 500,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>500,000</b> |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 500,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2022-2023</b> | <b>500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2021-22                  | 0         | 250,000      | 499                         | No     |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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LFIR # 1677

No

If yes, indicate the amount of funds received and what the funds were used for.

The institution received no federal assistance related to the COVID-19 pandemic.

#### 11. Details on how the requested state funds will be expended

| Spending Category  | Description   | Amount         |
|--|---|----------------|
| <b>Administrative Costs:</b>   |   |                |
| Executive Director/Project Head Salary and Benefits                    | Clinical Consultant Specialist, Consultant <ul style="list-style-type: none"><li>• Project supervision</li><li>• Protocol revision and adjustments</li><li>• Manuscript elaboration and revision</li></ul>  | 20,000         |
| Other Salary and Benefits  | <ul style="list-style-type: none"><li>• Subject screening and scheduling, Research Coordinator (100hr)</li><li>• Consenting subjects, Research Coordinator (40hr)</li><li>• Interviewing/Questionnaire, Research Coordinator (400hr)</li><li>• Blood drawing and storage, Research Coordinator (80hr)</li></ul> | 40,000         |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  | Facilities and administrative costs (including IRB submission, blood bank maintenance)  | 20,000         |
| <b>Operational Costs: Other</b>  |   |                |
| Salary and Benefits  | Medical researcher<br>Research assistant <ul style="list-style-type: none"><li>• Coordinating research tasks</li><li>• Data optimization and maintenance</li><li>• Data reports assembling</li><li>• Conference abstracts and manuscript writing</li></ul>  | 20,000         |
| Expense/Equipment/Travel/Supplies/Other                                | <ul style="list-style-type: none"><li>• Magnetic Resonance Angiography (200-400 scans)</li></ul>  | 120,000        |
| Consultants/Contracted Services/Study                                  | Genetic analysis of blood samples (500-800 samples) <ul style="list-style-type: none"><li>• Genome, genotyping, or specific aneurysm Single Nucleotide Polymorphism (SNPs)</li><li>• Bioengineering/geneticist consultant</li></ul>   | 280,000        |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>500,000</b> |

#### 12. Program Performance

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

- Allow the screening of intracranial aneurysms among first-degree relatives of patients affected by this condition.
- To study the genetic profile and biomarkers of patients with intracranial aneurysms.

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

- Patients diagnosed with intracranial aneurysms will be inquired regarding their interest in recruiting first-degree relatives (siblings, children, and parents) for screening with Magnetic Resonance Angiography without contrast (MRA).
- Patients and relatives enrolled for screening will be requested to consent to the collection of blood samples.
- A blood bank will be maintained for analysis of genetic factors associated with brain aneurysms.

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



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LFIR # 1677

- First-degree relatives will undergo aneurysm screening using Magnetic Resonance Angiography without contrast (MRA).
- Both patients with intracranial aneurysms and first-degree relatives will consent to the collection of blood samples.
- A blood bank will be maintained for the analysis of genetic factors associated with intracranial aneurysms.

**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 300 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, education, and counseling about intracranial aneurysms.

This study's future benefit would be:

- The potential development of a blood test to increase access to screening for the population, preventing aneurysm rupture and decreasing the morbidity and economic burden associated with subarachnoid hemorrhage.
- Maintenance of a blood bank with blood samples of patients with intracranial aneurysms and first-degree relatives for genetic analysis.

**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 the contract?**

- This is not applicable for this project, as we control the subject enrollment and protocol processing.
- A blood bank for sample storage is already established and maintained in the institution.

**13. 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.**

None



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### Fiscal Year 2022-2023

LFIR # 1677

#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number