



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1868

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Acquisition of equipment to purify and characterize human immune (e.g. monoclonal antibodies) and pathogen proteins for the discovery of next-generation therapeutics. The primary focus will be on viruses with pandemic potential, but will also include pathogens native to Florida. This discovery research could have global impact and have the added ability to focus on Florida based research and innovation.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	79%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	21%
Total Project Costs for Fiscal Year 2023-2024	950,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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?**

No



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funds are requested for purchase of equipment for protein purification (chromatography system, high-throughput molecular analyzer, centrifuges, incubators, and spectrophotometers)	750,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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

Funds are requested for purchase of equipment for protein purification (chromatography system, high-throughput molecular analyzer, centrifuges, incubators, and spectrophotometers).

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



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

Identifying novel therapeutic targets and approaches for viral infectious diseases, cancer and immune-related diseases (e.g. autoimmune diseases) will protect the general public from a variety of diseases that are of global impact and that also significantly affect the Florida region (such as, cancer types prevalent in the St. Lucie area and mosquito [1]transmitted diseases).

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

-Elderly persons
 -Persons with poor physical health
 -General, but significantly people with disease, aging population and those who are immunocompromised.
 More than 800

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

Expected benefit is to identify therapeutic targets that could treat a variety of diseases including viral infectious diseases, cancer, and inflammatory/autoimmune diseases. The outcome will be measured by the peer reviewed publications and protein targets for various diseases identified.

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?

Return of Funds.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number