



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2028

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding will allow USF Health to expand their research in genetic diseases by acquiring Cryogenic electron microscopy (cryo-EM) technology which can collect high-resolution information for research, publications and grant applications. Additionally, USF will use funding to recruit researchers working in drug discovery and biomedical and genetic research.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	10,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>10,000,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	10,000,000	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 2024-2025</b>	<b>10,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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?

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2028

USF has received institutional COVID-19 assistance funding from the federal government but the funds we received cannot be used for the construction new classroom facilities as outlined in this request.

## 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     
  N/A

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Recruitment packages for world-renowned researchers in drug discovery, biomedical and genetics.	3,000,000
Expense/Equipment/Travel/Supplies/Other	To acquire, install and maintain the cyro-EM equipment for genetic research.	7,000,000
Consultants/Contracted Services/Study		0
<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>10,000,000</b>

### 14. Program Performance

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

Cryo-EM has emerged as the newest and most powerful tool to determine protein structures, which is an essential step in the development of novel drugs to treat human diseases. Having access to this technology is required for researchers to stay competitive and to be successful in garnering research funds from NIH, DOD, NSF, and other funding agencies.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

**LFIR # 2028**

These funds will be used to support the development of genetic research initiatives at USF Health through faculty recruitment and acquisition of cutting edge research equipment and technology. USF Health will establish a structural biology core featuring Cryo-EM capability which will impact research across the state.

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

To support the development of major programmatic research initiatives related to genetic disease at USF Health and within the state. Having a Cryo-EM and Structural Biology Core will contribute to success in recruiting highly funded research teams.

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

Floridians who suffer from rare diseases and genetic disorders, the elderly, persons with physical disabilities, and university students.

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

Cryo-EM provides insights into cellular architecture and organization by visualizing cellular organelles, cytoskeletal networks and molecular complexes within cells. Due to the benefits of cryo-EM imaging, USF Health will be able to conduct new cutting edge research in genetic diseases. Measured by new and expanded research initiatives. Another benefit is the ability to hire new researchers and expanded training of researchers, physicians and post-docs. Measured by having new researchers in the state conduct high-impact federally funded work.

**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?**

Statute and BOG Regulations provide specific penalties for noncompliance by state universities.

**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
- University or College
- Other (please specify)

**d. First Name**  **Last Name**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2028

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number