



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2526

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

4. **Project/Program Description**

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, outreach activities, genetic testing, clinical trials, and overall advancement of treatments and a cure.

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 style="width: 80%;" type="text" value="1,000,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,000,000

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 style="width: 80%;" type="text" value="1000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	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 style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="300,000"/>	<input style="width: 80%;" type="text"/>	No

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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Clinical trials participation; supplies related to research	100,000
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, outreach activities, genetic testing, and overall advancement of treatments and a cure.	900,000
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

Advancements in Dystonia treatments and/or a cure

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

Brain imaging, development of Dystonia Research PhDs (Fellowship program), outreach, genetic testing, and overall advancement of treatments and cure.

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

The funding will provide citizens affected by movement disorders (including dystonia) with improved treatments, while providing funding for training of movement disorder fellows.

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

All Floridians affected by movement disorders

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

Advancements in Dystonia treatments and/or a cure.

- 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?

Funds will be revoked.



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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.**

n/a

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.