



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1761

**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 intracranial aneurysms' incidence and potential genetic markers. Early brain aneurysm detection before rupture is essential to prevent aneurysm bleeding (subarachnoid hemorrhage) and its deadly or incapacitating sequelae. Additionally, early detection and treatment of brain aneurysms may reduce the economic burden associated with aneurysm bleeding. Our goal is to continue our study to understand better the incidence of aneurysms in patients with a positive family history in Florida. Additionally, we aim to analyze genetic profiles and biomarkers associated with this disease. Ideally, this study will provide information that can contribute in the future to developing a blood test that 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 2023-2024**

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 2023-2024 (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 2023-2024</b>	<b>500,000</b>	<b>100%</b>

**8. Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	508	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.**



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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.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Clinical Consultant Specialist, Consultant <ul style="list-style-type: none"> <li>• Project oversight</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 (100h)</li> <li>• Consenting subjects, Research Coordinator (40h)</li> <li>• Interviewing/Questionnaire, Research Coordinator (400h)</li> <li>• Blood drawing and storage, Research Coordinator (80h)</li> </ul>	70,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Facilities and administrative costs (including IRB costs and compliance costs)	20,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Medical researcher 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> <li>• DNA blood tubes</li> <li>• RNA blood tubes</li> <li>• Vacuum blood collection tube</li> <li>• Additional supplies (alcohol pads, office supplies, printer supply)</li> <li>• Blood bank maintenance</li> </ul>	250,000



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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>	120,000
<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>

#### 14. Program Performance

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

- To allow the screening of intracranial aneurysms among first-degree relatives of patients affected by this condition.
- To study the incidence and associated factors associated with brain aneurysms
- 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?**

- First-degree relatives will undergo aneurysm screening using noninvasive radiological imaging (Magnetic Resonance Angiography without contrast)
- Patients with intracranial aneurysms and first-degree relatives will consent to the study and collection of blood samples
  - A blood bank will be maintained for the analysis of genetic factors associated with intracranial aneurysms
  - Data will be collected in electronic forms on RedCaps using iPads (HIPAA compliant)

**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
  - Further our understanding of the incidence and associated risk factors of intracranial aneurysms in families
  - Proper referral to qualified personnel, education, and counseling about intracranial aneurysms.

- Potential future benefits include:
- The 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 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 does not apply to 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.
- Patient screening work flow is already in place.

#### 15. Requester Contact Information



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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   
e. E-mail Address   
f. Phone Number

#### 17. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number