



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2339

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

**4. Project/Program Description**

The Miami Project to Cure Paralysis has assembled an international team of scientists, physicians and therapists and is the nation's premier investigative program conducting cutting-edge discovery, translational, and clinical investigations targeting brain and spinal cord injuries. This involves moving promising new research in the areas of neuroprotection, cell therapy, drug discovery, rehabilitation, and neuromodulation approaches to clinical application in humans. Our comprehensive quality of life programs addresses issues like neuropathic pain, bladder and bowel function, cardiometabolic health and COVID-19. Discoveries made at The Miami Project have been successfully translated to clinically relevant models of brain and spinal cord injury thus providing essential proof-of-concept data to determine future human studies. This research has the potential to be translated to treat other neurological disorders such as ALS, Multiple Sclerosis, Parkinson's and Alzheimer's disease.

- 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	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	11%
<b>Matching Funds</b>		
Federal	4,785,000	26%
State (excluding the amount of this request)	2,195,000	12%
Local	0	0%
Other	9,165,000	51%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>18,145,000</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	2,000,000	516	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.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2339

If the current economic conditions improve, increased philanthropic and foundation support could support research funding. Increase federal spending for medical research would also allow our scientists to apply for additional federal research grants.

**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	Scientific Director (salary and benefits)	33,377
Other Salary and Benefits	Salary and Benefits other personnel	218,455
Expense/Equipment/Travel/Supplies/Other	Equipment, supplies, animals and F&A	73,324
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Scientists, research associates, post docs and lab technicians	1,228,385
Expense/Equipment/Travel/Supplies/Other	Other Lab supplies, animals, core and F&A	446,459
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>2,000,000</b>

**14. Program Performance**

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2339

The goal of The Miami Project is to develop new therapeutic interventions to improved clinical care for those living with a traumatic brain and spinal cord injury concussion, and other neurological diseases such as ALS, Muscular Sclerosis, Alzheimer’s and Parkinson’s disease.

The proposed research programs will provide the scientific and medical community with new knowledge by allowing Miami Project scientists, physicians, and therapists to conduct carefully designed research to move promising neuroprotective, cell therapies, drug discoveries, innovative neuromodulation, rehabilitation, and mental health approaches to clinical application. We are assisting with COVID-19 research.

In addition, the funds provided by the State will also allow our scientists to obtain critical data necessary to submit successful NIH, Department of Defense and Department of Veterans Affairs grant applications which are critical to moving our FDA Approved Clinical Trial programs forward.

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

The research that will be conducted includes basic science to further understand the pathophysiology of neurological disorders, translational research necessary to move these basic discoveries forward to clinical application and our clinical trials which are testing these therapies in research subjects to determine their safety and efficacy. The Miami Project has established a successful pipeline for the translation of new discoveries to the clinic that has already resulted in significant improvements in the care and treatment of patients.

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

Individuals who qualify for our clinical trials will be enrolled and able to participate in our research studies.

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

The target populations served by this project are people living with paralysis following spinal cord injury, peripheral nerve injury, traumatic brain injury, concussion, and other neurodegenerative diseases and disorders such as ALS, Muscular Sclerosis, Alzheimer’s disease, dementia, stroke, Parkinson’s Disease amongst others.

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

Each project will address specific research questions that are highly relevant to an important scientific problem using established technologies and experimental protocols. During the funding period, progress will be evaluated by written progress reports including qualitative and quantitative data related to the proposed specific aims. These findings will then be submitted to scientific journals for peer review and publication.

**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?**

The penalty for failing to meet the conditions of the contract is termination.

**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**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2339

- 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**