



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2799

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

These funds are specifically designated to expand our national clinical functional precision oncology program, myFORCE. The program aims to provide personalized treatment options for pediatric and adult cancer patients who have exhausted standard care, guiding physicians toward the most effective and least toxic therapies available. This initiative positions Florida as a global leader in precision oncology.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	2,000,000	2285	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Federal Grants from NIH

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2799

10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	To partially cover salary and fringe benefits of the Scientific Director of the Center for Advancing Personalized Cancer Treatments at FIU over 2 year period.	200,000
Other Salary and Benefits	To cover salary and fringe benefits of 'myFORCE' program manager over 2 year period.	200,000
Expense/Equipment/Travel/Supplies/Other	To cover cost of materials and supplies for functional drug testing on 400 patient samples at \$1,000 per patient over 2 year period.	400,000
Consultants/Contracted Services/Study	To cover contracted service for data analysis and interpretation on 400 patient samples over 2 year period.	200,000
Operational Costs		
Salary and Benefits	To cover salaries and benefits of 1 full-time clinical coordinator and 2 full-time research specialists over 2 years.	300,000
Expense/Equipment/Travel/Supplies/Other	Service contract on the existing Robotic Access Instrumentation/Workstation over 2 year period.	200,000
Consultants/Contracted Services/Study	To cover already existing contracted services of the Medical Lab Director 2 full-time medical technologists that are Florida Board Certified over 2 year period.	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

These funds are specifically designated to expand our national clinical functional precision oncology program, myFORCE. The program aims to provide personalized treatment options for pediatric and adult cancer patients who have exhausted standard care, guiding physicians toward the most effective and least toxic therapies available. This initiative positions Florida as a global leader in precision oncology.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2799

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

The program aims to provide personalized treatment options for pediatric and adult cancer patients who have exhausted standard care, guiding physicians toward the most effective and least toxic therapies available. This initiative positions Florida as a global leader in precision oncology.

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

Functional Ex Vivo Drug Testing (CLIA-certified assay) at a service-based fee for all advanced cancer patients (adults and pediatrics).

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

Persons with poor physical health.

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

Disappearance of disease- overall best response and progression-free survival.

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?

Return of State funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2799

- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2799

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.