



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3309

1. **Project Title** The Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research

2. **Senate Sponsor** Ana Maria Rodriguez

3. **Date of Request** 3/10/2025

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. 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, Alzheimer's, Multiple Sclerosis, and Parkinson's.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? Yes

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	11%
Matching Funds		
Federal	6,913,239	36%
State (excluding the amount of this request)	1,445,688	7%
Local	0	0%
Other	8,938,634	46%
Total Project Costs for Fiscal Year 2025-2026	19,297,561	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		
2024-25	0	1,000,000	535	No

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

a. **If yes, indicate nonrecurring amount per year.** 2,000,000

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



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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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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	Scientific Director (salary and benefits)	64,571
Other Salary and Benefits	Salary and benefits other personnel	99,463
Expense/Equipment/Travel/Supplies/Other	Equipment, supplies, animals, and F&A	46,803
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Scientists, research associates, post docs and lab technicians	1,384,410
Expense/Equipment/Travel/Supplies/Other	Other Lab supplies, animals, core and F&A	404,753
Consultants/Contracted Services/Study		0
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?



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Miami Project to Cure Paralysis scientists, physicians and therapists conduct carefully designed research move promising neuroprotective, cellular therapies, drug discoveries, advanced rehabilitation and neuromodulation strategies, neuropathic pain, cardiovascular disorders, and mental health approaches to clinical application for those suffering from traumatic brain and spinal cord injury, concussion, and other neurological diseases including Parkinson's disease, MS, and ALS. 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 billions people living in Florida and throughout the United States who are currently living with a 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 in the contract?

The penalty for failing to meet the conditions and/or make appropriate corrections of the contract is termination.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



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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

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**



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