



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3314

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The entirety of the funds will be used to purchase equipment, and modify facilities. The selected equipment will be for Advanced Catheter manufacturing and assembly. Equipment would be retro-fitted and installed. Breakthroughs and innovative technology in this field of study will lead to better access to potentially life saving procedures for millions of patients.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operating	2,132,500
Fixed Capital Outlay	0
Total State Funds Requested	2,132,500

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)	2,132,500	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,132,500	50%
Total Project Costs for Fiscal Year 2025-2026	4,265,000	100%

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

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year 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 funds would be provided by Jabil Inc.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	To assist in research and the innovation of advanced catheter technology the University would procure equipment designed to assist the research team in rapidly producing samples as well as equipment needed to produce more complex catheters through specialty components.	2,132,500
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)		2,132,500

13. Program Performance

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

To establish a Center of Excellence for Advanced Catheter Technology at the University of Florida, leveraging cutting-edge research, design, and manufacturing to strengthen Florida's position in medical device innovation. Breakthroughs and innovative technology in this field of study will lead to better access to potentially life saving procedures for millions of patients.

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



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

The Advanced Catheter's Lab function is for medical device manufacturing innovation. This Lab will employ highly skilled resources and attract higher education students pursuing innovative catheter design and manufacturing. In addition, catheter technology is used in thousands of medical procedure, per day. Innovations in this space will improve outcomes for patients and maneuverability for doctors.

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

University/College Student- Ultimately, devices designed will be used in Cardiology, Peripheral, Interventional, Urology, Neuro. >800 people.

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

Innovation in catheter design, benefit patients. Innovate, design, make catheters for large multinational organizations/startups will be the success measure. Innovation in catheter design, benefit students. Increased number of theses/dissertations for higher ed. students in Florida Universities, patents and collaboration with Florida surgeons/physicians, collaboration of Engineering and Medical Schools. It will lead to more federal grants and Florida medical innovation hotspot. Increased resources employed, student attraction, retain top talent, higher ed recognition. Create highly skilled engineering labor opportunities. Increase number of skilled engineering resources employed by Lab. Employed labor at Lab would earn above average income for the region.

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?

Penalties that would apply under the misuse of public 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#:



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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

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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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.