

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research Programs

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Jeanette Nunez

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes  
*If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,000,000	1,000,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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

6. Requester:

- a. Name: Suzanne Sayfie
- b. Organization: The Miami Project to Cure Paralysis
- c. Email: SSayfie@med.miami.edu
- d. Phone #: (305)243-7146

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Diana Berning
- b. Organization: The Miami Project to Cure Paralysis
- c. Email: dberning@miami.edu
- d. Phone #: (305)243-7154

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami Miller School of Medicine
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The goal of The Miami Project is to develop new treatments for those living with a traumatic brain injury and/or paralysis. The Miami Project's research may also benefit those individuals who have had a severely damaged limb by preventing amputation and restoring functional recovery.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Scientific Director	14,417
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Grants Specialist	27,765
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies, facilities and administration	5,032
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Scientists, Post Docs, lab technicians	713,661
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Lab supplies, animals, core and F&A expenses	239,125
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>1,000,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

United Spinal Association, Paralyzed Veterans Association, The International Campaign for Cures of Spinal Cord Paralysis (ICCP), the Model Spinal Cord Injury Care System, Christine E. Lynn Foundation, Lois Pope LIFE Foundation, Craig Neilsen Foundation, Ricky Palermo Spinal Research Foundation amongst others.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The American Association for the Advancement of Science (AAAS), found that Congressional cuts, along with the across-the-board reductions known as sequestration, from 2010 to 2013 resulted in the largest overall decrease in a three-year period since the end of the space race. Seen from a longer perspective, federal spending on R&D as a share of the gross domestic product has been from its peak level above 2 percent. The AAAS puts the fiscal year 2014 figure at 0.78 percent.

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Scientists will be testing to see improvement in the baseline health and strength of injured research subjects based on research protocols.	Research protocols and assessments will be used to measure findings. Quarterly and annual progress reports will be submitted.
<input type="checkbox"/> Improve mental health		

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Research spending results in increased economic growth in the private sector. State funding for the research promotes additional federal funding and private philanthropy.	A yearly analysis can be provided to determine if our scientists received additional federal and private sector grants as a result of the research progress made through the State of Florida funding.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Funding will allow The Miami Project to hire additional scientists and researchers.	A yearly report can be provided on the number of new personnel hired as a result of this funding as well as the number of existing staff that were retained that would have otherwise been laid off due to lack of financial resources.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Improved functional recovery in paralyzed individuals will allow them to return to work.	If requested, information can be collected to determine how many research subjects have been able to return to work as a result of participating in one of our clinical trials.

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Advancements in research may lead to new treatments into other neurological diseases and disorders	Advancements in our clinical trials and research lead to new medical treatments for those suffering from traumatic brain injury, paralysis and other neurological diseases such as MS.	If requested, a yearly report can be provided detailing ancillary research into other neurological disorders such as MS and concussion as result of this funding.

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	4.3%	N/A
2. Federal:	10,334,034	44.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	3,211,416	13.8%	Yes
4. Local:	614,731	2.6%	Yes

5. Other:	8,173,819	35.0%	Yes
TOTAL	23,334,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M