



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3158

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Part 107 FAA UAS (Unmanned Air Systems) commercial training and licensing for disabled veterans, so they may obtain employment in the growing drone field. Simultaneously, the program is FDA approved for the treatment of TBI and PTSD in disabled veterans. The UAS Commercial field salaries range \$35k-\$120k in fields i.e. construction, surveying, emergency management, utility inspection, airspace safety monitoring, defense contracting, robotics testing, data collection, photography, etc.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	440,000
Fixed Capital Outlay	0
Total State Funds Requested	440,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	440,000	85%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	75,000	15%
Total Project Costs for Fiscal Year 2024-2025	515,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

Medical Billing codes for DART being set up, grants, private donations

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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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
 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?

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.

Wounded Eagle UAS, Inc Non-Profit

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director/CEO	29,000
Other Salary and Benefits	Chief Operations Officer	31,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Budget and Finance Chief, 4 instructors for classroom, UAS instruction, and licensing test preparation.	175,000
Expense/Equipment/Travel/Supplies/Other	FAA Part 107 UAS Commercial Licenses for veterans with >10% disability: \$175 each. Instructional Materials including drones and parts, classroom materials, adaptive technology for veterans with disabilities.	140,000
Consultants/Contracted Services/Study	Grants Consultant and Writer, Veterans and Community Relations Specialist (Outreach and Marketing), targeted outreach campaign.	65,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		440,000

14. Program Performance

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



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

Disabled Veterans will be trained for their FAA Part 107 Commercial UAS pilot licenses, testing and license payments will be provided, allowing them to re-enter the workforce/seek professional jobs that can pay between \$35k-\$120k per year. Simultaneously, this therapeutic education program is FDA approved for the treatment of TBI and PTSD as DART (Drone Adaptive Recovery Therapy).

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

Disabled Veterans will be empowered by a new skill and license while reactivating parts of the brain impacted by PTSD and TBI & create the ability to "move" again via sUAS (small unmanned air systems) if they are significantly physically disabled. The positive changes in behavior, economic station, family dynamics, and health due to this program and significant.

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

Between 51-100 individuals are expected to be served. These are Disabled Veterans with poor mental health, poor physical health, jobless, economically disadvantaged, and physically disabled.

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

This program is expected to improve the physical health, mental health, quality of education, and economic activity of the individuals in the program. This program is also expected to protect the general public from harm, create specific immediate job opportunities, enhance specific individual's economic self sufficiency, and reduce substance abuse. Participant improvement will be measure based on survey of those individuals. WEUAS will maintain records of how many veterans reach levels 1, 2, or 3 of their training and how many complete and pass their licensing exam making them eligible for UAS employment. Participants will be surveyed on their employment and how it may improve the community safety of the communities in which they live and work. 6-month and 1 year follow ups with participants will be recorded. Survey of substance utilization will be taken during training and in the subsequent follow-ups. All information and surveys will be reported to the Agency.

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?

Funds reduced, delayed, revert to State.

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



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- 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