



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1019

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Veteran Entrepreneurship Initiative: Health-Tech Business Accelerator is a pioneering 8 months program designed to empower military veterans with a passion for healthcare technology and entrepreneurship. This initiative aims to harness the unique skills and experiences of veterans, channeling them into innovative health-tech startups. By providing tailored mentorship, access funding vehicles, and resources, this accelerator seeks to catalyze the growth of veteran-led businesses in the burgeoning health-tech sector.

Program objectives: Empower Veterans, through 84 hours of education and skill enhancement, mentorship, access to investors, prototype development, and market access.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	92%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,000	4%
Other	10,000	4%
Total Project Costs for Fiscal Year 2024-2025	270,000	100%

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

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

9. **Is future 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.**

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



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Fiscal Year 2024-2025

LFIR # 1019

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Directors and project coordinator	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Equipment, in state travel, supplies	10,000
Consultants/Contracted Services/Study	Consultant Contractor Services	15,000
Operational Costs: Other		
Salary and Benefits	Program Coordinator, Marketing Specialist	50,000
Expense/Equipment/Travel/Supplies/Other	Equipment, In-State Travel, Supplies - Training Materials, Marketing	95,000
Consultants/Contracted Services/Study	Subject Matter Experts	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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

The purpose of the funds is to create and deploy a military veterans healthcare technology program that provides tailored mentorship, training, and resources to small veteran-led technology companies. This program's goal is to accelerate the path of commercialization and innovation.

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



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The followings are activities that will be provided in each of the cohorts; three day in person training, six months of mentoring, one week of workshops and a two day demonstration event.

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

An estimated eighty four hours of training and skill enhancements through industry focus cohorts with the purpose of accelerating the path of commercialization and innovation which could result in external capital investments, revenues, and job creation.

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

The target population is military veterans, dependents, reservist and National Guard Members.

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

The expected benefits are improving physical and mental health, enriching cultural experiences, quality education, improving economic activity, job creation, enhancing individuals' economic self-sufficiency, veteran's welfare, and state effort recognition. The benefits are measured through the collection of surveys, assessments, and final reporting.

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?

Failure to complete all deliverables in accordance with the requirements will result in DEO's assessment and potential of financial consequences. If appropriate, should the Parties agree to a corrective action plan, the plan shall specify additional financial consequences to be applied after the effective date of the corrective action plan. This provision for financial consequences shall in no manner affect DEO's right to terminate the Agreement.

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

- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number