



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2314

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To develop and establish regional/national adaptive sports training center that will provide wounded veterans wrap-around rehabilitation services in a healthcare setting designed to speed recovery and encourage reintegration

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>2,000,000</b>	<b>100%</b>

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?

If yes, indicate the amount of funds received and what the funds were used for.



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**11. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchasing and installation of adaptive sports equipment	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**12. Program Performance**

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

To develop and establish regional/national adaptive sports training center that will provide wounded veterans wrap-around rehabilitation services in a healthcare setting designed to speed recovery and encourage reintegration.

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

On-site adaptive sports facilities that will help amputees and veterans' with a state-of-the-art diagnosis and evaluation. Virtual reality equipment that will help amputees and veterans with loss of limb train with a new appropriate custom prosthetic and orthotics devices to participate and qualify to compete in the adaptive sports competitions.

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

In addition to serving local veterans, the center could serve as a regional training center for disabled persons to train and participate in events to prepare for adaptive sports competitions including Paralympic, Warrior Games, and Invictus Games

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

Veterans, people with poor physical health, economically challenged

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

Improved physical health.

At each appointment, the practioner asks the patient to provide a verbal measure (1-10) of their activity level.

**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?**

Repayment of funds.



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13. 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.

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number