



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1142

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

4. **Project/Program Description**

UCF RESTORES provides treatment, resiliency and suicide prevention services at no cost to Florida's veterans, active duty personnel and first responders. The Clinic's innovative three-week intensive outpatient treatment program is the only program of its kind in the country with significantly improved patient outcomes over that of other providers.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	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		
2024-25	0	875,000	147	No

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.**
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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	Personnel to perform the essential functions at UCF RESTORES through basic operational costs associated with running the clinic. Three masters level therapists (3 FTE) One clinical case coordinator (1 FTE) One business specialist (1 FTE)	500,000
Expense/Equipment/Travel/Supplies/Other		0
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)		500,000

13. Program Performance

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

UCF RESTORES provides PTSD treatment and resiliency services at no cost to Florida's veterans, active duty personnel, and first responders. Many of the veterans we serve cannot access treatment at the VA.

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



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Our innovative two-week intensive outpatient treatment program, where personnel are treated five days per week, is the only program of its kind in the country. The program includes the use of virtual reality (sights, sounds, and smells) to enhance the effects of the therapy and we have seen remarkable success. Since 2016, we have treated 750 veterans/active duty and 1100 first responders.

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

As stated in (b), above, UCF RESTORES' innovative two-week intensive outpatient treatment program, where personnel are treated five days per week, is the only program of its kind in the country. The program includes the use of virtual reality (sights, sounds, and smells) to enhance the effects of the therapy and we have seen remarkable success. Since 2016, we have treated 750 veterans/active duty and 1100 first responders.

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

First responders, veterans, active duty, citizens of Florida who have experienced a traumatic event.

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

A key outcome of RESTORES' work is to allow the state to retain its critical group of first responders by allowing them to recover from their trauma-related injuries and return to the workplace. Not only does this improve the quality of life for these heroes, it has a substantial economic impact in terms of savings from the recruitment and training of replacement personnel. Research studies have shown that 76% of first responders and 66% of veterans/active duty personnel no longer meet the diagnostic criteria for PTSD following our treatment program, an unmatched success rate that points to the effectiveness of this unique approach.

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?

Return/reversion of state funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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#:

b. Provide the total project cost listed on the FEMA project worksheet:



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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

b. Firm Name



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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.