



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1424

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

4. Project/Program Description

The Brooks Rehabilitation Pediatric Neuro Recovery Center would open operations in our current adult Neuro Recovery Center, extending hours after school to allow for an additional 60 appointment times per day or 15,600 appointments per year. The independent program, led by care team members, offers a social environment for healing with peers. We have identified no other community wellness program that will match the sophisticated technology for children with neurological impairments.

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	0
Fixed Capital Outlay	748,800
Total State Funds Requested	748,800

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)	748,800	36%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,313,034	64%
Total Project Costs for Fiscal Year 2025-2026	2,061,834	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		

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.

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)? No

c. What is the estimated start date of construction? 09/01/2025

d. What is the estimated completion date of construction? 06/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Current operations from Genesis Rehabilitation d/b/a Brooks Rehabilitation (the requester)

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.

Genesis Rehabilitation d/b/a Brooks Rehabilitation (the requester) owns the facility

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovations of existing facility space for the therapeutic programmatic space, rehabilitative and neurological technology, therapeutic modalities, and access control for pediatric community members	748,800
Total State Funds Requested (must equal total from question #6)		748,800

13. Program Performance

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

Brooks is expanding on its renowned and nationally recognized neuro recovery centers by creating the only program of its kind in North Florida, an independent community program specifically designed for our youngest patients living with a neurological condition or spinal cord injury. The Brooks Rehabilitation Pediatric Neuro Recovery Center is a two-part vision to create a state-of-the art rehabilitation center offering specialized equipment for customized rehabilitation during and after traditional therapy has been completed. This unique gym allows pediatric patients to continue ongoing exercise and conditioning to maintain and improve functional movement and abilities.

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



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Renovation of the Brooks Rehabilitation Neuro Recovery Center for desperately needed assessment and treatment of pediatric neurological impairments Increase in access for Medicaid recipients to prevent failure to thrive Create a pediatric center with a specialized physical therapy and occupational therapy in a community setting allowing for peer to peer collaboration Equipment/technology

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

Physical therapy: activities of mobility, strength and fitness
 Occupational therapy: activities of daily living, bathing, dressing and cooking
 Psychology: behavior analysis and coaching
 Dietary/Nutrition: counseling and education
 Community reintegration: leisure skills

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

The pediatric Medicaid population will be the beneficiary of these services. Specifically, children suffering from complications due to a neurological impairment. An additional 15,600 appointment times will become available with this service.

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

By using targeted interventions, the pediatric patient will increase independence in activities of daily living. The young person will be assessed upon admittance using industry standard methods and specialized equipment. The individual will have access to innovative therapy techniques along with state of the art technology such as: Tyromotion Amadeo, Tyromotion Diego, Tyromotion Myro, Tyromotion Tyrostation, FES Cycles, Pediatric Standing Frames, etc. The young person will again be assessed at a mid point and the throughout care for remarkable gains.

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?

None noted.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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#:



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

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



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a. Name

b. Firm Name

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.