

1. Project Title

2. Senate Sponsor

Shevrin Jones

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Kool Down Body Cooling and Rejuvenation System (KDS)

LFIR # 1943

3.	Date of Request	2/20/2025						
4.	Project/Program De	escription						
	the risk of heat relate with the record heat intend to partner with scheduled water bre groups will be rotate	ed illnesses in athleti levels of the past fevent h Local Colleges to reaks along with time in the each day and their	ic programs. Curi w years, we need un the Research in the KDS and G temperatures wi	(KDS) is an invention d rently, we have more red a proactive method av Program, which will co Group B will take regularill be compared by grouwill be made based on the rentlement.	eactive methods in seallable to get ahead nsist of two groups; rwater breaks with pas well as individ	sports programs, but d of this problem! We g Group A will take out the KDS. The		
,	State Agency to red			ment of Commerce				
	State Agency conta	-						
			or Final Voca 2	100E 200C				
0. /	Amount of the Noni	recurring Request f	or Fiscal Year 2	3025-2026	1			
	Type of Funding			Amount				
	Operating			340,000				
	Fixed Capital Outlay				0			
	Total State Funds I	Requested		340,000				
7. '	Total Project Cost f	or Fiscal Year 2025	-2026 (including	g matching funds avai	lable for this proje	ect)		
	Type of Funding			Amount	Percentage			
	Total State Funds R	equested (from ques	stion #6)	340,000	74%			
	Matching Funds							
	Federal			0	0%			
	State (excluding the amount of this request)			0	0%			
	Local			0	0%			
	Other			120,000	26%			
	Cuioi							
	Total Project Costs	s for Fiscal Year 202	25-2026	460,000	100%			
8.	Total Project Costs Has this project pro		tate funding?	460,000	100%			
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received s	tate funding?	No Specific	100% Vetoed			
8.	Total Project Costs Has this project pro If yes, provide the	eviously received s most recent instand	tate funding?	No				
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received s most recent instand Amo	tate funding? ce: unt	No Specific				
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received somost recent instance Amore Recurring	tate funding? ce: unt Nonrecurring	No Specific				
9.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fundi	eviously received somost recent instance Amore Recurring	tate funding? ce: unt Nonrecurring tested?	Specific Appropriation #				
9.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fundi a. If yes, indicate n	eviously received somost recent instance Amore Recurring ing likely to be requionrecurring amount	tate funding? ce: unt Nonrecurring lested? at per year.	Specific Appropriation #				
9.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fundi a. If yes, indicate n	eviously received somost recent instance Amore Recurring ing likely to be requionrecurring amount	tate funding? ce: unt Nonrecurring lested? at per year.	Specific Appropriation #				



LFIR # 1943

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Is the project "shovel ready" (i.e permitted)? What is the estimated start date of construction?
What is the estimated start date of construction?
What is the estimated completion date of construction?
What funding stream will be used for ongoing operations and maintenance of the project?

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	These funds will be allocated as a set salary for the Owner, Joseph Sinkfield, to cover basic necessities while he manages the development of the Kool Down Body Cooling and Rejuvenation System (KDS) and the Research Program	60,000
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	These funds will be utilized to complete the final version of the prototype, secure manufacturing and distribution, develop test machines, secure test sites(Colleges), arrange the transportation and storage of the test machines, making any necessary enhancements to the Kool Down System	200,000
Consultants/Contracted Services/Study	The majority of the day to day operations of the research program will be handled by contractors and consultants. These Funds will be utilized to pay those fees.	80,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	340,000

13. Program Performance

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



LFIR # 1943

	The purpose(s) of the funding are to: - Finish the production of the Kool Down Body Cooling and Rejuvenation System - Partner with Local Colleges to conduct the Research Program for the Kool Down Body Cooling and Rejuvenations System (KDS), and - Optimize and prepare the KDS for distribution to sports programs throughout the Country
_	b. What activities and services will be provided to meet the intended purpose of these funds?
	To meet the purpose of the funds, we will be partnering with colleges to test the KDS on athletes during practices.
c	c. What direct services will be provided to citizens by the appropriation project?
	The KDS will be integrated into the practices of local collegiate athletic programs.
c	d. Who is the target population served by this project? How many individuals are expected to be served?
	The target population are collegiate athletes. We intend to serve between 50 - 150 collegiate athletes during the Research Program.
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
1 1 1	We expect to optimize the Kool Down Body Cooling and Rejuvenation System, which, along with current methods of fighting against exertional heat related illnesses (EHIs) in athletes, will become the standard of the prevention of EHIs from this point forward. The Research Program will consist of two groups: Group A will take scheduled water breaks along with time in the KDS and Group B will take regular water breaks without the KDS. The groups will be rotated each day and their temperatures will be compared by group as well as individually from day to day. Any necessary enhancements to the Kool Down System will be made based on these results.
	f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie for failing to meet deliverables or performance measures provided for in the contract?
	The return of funds appropriated.
14. Is	s 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 infastructure)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. F	las the entity applied for or received federal assistance for this project?
	☐ Yes, Applied
	⊒ Yes, Received
	□ No
Г	□ No. but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



LFIR # 1943

b. Provide the total	project co	st listed on the	FEMA proj	ect workshee	t:		
16. Has the entity app	lied for or	received state	assistance f	or this projec	ct (other tha	n this reques	st)?
☐ Yes, Applied							
☐ Yes, Received							
□ No, but intends to apply							
a. If yes, specify the Commerce):		and state ager	ncy (ex. Loca	al Governmer	nt Emergenc	y Bridge Loa	ın, Department c
7. Requester Contact a. First Name	Joseph	on	Last Name	Sinkfield			
b. Organization	•	Innovations Inc		Sirikileid			
b. Organization Sinkfield's Innovations, Inc. c. E-mail Address josephsinkfield25@gmail.com							
d. Phone Number							
8. Recipient Contact a. Organization	Sinkfield's	Innovations, In	С.		1		
b. Municipality and	_	Miami-Dade					
c. Organization Ty	pe						
☑For Profit Entity							
□Non Profit 501(c	, , ,						
□Non Profit 501(c	□Non Profit 501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please sp	□Other (please specify)						
d. First Name	joseph		Last Name	Sinkfield			
e. E-mail Address	josephsink	rfield25@gmail.	com				
f. Phone Number	(305)968-2	2521	Ext.				
l9. Lobbyist Contact I	nformation	1					
a. Name	None						



LFIR # 1943

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.