



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3436

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

4. Project/Program Description

The requested state funds will support major programmatic research & rehabilitation initiatives related to prosthetics and orthotics. Our goal is to lead the state and the nation by improving individuals' health & lives of various disability levels. We aim to leave a global footprint with innovative rehabilitation techniques and other research topics to include how people adapt to disability, nonopioid treatment pain options, expedite building process & provide treatment to all Floridians.

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	1,000,000	604A	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.**
- Private donor, corporate sponsorship and grants.

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	State-of-the-art equipment needed to support several initiatives and the replacement of aging equipment for use to serve patients and teach students going into the field of orthotics and prosthetics.	250,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Fabrication equipment, casting materials, supplies, and components for the Assembly/Fabrication of O&P Devices.	250,000
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?

Through the integration of clinical expertise, rehabilitation and research components the program provides advanced training in prosthetic and orthotics coupled with rehabilitation built into the process.

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

The funding requested will provide direct services by providing on-site building and fabrication of all types of prosthetics and orthotics as well as research trials, education, and rehabilitation activities.

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



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Custom built prosthetics and/or orthotics fabricated on-site by clinical expertise and research components.

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

This project is expected to serve individuals with limb loss due to birth defects, injury or illness. The project will serve >500 individuals in the next five years.

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

Some individuals, if they choose, will be able to compete in para-Olympic activities, marathons or other "high exertion activities" like mountain climbing, running or biking. Measurements could include number of individuals served and trained.

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 any unused funds.

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:

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



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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

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.