



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2875

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The International Institute for Orthotics and Prosthetics is seeking a state appropriation of \$5,000,000 for a Regional / National Adaptive Sports Training Center. This project 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?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	83%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	17%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>6,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

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?

No

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



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### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

As soon as approved and funded

d. What is the estimated completion date of construction?

2024-2025

**12. 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.**

Veteran's Stride Foundation

**13. 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	Purchasing and installation of adaptive sports equipment	2,000,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

**14. 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 health care setting designed to speed recovery and encourage reintegration.

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



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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?**

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Developmentally disabled, Physically disabled  
401-800

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

Improve Physical health: 1-10 verbal scale or quantitative questionnaire  
At each appointment, the practitioner asks the patient to provide a verbal measure (1-10) of their activity level. Physical activity patterns can then be tracked over a period of time such as a day, week, month, or year.

Improve mental health: 1-10 verbal scale or quantitative questionnaire  
At each appointment, the practitioner asks the patient to provide a verbal measure (1-10) of their activity level. Physical activity patterns can then be tracked over a period of time such as a day, week, month, or year.

**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

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. 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



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**