



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2440

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Readiness, Resiliency and Optimization of our First Responders lacks a coordinated and scalable infrastructure. In Partnership with FDLE, Tallahassee Community College and Indian River State College, we will create the first foundation for a common human-centric data standard, shared best practices and prescriptive approach to readiness and resiliency. This approach includes the physical, mental and digital Testing, Tracking and Training of our first responders from Academy to Inservice.

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	1,300,000
Fixed Capital Outlay	0
Total State Funds Requested	1,300,000

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)	1,300,000	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 2023-2024	1,300,000	100%

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? Yes

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



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

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Management - Responsibility for project execution, risk mitigation and cost control	172,500
Other Salary and Benefits	Legal and Accounting services	20,000
Expense/Equipment/Travel/Supplies/Other	Travel expenses required for Training and Supervision of effective program delivery. Application hosting. Office rent, supplies and utilities.	94,000
Consultants/Contracted Services/Study	FDLE - Research and Data Analysis	100,000
Operational Costs: Other		
Salary and Benefits	Application Development team essential for client customizations (Software Developers, Database Administrators, Quality Control, Engineers) Direct training and supervision onsite with clients. Supervision and Oversight supervision.	543,500
Expense/Equipment/Travel/Supplies/Other	Wearable devices and training equipment	320,000
Consultants/Contracted Services/Study	Functional movement consultant to offer prescriptive guidance for prevention and rehabilitation of injuries.	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,300,000

14. Program Performance

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



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

TITUS is proposing a 3-T Model of Testing, Tracking and Training for our First Responders. This 3-T Model consists of Sleep-Strain-Recovery wearables, Scalable/Digital Assessments methods, Modular and Connected Training Facilities, and a Human-Centric Data Architecture which includes a seamless ingestion of data from commercial devices and external healthcare.

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

The direct service will be an empowered First Responder who will optimize their physical and mental readiness thus maximizing public safety and minimizing operational risk throughout the State of Florida. This will be accomplished by creating an effective Test, Trak, Train model which will quantify and qualify best practices for holistic readiness.

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

General public.

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: Tracking optimal Sleep, Strain and Recovery with digital movement screens using an integrated wearable device. The infrastructure empowers First Responders to take action and reduce injury by tracking fitness through the modular physical and digital infrastructure.
 Improve mental health: Tracking Sleep, Strain, and Recovery allows First Responders to establish baselines and communicate with experts for optimal performance by minimizing down time and maximizing readiness and resiliency efforts. Sleep tracking is an effective way to track the mental health of an individual and will help mitigate strategies to optimize First Responders through an objective and digital experience, a holistic readiness strategy can be scaled.

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?

Failure to meet deliverables or performance measures will result in either the inability to draw down all of the appropriated funds or the repayment of funds to the agency.

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)



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- 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

17. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number