

1. Project Title

Yes

2. Senate Sponsor

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Stetson University Health Research Center

Travis Hutson

**LFIR # 2481** 

| 3. Date of Request  | 12/14/2023  |  |  |   |   |
|---|---|--|--|---|---|
| 4. Project/Program D  | escription  |  |  |   |   |
| practice resources fitness Academy wand preventative strength practical tools to me | or healthy living ac<br>hich includes active<br>ess management s<br>ore effectively ameli | ross the lifespan vesupport services<br>trategies for the coorate loneliness and | y-facing, research-foculia Stress Management for loneliness, Alzheim ommunity. The funding and daily stress that cange to participants and e | and Resiliency Train<br>er's and dementia su<br>will provide local citiz<br>prevent the develop | ing Lab and Brain<br>fferers and caretakers,<br>zens and students with<br>ment of severe mental |
| 5. State Agency to re   | ceive requested for   | unds Depart  | ment of Education  |   |   |
| State Agency cont   | acted? Yes  |  |  |   |   |
| 6. Amount of the Non  | recurring Reques  | t for Fiscal Year 2  | 2024-2025  |   |   |
| Type of Funding   |   |  | Amo  | ount  |   |
| Operations  |   |  |  | 180,000   |   |
| Fixed Capital Outla   | · · · · · · · · · · · · · · · · · · ·   |  |  | 100,000   |   |
| Total State Funds   |   |  |  | 180,000   |   |
| Total State I ulius   | Nequesteu   |  |  | 100,000   |   |
| 7. Total Project Cost   | for Fiscal Year 202   | 24-2025 (including   | g matching funds ava   | ilable for this projec  | ;t)   |
| Type of Funding   |   |  | Amount   | Percentage  |   |
| Total State Funds Requested (from question #6)                                      |   |  | 180,000  | 94%   |   |
| Matching Funds  |   |  |  |   |   |
| Federal   |   |  | 0  | 0%  |   |
| State (excluding the amount of this request)  |   |  | 0  | 0%  |   |
| Local   |   |  | 11,859   | 6%  |   |
| Other   |   |  | 0  | 0%  |   |
| <b>Total Project Cost</b>   | s for Fiscal Year 2   | 024-2025   | 191,859  | 100%  |   |
| 8. Has this project pr  | eviously received   | state funding?   | No   |   |   |
| Fiscal Year   | Δm  | ount   | Specific   | Vetoed  |   |
| (уууу-уу)   | Recurring   | Nonrecurring   | Appropriation #  | rotoca  |   |
|   | Reduiring   | Homeouring   |  |   |   |
| 9. Is future funding li   | kely to be request  | ed?  | Yes  |   |   |
| a. If yes, indicate r   | onrecurring amo   | int ner vear   | 180,000  |   |   |
| •   | _   |  |  |   |   |
| b. Describe the so  | urce of funding th  | at can be used in  | lieu of state funding.   |   |   |
| The university is a   | ctively fundraising f   | or private dollars a   | and endowments to sup  | port the Center.  |   |
| 10. Has the entity red  | uesting this proje  | ct received any f  | ederal assistance rela   | ated to the COVID-19  | 9 pandemic?   |



11. Status of Construction

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

| HEERF (Higher Education Emergency Relief Funds) |  |
|---|--|
| student support: \$8,238,800                    |  |
| institutional support: \$9,877,011              |  |

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

|    | a. What is the cu   | rrent phase of t | he project?                                      |        |                         |     |
|----|---------------------|------------------|--|--------|-------------------------|-----|
|    | Planning            | O Design         | Construction                                     | O N/A  |                         |     |
|    | b. Is the project " | 'shovel ready" ( | (i.e permitted)?                                 |        |                         |     |
|    | c. What is the est  | timated start da | te of construction?                              |        |                         |     |
|    | d. What is the es   | timated comple   | tion date of construc                            | ction? |                         |     |
| 12 |                     |                  | o receive, directly or<br>rs of the facility and |        | outlay funding. Include | the |
|    |                     |                  |  |        |                         |     |

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

| Spending Category                                     | Description  | Amount  |
|---|--|---------|
| Administrative Costs:                                 |  |         |
| Executive Director/Project Head Salary and Benefits   | Director for the Center, responsibilities include overseeing research projects in development and implementation, supervising Operations Coordinator and undergraduate and graduate research assistants. | 60,000  |
| Other Salary and Benefits                             | Faculty project directors for Brain Fitness Academy and Play and Creativity in Counseling program.   | 30,000  |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0       |
| Consultants/Contracted<br>Services/Study              |  | 0       |
| Operational Costs: Other                              |  |         |
| Salary and Benefits                                   | Operations Coordinator & Data Manager Undergraduate & Graduate Research Assistants to assist with recruitment, data collections, and facilitation of services.   | 50,000  |
| Expense/Equipment/Travel/Supplies/<br>Other           | Equipment/Supplies, Technology, Computers, Software Licenses, Travel   | 10,000  |
| Consultants/Contracted<br>Services/Study              | Scholarship support to Alzheimer's participants and their caregivers to complete programing.   | 30,000  |
| Fixed Capital Construction/Majo                       | r Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0       |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 180,000 |

#### 14. Program Performance

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



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The requested funds will provide support for a community-facing, research-focused center that promotes education-to-practice resources for healthy living across the lifespan via Stress Management and Resiliency Training Lab and Brain Fitness Academy which includes active support services for loneliness, Alzheimer's and dementia sufferers and caretakers, and preventative stress management strategies for the community.

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

The funding will provide local citizens with practical tools to more effectively manage loneliness and daily stress that can prevent the development of severe mental health disorders. The services will also help to address the chronic effects of Alzheimer's or other dementias. Treatment will be provided free of charge to participants.

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

Stress management and social connection will be provided to residents and local college students, Brain Fitness Academy services to sufferers of Alzheimer's or other dementias and social support services for their caregivers.

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, economically disadvantaged persons, University/College students, expected to serve between 100-200 citizens annually.

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

Improved physical health of participants in the Brain Fitness Academy's cognitive rehabilitation program via participants attendance at four-hour group sessions twice per week, working with Stetson students on cognitive rehabilitation activities, physical exercise, and socialization. Simultaneously, graduate students from our counseling program lead caregiver support groups. Reduction in stress and isolation and increase in coping skills, facilitate the healing of trauma and other mental/behavioral health disorders, as well as to support the health and wellbeing of families via self-report and physiological measures of psychological disorders and indicators of resilience. The SMART Lab, and The Brain Fitness Academy, is capable of intervening with a wide age demographics from children to geriatric and can be combined with other health initiatives. Initiatives including psychological counseling, play therapy and brain fitness.

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?

If Stetson University fails to meet deliverables and/or performance measures in the agreement, the funds will be returned to the State of Florida in addition to the standard penalties in the contract.

| 15. Requester Contac               | t Informati           | ion                | _         |     |  |  |
|------------------------------------|-----------------------|--------------------|-----------|-----|--|--|
| a. First Name                      | Jesse                 |                    | Last Name | Fox |  |  |
| b. Organization                    | Stetson L             | Stetson University |           |     |  |  |
| c. E-mail Address                  | jfox@stet             | jfox@stetson.edu   |           |     |  |  |
| d. Phone Number                    | (386)822              | -7132              | Ext.      |     |  |  |
| 16. Recipient Contact Information  |                       |                    |           |     |  |  |
| a. Organization                    | Stetson L             | Jniversity         |           |     |  |  |
| b. Municipality and County Volusia |                       |                    |           |     |  |  |
| c. Organization Type               |                       |                    |           |     |  |  |
| □For Profit Entity                 |                       |                    |           |     |  |  |
| □Non Profit 501(d                  | □Non Profit 501(c)(3) |                    |           |     |  |  |
|                                    |                       |                    |           |     |  |  |



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| □Non Profit 501(c                | □Non Profit 501(c)(4)   |           |     |  |  |  |  |
|----------------------------------|-------------------------|-----------|-----|--|--|--|--|
| □Local Entity                    | □Local Entity           |           |     |  |  |  |  |
| ☑University or Co                | University or College   |           |     |  |  |  |  |
| □Other (please specify)          |                         |           |     |  |  |  |  |
| d. First Name                    | Jesse                   | Last Name | Fox |  |  |  |  |
| e. E-mail Address                | ess jfox@stetson.edu    |           |     |  |  |  |  |
| f. Phone Number                  | (386)822-7132           |           |     |  |  |  |  |
| 17. Lobbyist Contact Information |                         |           |     |  |  |  |  |
| a. Name                          | Sarah Sims              |           |     |  |  |  |  |
| b. Firm Name                     | LilaJaber Consulting    |           |     |  |  |  |  |
| c. E-mail Address                | sarahsims@lilajaber.com |           |     |  |  |  |  |
| d Phone Number                   | (850)855-0043           |           |     |  |  |  |  |