The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1288

1. Project Title Nova Southeastern University/Veterans Trust Race Camp

2. Senate Sponsor Barbara Sharief

3. Date of Request 11/21/2025

4. Project/Program Description

The proposed Clinic for Research and Treatment (CRT) is an innovative center that includes training, development, and therapeutic initiatives designed to enhance the quality of life for veterans by equipping them with essential life and self-regulatory skills. We have partnered with The Veterans Trust to research a program named Race Camp that uniquely blends elements of simulated racing with evidence-based psychological approaches to help participants improve their mental and physical health.

5. State Agency to receive requested funds Department of Veterans' Affairs

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	350,000
Fixed Capital Outlay	0
Total State Funds Requested	**350,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	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 2026-2027	**350,000**	**100%**

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	200,000	580	Yes

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 350,000

b. Describe the source of funding that can be used in lieu of state funding.

Philanthropic donations

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Project Coordinator to manage the research, scheduling, coordination with the Veterans Trust, and other associated activities.	60,000
Expense/Equipment/Travel/Supplies/ Other	Purchase of an additional automobile racing simulator ($30,000) and the lease space associated with locating the simulator on NSU Campus ($60,000), purchase associated biofeedback and neurofeedback devices ($20,000), travel for trainings, presentations at conferences and meetings ($10,000).	120,000
Consultants/Contracted Services/Study	Researchers will collect data on mental and physical health assessments ($100,000). Contract with the Veterans Trust for the identification of appropriate participants in the projects, coaching, training, and maintenance of equipment ($70,000).	170,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**350,000**

13. Program Performance

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

Improved mental health of veterans by alleviating symptoms of PTSC in veterans, including symptoms of trauma; improve self-confidence and quality of life for veterans and their families.

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

Clinicians will administer the PTSD scale, the difficulties in emotion regulation scale, trauma symptoms inventory, and quality of life scale. Veterans will participate in monitored sessions of simulated driving to determine levels of anxiety under stress.

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

Pre-evaluation, monitoring and training, participation in simulated driving sessions, evaluation by scientific tools for improved mental health, counseling on techniques to address stress.

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

Veterans

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

Improved mental health evaluated by the PTSD scale, the difficulties in emotion regulation scale, trauma symptoms inventory, and quality of life scale.

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 of funds to the state.

14. Is 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. 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

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 Harry **Last Name** Moon

b. Organization Nova Southeastern University

c. E-mail Address hmoon@nova.edu

d. Phone Number (954)262-7575 **Ext.**

18. Recipient Contact Information

a. Organization Nova Southeastern University

b. Municipality and County Broward

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 Terry **Last Name** Mularkey

e. E-mail Address tmularkey@nova.edu

f. Phone Number (954)262-7575 **Ext.**

19. Lobbyist Contact Information

a. Name Heather L. Turnbull

b. Firm Name Rubin, Turnbull & Associates

c. E-mail Address heather@rubinturnbull.com

d. Phone Number (305)495-3868

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.