

**LFIR # 1537** 

1. Project Title	Virtual Reality W	orkforce Developm	ent Program				
2. Senate Sponsor	Corey Simon						
2. Ochate Oponson	Ourcy Onnon						
3. Date of Request	11/18/2025						
4. Project/Program [	Description						
agencies, workforc statewide grantee, leverage Transfr's This coordinated a	e boards, schools, ar Transfr will oversee of programming to recru	nd community prog distribution, implem uit, expose, and pre local capacity and	s Florida by equipping rams, with Transfr's vi- entation, and reportin epare Floridians for en supports Florida's 203	rtual reality training g, while partner org nployment in high-d	systems. As the panizations will lemand industries.		
5. State Agency to re	eceive requested fu	nds Departm	ent of Commerce				
State Agency con	•						
State Agency com	lacteu: 165						
6. Amount of the Nor	nrecurring Request	for Fiscal Year 20	26-2027				
Type of Funding			Amo	unt			
Operating			1,500,000				
Fixed Capital Outla	ay		0				
<b>Total State Funds</b>	Requested		1,500,000				
7. Total Project Cost	for Fiscal Year 2020	6-2027 (including	matching funds avai	lable for this proje	ect)		
7. Total Project Cost  Type of Funding	for Fiscal Year 2020	6-2027 (including	matching funds avai	lable for this proje	ect)		
Type of Funding	for Fiscal Year 2020 Requested (from que		-		ect)		
Type of Funding			Amount	Percentage	ect)		
Type of Funding Total State Funds			Amount	Percentage	ect)		
Type of Funding Total State Funds Matching Funds Federal		stion #6)	Amount 1,500,000	Percentage 100%	ect)		
Type of Funding Total State Funds Matching Funds Federal	Requested (from que	stion #6)	Amount 1,500,000	Percentage 100%	ect)		
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Type of Funding Total State Funds I Matching Funds Federal State (excluding th Local Other Total Project Cost  8. Has this project p If yes, provide the Fiscal Year (уууу-уу)	e amount of this requests for Fiscal Year 20 reviously received sometimes most recent instantantal Recurring	stion #6)  Destion #6)	Amount  1,500,000  0 0 0 1,500,000  Yes  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds I Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project p If yes, provide the Fiscal Year (yyyy-yy) 2025-26  9. Is future-year fund	e amount of this requests for Fiscal Year 20 reviously received sometimes are most recent instantantal Recurring  Oding likely to be requested.	stion #6)  Destion	Amount  1,500,000  0 0 0 1,500,000  Yes  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds I Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project p If yes, provide the  Fiscal Year (yyyy-yy) 2025-26  9. Is future-year funda. If yes, indicate	e amount of this requests for Fiscal Year 20 reviously received se most recent instantantal Recurring  Oding likely to be requested amount of this request.	stion #6)  Destion	Amount  1,500,000  0 0 0 1,500,000  Yes  Specific Appropriation # 2077	Percentage 100% 0% 0% 0% 0% 100%	ect)		
Type of Funding Total State Funds I Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project p If yes, provide the  Fiscal Year (yyyy-yy) 2025-26  9. Is future-year funda. If yes, indicate	e amount of this requests for Fiscal Year 20 reviously received se most recent instantantal Recurring  Oding likely to be requested amount of this request.	stion #6)  Destion	Amount  1,500,000  0 0 0 1,500,000  Yes  Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)		



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Cons	truction					
a. What is the c	urrent phase of t	he project?				
Planning	O Design	Construction	∙ N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	ate of construction?				
d. What is the e	stimated comple	etion date of constru	ction?			
e. What funding	ງ stream will be ເ	ised for ongoing ope	erations and n	naintenance o	of the project?	
		o receive, directly or		ny fixed capita	al outlay fundin	g. Include the

### 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		0				
Expense/Equipment/Travel/Supplies/ Other	Purchase Transfr VR training systems (software & hardware) for use by state agency personnel & job-seeking Floridians to support career exploration & skills training. The platform spans multiple career clusters, with 10% of funds reserved for professional learning to ensure effective implementation.	1,500,000				
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)						

### 13. Program Performance

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



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The project will expand access to workforce training through Transfr's virtual reality platform to recruit, expose, and prepare Floridians for employment in high-demand industries. The goal is to strengthen Florida's talent pipeline and support Florida 2030 workforce targets, ensuring at least 80% of workers demonstrate essential employability skills and 60% earn a high-value credential.

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

Funds will provide VR training systems (software and hardware) to state and local agencies, workforce boards, and community partners. Transfr programming delivers 350+ industry-aligned simulations across high-demand career sectors such as manufacturing, construction, healthcare, and information technology. Implementation support offered by Transfr includes installation, instructor onboarding and professional learning, and ongoing customer success support to ensure high-quality implementation and job-ready outcomes.

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

Participants will access VR-based career simulations and guided training that mirror real workplace environments. These experiences help Floridians identify and explore career interests, gain job-ready skills, and connect with employment pathways in high-demand career fields such as Manufacturing, Healthcare, Construction, Information Technology, and more.

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

The target population served by this project varies by partner use case but generally includes jobless persons, economically disadvantaged individuals, at-risk youth, K-12 students, college students, and currently or formerly incarcerated persons. As of the 2024-2025 program year, Transfr's Virtual Reality Workforce Development Program has served more than 3,000 Floridians who engaged in over 14,000 VR simulations statewide.

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

Expected outcomes include increased employability, skill mastery, and successful job or education placements among participants. Transfr's Instructor Dashboard allows program administrators to track participation, simulation completions, skill proficiency, and career interest data in real time. These insights help state and local partners evaluate progress toward Florida's 2030 workforce goals, measure return on investment, and identify trends in high-demand industries to strengthen future training and placement efforts.

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?

Transfr is committed to addressing Florida's workforce shortage by ensuring more Floridians gain essential employability skills and enter high-demand job sectors. If performance measures are not met, a 30-day performance improvement plan will be initiated outlining corrective actions and measurable benchmarks. If issues remain unresolved, standard penalties for nonperformance may apply under the contract.

un	resolved, standard penalties for nonperformance may apply under the contract.
14. Is t	his 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. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15 Had	s the entity applied for or received federal assistance for this project?
ı J. I las	s the entity applied for or received rederal assistance for this project?



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☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
	ne FEMA project workshe	et ID#·				
a. II yes, provide tii	ie i Livia project worksing	<del>σοι 10π.</del>				
b. Provide the total	project cost listed on th	ne FEMA proj	ect workshee	t:		
16. Has the entity app	olied for or received state	e assistance t	or this projec	et (other than	n this reque	st)?
		dociolario	or time projec	, (Outlot that	Tuno roquo	
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state age	ency (ex. Loca	al Governmen	t Emergenc	y Bridge Lo	an, Department of
,						
17. Requester Contact	t Information				1	
a. First Name	Dan	Last Name	Risko			
b. Organization	Transfr, Inc.					
c. E-mail Address	drisko@transfrvr.com					
d. Phone Number	(646)466-2600	Ext.				
18. Recipient Contact						
a. Organization	Transfr, Inc.			]		
b. Municipality and						
c. Organization Ty	pe					
☑For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	illege					



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□Other (please specify)						
d. First Name	Olivia	Last Name	Charles			
e. E-mail Address	ocharles@transfrvr.com					
f. Phone Number	(516)316-0133	Ext.				
9. Lobbyist Contact Information						
a. Name	Jonathan J. Rees					
b. Firm Name	SBM Partners, Inc.					
c. E-mail Address	jrees@SBMPartners.com					
d. Phone Number	(850)570-0043					

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