

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

LFIR # 2000

1. Project Title	University of Central Flo Veterans & First Respo	orida - RESTORES PTSD Clinic for Florida's nders	
2. Senate Sponsor	Tom Wright		
3. Date of Request	12/10/2025		
4. Project/Program De	escription		
military personnel ar treatment, even if it	nd first responders who suf was only the co-pay. If inst	o provide the needed clinical services at no cost to ffer from PTSD, many of whom do not have the final urance were to be billed for these services or the indus, providing these services at no cost is a great be	ancial means to pay for ndividual had to pay out
5. State Agency to red	ceive requested funds	Board of Governors	

State Agency contacted?

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

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	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	1,000,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes	

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Nonrecurring Appropriation #	
2025-26	0	500,000	147	No

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

a. If yes, indicate nonrecurring amount per year.

500,000

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

There is no alternative source of funding that would alleviate the personal responsibility for payment by the recipients of the services.



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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	the project?				
Planning	O Design	Construction	O 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	stream will be u	used for ongoing ope	erations and m	aintenance of	the project?	
		o receive, directly or ers of the facility and		y fixed capital o	outlay funding.	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	Personnel to perform the essential functions at UCF RESTORES through basic operational costs associated with running the clinic. Four masters level therapists (4 FTE) One clinical case coordinator (1 FTE) One business specialist (1 FTE)	975,000
Expense/Equipment/Travel/Supplies/ Other	Office supplies, electronic health record costs, cloud encrypted computer storage costs, hotel costs for Florida residents who need a brief stay in Orlando for our two week intensive treatment program.	25,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	1,000,000

13. Program Performance

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



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Retention of personnel to provide the needed clinical services at no cost to Florida's veterans, military personnel and first responders who suffer from PTSD, many of whom do not have the financial means to pay for treatment, even if it was only the co-pay. If insurance were to be billed for these services or the individual had to pay out of pocket, the cost would exceed \$1 million. Thus, providing these services at no cost is a great benefit to the citizens of Florida.

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

UCF RESTORES provides PTSD treatment and resiliency services at no cost to Florida's veterans, active duty personnel, and first responders. Many of the veterans we serve cannot access treatment at the VA.

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

Our innovative two-week intensive outpatient treatment program, where personnel are treated five days per week, is the only program of its kind in the country. The program includes the use of virtual reality (sights, sounds, and smells) to enhance the effects of the therapy and we have seen remarkable success. Since 2016, we have treated 800 veterans/active duty and 1200 first responders.

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

Citizens of Florida who have experienced a traumatic event - approximately 300-400.

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

A key outcome of RESTORES' work is to allow the state to retain its critical group of first responders by allowing them to recover from their trauma-related injuries and return to the workplace. Not only does this improve the quality of life for these heroes, it has a substantial economic impact in terms of savings from the recruitment and training of replacement personnel. Research studies have shown that 76% of first responders and 66% of veterans/active duty personnel no longer meet the diagnostic criteria for PTSD following our treatment program, an unmatched success rate that points to the effectiveness of this unique approach.

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?

	raining to meet deriverables of performance measures provided for in the contract.
F	Return/reversion of state funding
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. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No

a. If yes, provide the FEMA project worksheet ID#:

□ No, but intends to apply



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b. Provide the total	project cost listed on the	e FEMA proj	ect worksheet:	
16 Has the entity and	lied for ar received state	assistance	for this project (other tha	n this request\2
	med for or received state	assistance	ior this project (other tha	ii tiiis request) !
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends t	o apply			
a. If yes, specify th Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	ey Bridge Loan, Department o
17. Requester Contac		1		1
a. First Name	Alexander	Last Name	Cartwright]
b. Organization	Unversity of Central Florid	na]
d. Phone Number	president@ucf.edu	Ext.]
a. Phone Number	(407)231-1623	_ EXI.		
18. Recipient Contact	Information			
a. Organization	University of Central Florion PTSD Clinic	da - RESTOF	RES	
b. Municipality and	d County Statewide			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
☑University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Deborah	Last Name	Beidel	
e. E-mail Address	deborah.beidel@ucf.edu			
f. Phone Number	(407)823-3254	Ext.		



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