



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1190

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Allied Forces Foundation (AFF) is a non-profit supporting veterans mental health through endurance challenges. The Organization hosts a 24 hour, 54 mile walk through the Scottish Highlands which is attended by US and veterans from 11 other nations. The organization is looking to move its headquarters from Leesburg, VA to Tampa, Florida, as well as begin hosting a US event in Florida annually.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>200,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

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



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### 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    
  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?

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Full time position responsible for planning, procuring vendors, coordinating the event and travel for veterans, families, and their caregivers to attend the Florida endurance event.	40,000
Expense/Equipment/Travel/Supplies/Other	Funds will be used to underwrite travel and lodging for veteran participants. Additionally, funds may be expended on expenses directly related to the endurance challenge, including but not limited to, course rental, equipment rentals including tent, chair, AV equipment and other equipment and supplies necessary to host the race.	120,000
Consultants/Contracted Services/Study	Funds shall be expended for food service and other contracted services necessary to host the endurance event.	40,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**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?**

The funds will serve to help launch the AFF's efforts to establish and host an annual endurance event in Florida. Based on the attendance from their existing event in Scotland, the event will eventually host upwards of 5,000 veterans, active duty personnel, and their families and caregivers.

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

The endurance challenge brings together wounded, ill, and injured, veterans from the US and 11 other nations. The event provides purpose and camaraderie for these individuals and their families and caregivers which aides in their recovery and reintegration back into their communities.

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

Persons with poor mental health, persons with poor physical health, physically disabled, drug users in health services and criminal justice and Wounded, ill, and injured veterans and their families and caregivers.

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

The endurance challenge forces the participant to train for and participate in an arduous physical event. The event provides purpose for the participants in training for it as well as the camaraderie of participating with fellow veterans. The participants will spend in the local economy on food, accommodation, fuel, and other travel services. In the first year, the event is expected to have 200-250 participants made up of wounded, ill, and injured veterans as well as their family and caregivers. The goal is to grow the event to 5,000+ over several years. Many of the participants will be from outside the state of Florida. The event aides in the reintegration into their communities for the wounded, ill, and injured veteran participants. The event requires physical and mental commitment and a purpose to break substance abuse.

**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?**

Reversion of funds; standard contract penalties.

**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