



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2871

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	528,508
Fixed Capital Outlay	0
Total State Funds Requested	528,508

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	528,508	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 2023-2024	528,508	100%

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.

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

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Cost to bring on a veteran outreach coordinator to be involved in public and volunteer relations, fundraising, events and serve as a veteran liaison	60,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	This would cover the cost of bringing two Virtual Therapists with a case-load of 35 patients enrolled in our 12-week curriculum. Ideally each could see between 90-120 patients per year. Patients include both male and female veterans and their family members/loved ones (this includes children over the age of 13).	130,000
Expense/Equipment/Travel/Supplies/Other	The purchase of a dual functional vehicle that can be used primarily to facilitate veteran transportation and/or staff transportation of veterans, to and from their therapies/appointments, for airport arrival/departures, for group activities, to events/fundraisers. Vehicle make/model to be determined.	60,000
Consultants/Contracted Services/Study	Total costs for various therapies our veteran participating in our 12-week program. Services included are: trauma therapy, equine therapy, physical training, Pathfinder/experiential therapy, movement/posture therapy, spiritual/life coaching, horticulture therapy, meal planning.	278,508
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		528,508

14. Program Performance

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



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The purpose of the Fort Freedom 12-week and virtual programs are to minimize the veteran suicide rate, free veterans from the imprisonment of Post Traumatic Stress Disorder and guide them to a newfound sense of purpose.

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

These funds will be directly used for veterans entering our 12-week program. They will also be used to support male and female veterans and their families or loved ones in our virtual curriculum.

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

Our 12-week life-restoring program is supported by holistic and wellness-based services. Services included are: trauma therapy, equine therapy, physical training, Pathfinder/experiential therapy, movement/posture therapy, spiritual/life coaching, horticulture therapy, meal planning.

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, jobless persons, homeless, physically disabled and veterans. 200 veterans will be served virtually and 15 on campus.

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

Veterans reported improved physical health including fat loss, muscle gained, more energy, and improved mobility. Veterans reported improved mental health including lessening feelings of depression and anxiety and improvement of their quality of sleep. Veterans reported improved mental-health with less suicidal thoughts, impacting both themselves and their families/loved ones. Veterans reported increase in sense of purpose. Veterans reported decrease in substance abuse and increase in healthy outlets and coping mechanisms.

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?

Any funds not used as outlined in this request shall be returned to the State of Florida.

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)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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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