



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2701

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

**4. Project/Program Description**

To enable injured Florida veterans and first responders, our "warriors and heroes," to participate in once-in-a-lifetime inspirational fishing and hunting activities in nature with other injured warriors so that together, they might find peace, meaning and purpose in their lives and a sense of community and support with their fellow injured warriors. We will pay all expenses to send Florida warriors to inspirational healing programs like Warriors on Quiet Waters, Fly Fishing International and others, and to bring these or similar programs to the State of Florida. For example, a portion of the funds will be spent to send qualified Florida warriors to the Warriors on Quiet Waters ranch in Bozeman, Montana. This program includes a week long fly-fishing experience in Bozeman, Montana with fellow warriors, 6-12 months follow-up video conferences, return to ranch for final bonding fishing experience.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

**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)	250,000	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 2023-2024</b>	<b>250,000</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.

Private donations.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive director contracted by hour	10,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office expenses and travel.	2,000
Consultants/Contracted Services/Study	CPA. Veterans and injury consultant	3,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Fund proven, established and comprehensive veterans fishing & hunting programs which help participating Florida veterans lead a meaningful life and meet the challenges of post military service.	235,000
<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>250,000</b>

### 14. Program Performance

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

To help our injured Florida veterans and first responders to find inspiration, peace and a lifelong community of fellow warriors so that, together, they might assist each other to find peace and lead a meaningful and purposeful life after challenges from leaving the military and active service.



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

To provide the power of once-in-a-lifetime inspirational outdoor recreational activities like fishing and hunting to each warrior with a cohort group of fellow warriors to bond and build for each warrior a lifelong support community of fellow warriors.

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

All expenses will be paid for our Florida veterans and first responders to participate in these inspirational once-in-a-lifetime outdoor activities and the follow-up programs in order to build the support community of fellow warriors for each participating warrior.

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

Approximately 20 injured Florida veterans and first responders initially.

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

Veterans will meet their challenges and go on to lead a meaningful life. Warriors and Quiet Waters Foundation maintains a formal partnership with Syracuse University D'Aniello Institute for Veterans & Military Families (IVMF) to conduct third party evaluations for all WQW programs.

**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?**

Standard contract penalties are sufficient.

**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
- Other (please specify)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number