

LFIR # 1342

- **Project Title** Robert Parker Foundation, (0906 Officer Out of Service) 1.
- 2. Senate Sponsor Oscar Braynon
- 3. Date of Request 11/14/2019

4. **Project/Program Description**

Initial funding to launch the Robert Parker Foundation "Code 0906, Officer Out of Service", an effort utilizing the art and science of Healing Trauma to break the silence and stigma associated with mental health issues that can occur from direct or indirect trauma experienced before, during, or after service as a member of the military and/or police force. This approach, unlike others will be a demonstration of utilizing non-traditional somatic, trauma healing in dealing with this difficult subject. As Robert Parker was a decorated military, police, special agent, family and community member, we will honor him not with statutes or plaques, but with a program to help others who may suffer in silence, but bravely serve to protect us.

State Agency to receive requested funds Department of Health 5.

○ Yes ● No State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

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

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	1,000,000	100.0 %	
Matching Funds			
Federal	00	0 %	
State (excluding the amount of this request)	00	0 %	
Local	00	0 %	
Other	00	0 %	
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %	

Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? Yes O No

If yes, indicate nonrecurring amount per year.

1,000,000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Conduct all day to day operations of the Robert Parker Foundation. Establish all accountability systems. Establish model for training utilizing Complementary and Alternative Medical traditional/non-traditional modalities.	200,000
Other Salary and Benefits	Administrative of all programs. Counseling to include LPC, LLC, MD, CAM specialists MD, Marketing Lay Health Trauma Staff	200,000
Expense/Equipment/ Travel/Supplies/Other	Office equipment and supplies Equipment, phone, internet, security, computers, laptops, telecommunications Materials and CAM Supplies	200,000
Consultants/Contracted Services/Study	Art and Science of Healing Trauma study Somatic/ counseling/meditation services Effectiveness of CAM modalities Scholarships, events, on-call MD, suicide hot line, treatment, recovery, training with existing and retired Miami Dade officers/families	400,000
Operational Costs: Oth	ner	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	1,000,000



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11. Program Performance

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

To initiate a specific training utilizing the art and science of healing trauma to prevent, intervene, and treat depression, mental health, and experienced trauma for current and former police/military service members in, or related to Dade County. To honor Robert Parker by preventing future losses through action and healing.

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

1. Action to prevent, engage, heal and survive after service as a service member and/or police officer.

2. Engage and train family members and support peers to identify triggers and issues.

3. Create a Healing Trauma program to explore and identify the secret trauma that those who protect and serve suffer through while in active duty and after they retire in a safe, non stigma created program.

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

Assist to create a mentally fit and healthy police force active and retired. Promoting health and community engagement.

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

Targeting current, former, retired and/or future military service members and police officers and their families in or related to Dade County.

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

1. Provide specific training directed at the art and science of healing trauma. 2. Education to prevent, identify, intervene, heal and volunteer for others. 3. Model for replication utilizing non-traditional modalities associated with Complimentary Medicine to promote healing. 4. Qualitative and quantitative measures to be collected individually and collectively. Anything outside of HIPPA protected information will be utilized for benefit and impact to other programs that naturally fit this model. 5. A comprehensive non traditional model that will be utilized to have significant impact on how trauma can be identified and healed and promote long term mental wellness and prevent depression and suicide among service officers.

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?

Monitoring; Basic billing procedures for treatment and community events, outings, and scholarships. Payment with appropriate time keeping and invoices. Any state funds not accounted for should be repaid.



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12. 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.

N	I/A		, ,
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R	equestor Contact	t Information	
a.	First Name	Veronica	Last Name Parker
b.	Organization	Robert Parker Foundation	
c.	E-mail Address	kalika@bellsouth.net	
d.	Phone Number	(305)970-0029	Ext.
R	ecipient Contact	Information	
	Organization	Robert Parker Foundation	
	-		
b. Municipality and County Miami-Dade			
c. Organization Type			
	For-profit E	•	
	Non-Profit &		
	Non-Profit 5		
	Local Entity		
	O University c O Others (also	-	
	_	se specify)Non Profit 501(c) (3)	
		Veronica	Last Name Parker
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L	obbyist Contact I	nformation	
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