



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1182

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The mission of Warrior Wellness Program is to provide effective alternative therapies and community engagement to create a healthy, connected and resilient military population. The veterans and active-duty service members served by Warrior Wellness suffer from post-traumatic stress depression and anxiety. Many experience suicide ideation and/or have attempted suicide. Through the organization's five-day Accelerated Wellness Program (AWP) and individualized counseling services, participants receive proven therapies including Accelerated Resolution Therapy (ART), Integrative Restoration, adaptive yoga, music therapy, art therapy and other therapeutic activities. Many participants describe the services they receive as life-changing. The organization will provide services at our two locations in Holiday and Tampa, FL. In FY 2023-2024, Warrior Wellness Program is seeking state funding to provide 135 veterans and active-duty service members with access to these life-saving services.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	375,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>375,000</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)	375,000	59%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	95,000	15%
Other	165,000	26%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>635,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	300,000	372	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

In lieu of state funding, Warrior Wellness Program will continue to solicit for grant funding and other private funders/donations.



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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.

Warrior Wellness Program received two rounds of PPP loans totaling \$144,899 to help cover salary costs during the COVID-19 pandemic. The organization also received \$10,282 from the CARES Act to help cover costs of essential and personal protection items required to continue safely providing services to clients.

## 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	A portion of the Executive Director's salary will be allocated to the project administration, contract compliance and oversight.	16,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary and benefits of operational staff including the Director of Operations, three licensed therapist and a program coordinator will be dedicated to this project. These staff are directly responsible for the implementation of the Accelerated Wellness Program and individual services.	275,000
Expense/Equipment/Travel/Supplies/Other	Expenses related to program operations including transportation of participants, activities, lodging during the Accelerated Wellness Program, occupancy and operational expenses to include insurance.	64,000
Consultants/Contracted Services/Study	Expenses for external program evaluation of both the Accelerated Wellness Program and individual counseling services.	20,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>375,000</b>
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#### 14. Program Performance

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

Warrior Wellness Program's goal is to provide veterans and active-duty service members with increased access to effective mental health services including Accelerated Resolution Therapy (ART) and other alternative therapies that effectively treat symptoms and issues related to trauma, post-traumatic stress, anxiety, depression and more. Through alternative therapies, Warrior Wellness Program will help veterans and active-duty service members live a more healthy, connected and resilient life after experiencing the traumas of war. The organization's goal is to provide our life-changing therapies to 135 veterans or active-duty service members in FY 2023-2024.

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

Warrior Wellness Program provides highly effective therapies including Accelerated Resolution Therapy, adaptive yoga, Integrative Restoration (iRest) music therapy and art therapy. Services are provided through two delivery formats including the five-day Accelerated Wellness Program (AWP) or on an individualized services basis. By providing services through both formats, the organization is increasing accessibility for those unable to attend a five-day program. Both models allow participants to experience proven therapies and become more healthy, connected and resilient.

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

Direct services will be provided to veterans and active-duty service members suffering from the traumas of war. These services will include Accelerated Resolution Therapy, adaptive yoga, iRest, music therapy and art therapy.

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

This project targets 135 veterans and/or active-duty service members dealing with issues related to post-traumatic stress, anxiety and depression due to the traumas of war.

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

Military members who participate in either service delivery format will experience a reduction in trauma related to PTSD, depression, anxiety and stress. In addition, they will experience an increase in resiliency and community engagement. Pre- and post- assessments are conducted as part of service delivery and use valid and reliable measures of psychological and physical health. Examples of measures used include the Post-Traumatic Checklist, the Brief Symptom Inventory, and the Pain Outcomes Quest. An external evaluator, Evaluation Data Solutions uses the data collected to perform an extensive analysis to produce a comprehensive program evaluation on overall service impact.

**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?**

Warrior Wellness Program will take corrective actions to improve service delivery as outlines in state contract.

#### 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**



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#### 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

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number