



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1236

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

**4. Project/Program Description**

SOF Missions provides a four-pillar whole health program to at risk Veterans at no cost to them. Our goal is to build resiliency in Veterans that has a positive and lasting effect on their life, their families, their communities, and their interactions with others. We aim for each Veteran to show improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2024-2025 are to host more Veterans in our Monthly Be Resilient Clinics (10 Annually), which will provide care to over 250 Veterans.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	45%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,800,000	55%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,300,000</b>	<b>100%</b>

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

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	602	No

9. **Is future-year 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.**

Private foundation grants and corporate business sponsorships.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1236

**10. 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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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</b>		
Salary and Benefits	Medical Director - \$70,000 Director of Veteran Services - 65,000 Operations Manager - \$65,000 Clinic Manager- \$50,000 Case Managers (3) - \$150,000	400,000
Expense/Equipment/Travel/Supplies/Other	(10) Clinic In-patient Supplies, Travel, and Resources: \$455,000 Outpatient Care Supplies, Travel, and Resources: \$325,000	780,000
Consultants/Contracted Services/Study	(10) Clinic Out-patient Contracted Services: \$215,000 Outpatient Care Services: \$105,000	320,000
<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>1,500,000</b>

**13. Program Performance**

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

SOF Missions exists to provide four-pillar whole health care programs to at risk veterans. Our goal is to build resiliency in veterans that has a positive and lasting effect on their life, family, and community. We aim for each veteran to show an improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2023 are to host ten Be Resilient clinics, which will provide care to over 250 veterans.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1236

SOF Missions offers a unique approach to combat veteran suicide and provide care through a whole health intradisciplinary model—The Resiliency Project is a four-pillar program that addresses the areas of psychological, physical, spiritual, and social wellness. Care plans are provided through three main delivery methods: Clinics, Coordinated Care, and Collaborative Care.

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

Services available for psychological care range from peer-based programs, mental health therapy, and creative therapy. Spiritual care includes education, mentorship, and support groups. Physical care includes physical therapy, alternative PTSD/TBI treatments, cognitive rehab therapy, and sleep therapy. Lastly, social care includes recreational therapy, service animals, and service projects.

**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; Veterans, active-duty service members, and their families.  
250 people are expected to be served.

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

Improved mental, physical, social and spiritual health for veterans, active-duty service members and their families. Methods used to measure the outcome will include:

**Physical Health**

- Lab marker changes at initial and follow up appointments. (ex: hormone, cholesterol, and vitamin levels)
- Functional Movement Screening
- Selective Functional Movement Assessment
- Wearable sleep monitoring devices
- Visual Analogue Scale (VAS) to assess pain

**Mental Health**

- Improved score on Patient Health Questionnaire (PHQ-9) Depression measure
- Improved score on PCL-5 PTSD checklist

**Social and Spiritual Health**

- Increased participation in leisure activities
- Greater ability to maintain positive friendships
- Ability to complete activities in various social settings
- Increase in personal prayer/reflection/meditation
- Improved score on Quality-of-Life Scale (QOL)
- Improved score on a Self-directed Spiritual Growth Assessment

**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?**

The organization will submit a review to the state detailing it's plan to meet deliverables in a reasonable amount of time and/or accept an abatement in its allocation if services provided are under-utilized or not being used by the target population.

14. Is this project related to mitigation, response, or recovery from a natural disaster?  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

15. Has the entity applied for or received federal assistance for this project?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1236

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1236

University or College

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*