



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1496

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Camaraderie Foundation's mission is to provide healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all branches of military service members, veterans and their families. The project allows each client is approved for up to 10 counseling sessions. A case manager will assess needs and make referrals to counselors. Private sessions are conducted by licensed professionals to help individuals and families address post-traumatic stress disorder, traumatic brain injury, military sexual trauma, anger management, anxiety, depression, alcohol and drug abuse, marital and relationship issues, domestic violence, suicidal ideation, spiritual wellness, and child/adolescent issues related to military service.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>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)	500,000	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 2025-2026</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

a. If yes, indicate nonrecurring amount per year.

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



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

### 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	Leadership, project oversight and compliance	50,000
Other Salary and Benefits	Prorated expenses to cover staff providing program administration and coordination, accounting, tracking and reporting	30,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Client recruitment, triaging, case management, referrals, interventions and counseling coordination	60,000
Expense/Equipment/Travel/Supplies/Other	Case management software to ensure tracking, follow up and HIPPA compliance of all client records maintained separately from organizational files. Travel to regional events to promote services, increase education of mental health services and suicide prevention services and resources, and recruit clients in need.	10,000
Consultants/Contracted Services/Study	Licensed, professional counseling services, avg \$100/session, avg 10 sessions/client, 350 clients (annual)	350,000
<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>500,000</b>

### 13. Program Performance

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



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CF serves active service members, veterans and dependents with requests for mental health counseling that exceed our current funding. Most clients reach out when already facing critical situations including suicidal ideations. We've had conversations with the regional VA office and understand their ability to respond to these needs is frequently delayed and not intended for critical cases which is where our team has developed both a network and expertise to address these emergency situations.

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

1. Counseling services to military service members, veterans, and their families.
2. Leadership programs to assist transitioning service members and spouses in preparing for a career in the local community.
3. Provide access to many referral and on-line resources to assist Military Service Members, Veterans, and their families.

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

Private sessions conducted by licensed professionals help individuals and families develop coping skills such as: Post-Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma, anger management, anxiety, depression, alcohol and drug abuse, marital and relationship issues, domestic violence, suicidal ideation, spiritual wellness and child/adolescent therapy.

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

The target populations is active service members, veterans and their families. Families include preschool, grand school , high school, and university students as well as but not limited to spouses and significant others.

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

- 1 Those who complete counseling treatment customized to their needs experience the benefit of identifying triggers, learning coping mechanisms, process trauma thus allowing them to face the rest of their lives with a positive outlook, the ability to find joy in every day life, maintain a job, and a stable home environment. MEASURE: 89-92% of those who participate will complete counseling treatment customized to their needs.
2. Veterans report a comorbid diagnosis of mental health (PTSD) and substance abuse, mostly as a copying mechanism. Addressing the PTSD, trauma and by providing veterans and their dependents with the treatment and tools necessary to process their trauma and overcome their PTSD challenges we directly reduce the substance abuse rate among this population and their families. MEASURE: # of clients who attend counseling sessions, # of veterans/dependents who complete their counseling program, # of veterans who participate in the mentor leadership program.

**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?**

Camaraderie Foundation will repay any unused funds, including interest if needed. However, our current demand for mental health services derived from limitations and/or delays at the local VA office is where our team is able to extend these services and support with an increase number of clients this year. Thus we don't anticipate any challenges delivering on performance measures included in this request.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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?**



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- 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



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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.*