



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1615

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

**4. Project/Program Description**

Warrior Wellness Program's goal is to provide veterans and active-duty military personnel an opportunity for healing. The men and women who served our country will have increased access to Accelerated Resolution Therapy (ART) and other alternative therapies that effectively treat symptoms and issues related to trauma, post-traumatic stress, anxiety, depression and more, which will result in improved mental health and wellness for our Nation's heroes.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</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)	400,000	55%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	175,000	24%
Other	150,000	21%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>725,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	375,000	378	No

9. **Is future-year 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.**

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

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



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**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	Ten percent of the requested funding will be used for administrative oversight, documentation, compliance, reporting and billing.	40,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salary and benefits support of operational staff including the Operations Manager, three licensed therapist and a program coordinator who will be dedicated to this project. These staff are directly responsible for the implementation of the Accelerated Wellness Program and individual services.	250,000
Expense/Equipment/Travel/Supplies/Other	Expenses related to program operations including transportation of participants, activities supplies, lodging and food during the Accelerated Wellness Program and occupancy and operational expenses to include insurance and electronic medical record.	85,000
Consultants/Contracted Services/Study	Expenses for to pay for external program evaluation of both the Accelerated Wellness Program and individual counseling services.	25,000
<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>400,000</b>

**13. Program Performance**

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



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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 2025-2026.

**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 in the contract?**

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

**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?**

- Yes, Applied
- Yes, Received
- No



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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
- University or College
- Other (please specify)

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



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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.*