



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2000

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

4. Project/Program Description

Home Base Florida is dedicated to delivering life-saving clinical care and support for Florida Veterans of all eras, Service Members, Military Families, and Families of the Fallen healing from the invisible wounds to include post-traumatic stress, traumatic brain injury, anxiety, depression, co-occurring substance use disorder, family relationship challenges, and other issues associated with military service. Home Base is committed to eliminating barriers and filling gaps in care where they exist, offering services at no-cost and regardless of discharge status. 1 in 3 Veterans returns home with an invisible wound and, if left unaddressed, can lead to an increased risk of suicide. Home Base seeks funding to sustain and expand access to evidence-based treatments for PTSD and other invisible wounds, wellness-based programs, and peer support services to stem the tide of Veteran suicide and provide healing and hope to those that have sacrificed so much for our Nation.

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
Total State Funds Requested	1,500,000

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	43%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,000,000	57%
Total Project Costs for Fiscal Year 2025-2026	3,500,000	100%

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	2,000,000	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.



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Since our inception, Home Base Florida has secured over \$10 million in philanthropic funds to provide clinical care, peer support, and wellness-based programs at no cost to Florida Veterans, Service Members and their Families. Home Base is seeking state funding to sustain access to clinical care and provide certainty and long-term sustainability of funding streams. \$500,000 of the funds will be used to expand and build-out programming in NW Florida.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Program Director, Program Manager, Program Coordinators, Veteran Outreach Coordinator, Director of Training Institute	1,000,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Medical Directors, Psychiatrists, Social Workers, Clinical Administrators, Case Managers, Dietitians, Nurses, Neuropsychologist, Psychiatrist	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance



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

The purpose of the funds are to sustain and expand access to evidence-based treatment for the invisible wounds, wellness-based programs & peer support for Florida Veterans, Service Members and their Families. Home Base is committed to eliminating barriers and filling gaps in care by providing all treatment, support and activities at no cost, serving the entire family, including Families of the Fallen, and providing services regardless of discharge status. \$500,000 of the funding will be used to expand Home Base into Pensacola in partnership with regional healthcare providers.

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

(1) In partnership with Lakeview Center, Lee Health, and David Lawrence Centers for Behavioral Health will provide evidence-based treatment for the PTSD, anxiety, depression and other invisible wounds. (2) In partnership with Florida Gulf Coast University and Tampa General Hospital, will offer the wellness programs to improve physical health and well-being through supervised exercise prescription. (3) In partnership with Tampa General Hospital and Lee Health, will provide clinical services for traumatic brain injury. (4) Provide on-line and in-person training to clinicians, first responders, veteran service officers, and other community support members and stakeholders. (5) Home Base plans to expand our program and support wellness, community and family programming in the Pensacola region.

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

(1) Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavior Therapy, Pharmacotherapy, Addiction Medicine (2) exercise prescription, postural & mobility training, nutrition counseling, resiliency courses (3) physiatry, nurse case management, neuropsychology, psychology and physical therapy (4) training in military culture, PTSD, TBI, substance use disorder, complicated grief etc.

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

Services to provide Florida Veterans or all eras, Service Members, Military-Connected Families and Families of the Fallen at no cost to them. Number Served: (150) unique patients to receive evidence-based treatment for PTSD, anxiety, depression and other invisible wounds, (200) individuals will be served through our Warrior Health and Fitness Program, (35) Veterans will receive comprehensive outpatient services for traumatic brain injury, (500) clinicians, healthcare providers, first responders and community members annually will receive on-line and in-person education and training.

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

Funding will enable Home Base to sustain and expand the number of Florida Veterans, Service Members and their Families that can receive live-saving clinical care and support. Outcome Measures: (1) Provide the number of Florida Veterans, Service Members and Military-Connected Families that receive clinical care. (2) Provide the number of Florida Veterans, Service Member and Families served through our Warrior Health & Fitness Program. (3) Provide the number of Veterans or Services served though TBI programs. (4) Provide the number of individuals trained though in-person and on-line training.

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?

Home Base expects to meet all deliverables and performance measures. Through our operations in Massachusetts and Florida, Home Base has a proven track record of complying with all contracts. If we do not meet our delivery of services, Home Base will make adjustments and develop a corrective action plan.

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):



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

- 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)



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- Local Entity
- 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.