



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2170

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The TF Pineapple Veterans non-profit trains, sponsors, funds, organizes, volunteers with, and coaches veterans through workshops (storytelling, art therapy, legal fees, mental health counseling, sponsoring education, etc) that center on positively affecting mental health and addressing moral injury. In the last year, we have assisted over 25,000 individuals. These funds would allow us to expand our outreach to reach a minimum of 75,000 veterans, first responders, and their families.

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	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	400,000	53%
Total Project Costs for Fiscal Year 2025-2026	750,000	100%

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		

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.**

Corporation and Foundational Donations, Individual sponsorship



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Other: Costs for materials needed for workshops, including writing supplies, art materials, and or theater productions, for staff attending training or outreach events. Our overhead costs are also covered by donations, ensuring that funds raised can be directed toward programmatic activities. This includes utilities, office supplies, and administrative support.	30,000
Consultants/Contracted Services/Study	Fees for external consultants and contracted services that provide specialized expertise in areas such as mental health support, art therapy, and veteran advocacy training.	50,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Other: Funding will be directed toward organizing workshops that utilize storytelling and the arts as therapeutic tools. For example, we plan to host a series of storytelling workshops where veterans can share their experiences and connect with peers, fostering emotional healing and resilience. We positively affected the lives of over 25,000. This support will allow us to expand to >100,000.	250,000
Consultants/Contracted Services/Study	No additional consultants or contracted services anticipated at this time, but the budget allows for flexibility in case specialized expertise is needed in the future.	20,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000



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13. Program Performance

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

The TF Pineapple Veterans non-profit trains, sponsors, funds, organizes, volunteers with, and coaches veterans through workshops (storytelling, art therapy, legal fees, mental health counseling, sponsoring education, etc) that center on positively affecting mental health and addressing moral injury. In the last year, we have assisted over 25,000 individuals. These funds would allow us to expand our outreach to reach a minimum of 75,000 veterans, first responders, and their families.

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

The TF Pineapple Veterans non-profit trains, sponsors, funds, organizes, volunteers with, and coaches veterans through workshops (storytelling, art therapy, legal fees, mental health counseling, sponsoring education, etc) that center on positively affecting mental health and addressing moral injury.

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

The Storytelling Workshop and Play programs aim to provide veterans with a creative outlet through storytelling and theater arts as a modality for healing. Using writing, art therapy, and storytelling to empower veterans, first responders, and family members. The program promotes healing, self-expression, and community engagement, allowing veterans to heal, while providing follow-on care.

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

Military Veterans, First Responders, and Families. In the last year, we have assisted over 25,000 individuals. These funds would allow us to expand our outreach to reach a minimum of 75,000 veterans, first responders, and their families.

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

Increased self-reported mental health improvement and well-being among participants, measured through pre- and post-workshop surveys. We positively affected the lives of over 25,000. This support will allow us to expand to >75,000. Conduct anonymous surveys before and after participation in workshops and performances, using validated mental health scales (e.g., PHQ-9 for depression, GAD-7 for anxiety) to assess changes in mood, anxiety levels, and overall mental health. Track attendance numbers, participant demographics, and feedback forms that ask about the enjoyment and cultural relevance of the activities. Additionally, gather qualitative feedback through interviews or focus groups post-events.

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?

Penalties may include withholding future funding or requiring 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):

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

- Yes, Applied



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- 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
 - University or College



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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.