



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2173

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Fort Freedom aims to reduce the Veteran suicide rate and heal the wounds of PTSD by providing transformative programs that empower veterans to reclaim their lives.

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	667,200
Fixed Capital Outlay	0
Total State Funds Requested	667,200

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)	667,200	35%
Matching Funds		
Federal	567,963	29%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	690,658	36%
Total Project Costs for Fiscal Year 2025-2026	1,925,821	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	560,000	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.

Federal dollars are already being received.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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	Master's Level Program Director, Virtual Therapist, Veteran Liaison, and Veteran Alumni & Outreach Coordinator.	223,400
Expense/Equipment/Travel/Supplies/Other	Rent/Housing/Office/Vehicle Insurance/ Travel/Expenses associated with Freedom and Honors Programs.	133,800
Consultants/Contracted Services/Study	Total cost for various therapies our veterans received in the Freedom and Honor Program, Services include: trauma therapy, equine therapy, physical training, Pathfinder/experiential therapy, movement / posture therapy, spiritual life coaching, horticulture therapy, nutrition, reiki and yoga.	310,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		667,200

13. Program Performance

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

Fort Freedom aims to reduce the Veteran suicide rate and heal the wounds of PTSD by providing transformative programs that empower Veterans to reclaim their lives. These funds will be directly used for veterans entering our 12-week program. They will also be used to support male and female veterans and their families or loved ones in our virtual curriculum.

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



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Yoga, Meditation, Trauma Therapy, Physical Fitness, Stoicism Practice, Posture and Corrective Therapy, Spirituality Counseling, Massage Therapy, Nutritional Coaching, Equine Therapy, Leadership Coaching and Resume Building, Social Experiences, Reiki, and an Alumni Network.

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

Our program provides a range of direct services that positively impact Veterans and, by extension, the communities they rejoin. The broader community benefits through reduced Veteran homelessness, lower suicide rates, a stronger workforce, and healthier reintegration of service members into civilian life.

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

The target population is post-9/11 Combat Veterans with a PTSD diagnosis and their family, friends and network. We have programs for male and female Veterans and their family members. Annual we are able to serve a maximum of 16 Veterans in our Freedom Program, and 16 Veterans in our Honor Program. Virtually we can help 100+ Veterans, family members, or loved ones per year, at our current budget.

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

The expected outcome is to reduce the Veteran suicide rates and ensuring a successful transition to civilian life. We measure the effectiveness of our program using a comprehensive approach with a structured outcome measurement methodology based on self-assessments and additional evaluation tools. There are 5 parts including: 1. Weekly Self-Assessment Surveys, 2. Clinical & Peer Evaluations, 3. Program-Specific Goal Tracking, 4. Long and Short-Term Follow-Ups, 5. Data Analysis & Reporting.

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?

In addition to the standard penalties provided in the contract, programmatic and operational consequences, as well as a halt or end in operations, are to be considered if we fail to meet deliverables.

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?

- 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:



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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**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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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.