



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2320

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Responders First provides behavioral health care services to First Responders/Military and their spouse/significant other during a five day Wellness Program who are facing life challenges that stem from emotional difficulties associated with their stressful work experiences. This includes challenges and difficulties with daily life functioning including but not limited to symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, chronic pain, and substance use. Each five day program (for a total of four programs) will provide these services for four to six participants.

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	66,500
Fixed Capital Outlay	0
Total State Funds Requested	66,500

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)	66,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	66,500	100%

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? Yes

a. If yes, indicate nonrecurring amount per year.

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

Local Fund Raisers
Apply for Grants



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2320

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		0
Expense/Equipment/Travel/Supplies/Other	Cost of Van rental large enough to transport eight persons to lodging, dinner, and outings (four programs).	6,500
Consultants/Contracted Services/Study	Each five day Responders First Wellness Program will provide to each participant four sessions of Accelerated Resolution Therapy (ART), four sessions of Integrated Restoration (iRest), two sessions of yoga, Restorative Beach Music Group, Alpaca/Equine Therapy, transportation, lodging, and three meals per day (dinner will be provided after check in on first day).	60,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		66,500

13. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2320

Funds will be spent on a five day Wellness Program and other related costs to provide free alternative behavioral health therapies for First Responders/Military and Spouse/Significant Other affected by career related PTSD. The Responders First Wellness Program is based on a model initiated by the US Special Operations Command (SOCOM).

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

Five day Wellness Program, and passenger van for transportation.

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

Each five day program will provide for four to six participants, alternative behavioral health therapies to aid their coping with PTSD.

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

First Responders/Military with poor mental health and coping skills due to PTSD.

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

The Responders First Wellness Program uses evidence-based modalities which have been thoroughly researched with Combat Veterans that were deployed in Vietnam, Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF). Responders First provides these modalities in a proven five day retreat-based program. Pre and Post assessments will be conducted. These alternative behavioral health therapies have been shown to reduce PTSD symptoms with Combat Veterans in programs such as Marcus Latrell's Lone Survivor 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?

Failure to meet deliverables will result in a return of funds to administering agency.

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
- 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:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2320

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2320

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.